UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Name: FILER STATUS Bub Rucklest U.S. House of Representatives Employing Office: Candidates - Date of Election: New Member of or Candidate for New Officer or Employee State: FL District: 2 Shared Staff Filer Type (If Applicable): **Daytime Telephone:** For New Members, Candidates, and New Employees Principal Assistant FORM B Period Covered: January 1, to Check if Amendment A \$200 penalty shall be assessed against any individual who files more than 30 days late. (Office Use Only) POSTMARK ILLEGIBLE U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTE: 18 KAY -1 PH 1: 15 Page 1 of 7

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	H OF THESE QUES	STIONS	
 A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period? 	Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No X
ATTACH THE C	ORRESPONDING SO	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

SCF

	CHEDULE A ASSETS & "UNEARNED INCOME"
Name: Dob Milchell	8 - O - R
Page of	

- VMN7XX	Ubungman TRA	St Envision CU-Tellowers	Emvisional Talchuse	SP Farmand- Advisile A	ABC Hedge Fund X	Examples:	DC, Mega Corp Stock	ase refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the fair left. For a facts lied discussion of Schedule A requirements.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second	nership interest in a	For rental and other real property held for investment, provide a complete address or description, e.g. "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1.000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in 'unearned' income during the year.	Assets and/or income Sources	BLOCK A
×	×	*	×	×	×	Indefinite	×	\$15) \$50,0 \$106 \$250 \$500 \$1,0 \$5,0 \$25,0 Over	0000 1.\$15,000 01.\$50-000 01.\$100,000 001.\$250,000 001.\$50,000 001.\$5,000,000 0,001.\$5,000,000 0,001.\$5,000,000 0,001.\$5,000,000	0					-			*Column M is for assets held by your spouse or dependent child in which you have no interest.		Value of Asset	BLOCKB
					home	Royalties	×	REN INTE CAP EXC TAX	ENDS		.g., Partnership	Income or F	Farm Inco	xne}				"None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred mome (such as 401(k), IRA or 629 accounts), you may check the "Tax-Deferred" column. Dividends, then the restrict that capital gains, even if reinvested, must be disclosed as income for assets heid in taxable accounts. Check	Type of Income	BLOCK C
					×	×	×	\$1,00 \$2,5,50 \$3,0	\$1,000 11-\$2,500 11-\$5,000 11-\$15,000 01-\$50,000 01-\$100,000 001-\$1,000,000 0001-\$5,000,000 \$5,000,000 sed/DC Income ove							Current Year Preceding Year		100	s For assets for which you checked "Tax-Deferred" in Block C. you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and k capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. "Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCKD

Use additional sheets if more space is required.



	Ā	9 5	7 /	χ ₀	B	对	25	र्र	Ž,	Ž				≒ <u>8</u> .8		_	
	אטראנ	2,		<i>Y</i>	~\	اً ک	. G	и . И	-51	SchuabiRto	-SEP-17H-Way	、リテリ大	-VBTLX			Assets and/or Income Sources	
	15	78177	1	ンダイン	TAGIX	对部长	GATOX	Money Mkt	SWP BY	<u>~</u>	0	7	Ţ	asset name		d/or	9
		7/	3 >	$\gamma_{\prime} $	X	支	X	7	ίζ	3	5	×	^	TNA		Inc	BLOCKA
1 1	7	<u>`</u>	^					M			*			Ä		me	•
		-						4			3					S	
1 1	17		İ	Ì						~	r					Ž	
+ +		+		-							il.	-		띢		ŭ	
		+	_								1	_		-,1	None >		
11	-	十	_			<u></u>									\$1-\$1,000 œ		
7-1				X.	X	×	X								\$1,001-\$15,000		
		>	×.					×	X		×				\$15,001-\$60,000		
	$\overline{}$	< T													\$50,001-\$100,000 m	_ ≲	
											,	×.	X		\$100,001-\$250,000	Value of Asset	٤
		\perp													\$250,001-\$500,000 ග	9	
								,							\$500,001-\$1,000,000 æ	Ass	ć
										<u> </u>					\$1,000,001-\$5,000,000	Ä	
		4										<u> </u>			\$5,000,001-\$25,000,000		
	_	_	_			<u> </u>									\$25,000,001-\$50,000,000		
		_	\			<u> </u>	<u> </u>			<u> </u>	<u> </u>	ļ			Over \$50,000,000 -		
		_	4			_		<u> </u>							Spouse/DC Asset over \$1,000,000*		
\dashv		\dashv	_			<u> </u>			L	ļ		<u> </u>			NONE		
						<u> </u>		<u> </u>	ļ		<u> </u>				DIVIDENDS		
						<u> </u>	_			<u></u>		<u> </u>	<u> </u>		RENT	τ y	ı
															INTEREST	pe c	,
										<u> </u>					CAPITAL GAINS	Type of Income	. 0
		Т													EXCEPTED/BLIND TRUST	S	?
		T													TAX-DEFERRED	me	
															Other Type of Income (Specify: e.g., Partnership Income or Farm (ncome)		
															None —		
	L											<u> </u>			\$1-\$200 =		
		_								ļ	<u> </u>				\$201-\$1,000 =		
	_	_	\dashv				ļ	ļ	<u> </u>	<u> </u>		<u> </u>	ļ		\$1,001-\$2,500 <	i	
						<u> </u>				_	 	<u> </u>	ļ	<u> </u>	\$2,501-\$5,000 <		
		+	-+		 	-	ļ	 			 				\$2,501-\$5,000 < Current Y = \$15,001-\$15,000 ≤ S \$15,001-\$15,000 ≤ S \$15,001-\$100,000 ≤ S \$15,001-\$100,000		
+			+			<u> </u>	 		├			-	<u> </u>	}	\$15,001.\$50,000 ≦ ₹ \$50,001.\$100,000 ≦ 2		
++	-		-		-				├-	\vdash	-	 	-		\$100,001-\$1,000,000 😾	•	
1		+	+		\vdash	 	-	 		-		┼──	-		\$1,000,001-\$5,000,000 ×	>	
	\dashv	十			\vdash	 	-	 		 	+		\vdash		Over \$5,000,000 😸]. ^m o	
		+	-+				 	Í		T	 		 	 	Spouse/DC (ncome over \$1,000,000*	ן בֿ	Ş
	-		\rightarrow					-				\vdash	<u> </u>		None -	Amount of Income	
	-		- 1				1			l			<u> </u>		\$1-\$200 =	nce	(
			\dashv			I	1			1	Τ	1	<u> </u>		\$703 \$4 000 m	l š	
								<u>L</u> .	L.	L.	L		L		\$201-\$1,000 ==		
															\$1001 \$2500		
															\$1001 \$2500		
															\$1001 \$2500		
															\$1,001-\$2,500 < pre> \$2,501-\$5,000 < cc \$5,001-\$15,000 ≤ cc \$15,001-\$60,000 ≦ cc \$15,001-\$60,000	•	
															\$1,001-\$2,500	•	
															\$1,001-\$2,500		
															\$1,001-\$2,500		

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 3 of 7

SCHEDULE C - EARNED INCOME

Name: 1305 Ruck 12ft Page 4 of 7

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroil. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	income may apply to you after you limit is \$27,765. In addition, certa or staff.	u are on House payroll. The 2016 ain types of income (notably honorar	limit on outside earned income for ia, director's fees, and payments for
		Am	Amount
Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Jungtable (Oct. 2)	Spouse Speech	\$0 N/A	\$1,000 N/A
(ア) から こ しこ 十つ 十		ZVV C	
State of Florida Retwomen >4 siem	pension	7,000	56,000

SCHEDULE D - LIABILITIES

Name: 1304 RackLeft

Page 5 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are personally liable); and (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and ilabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

					DC, JT		·
			None	Example		<u> </u>	
			6	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	8	
					\$50,001- \$100,000	c	
	,			×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	т	100
					\$500,001- \$1,000,000	TI	t of Li
				,	\$1,000,001- \$5,000,000	ଜ	Amount of Liability
					\$5,000,001- \$25,000,000	x	
					\$25,000,001- \$50,000,000		
					Over \$50,000,000	٠	
					Over \$1,000,000* (Spouse/DC Liability)	ж.	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year and two previous years.

Position Name of Organization	penod and the current calendar year. rissi-year candidates	penog and the current calendar year. First-year candidates and new employees report positions ned in the current calendar year and two previous years.
None	Position	Name of Organization
	None	

SCHEDULE F - AGREEMENTS

Name: too Rackleft Page 0 <u>Q</u>

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

Date	Parties to Agreement	Terms of Agreement
	More	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government a	nd any information considered confidential as a result of	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on scriedule c.
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

Name: Bob Racklett

Page 7 of

								NOTE NUMBER
							2.0.	
						-	:	
								NOTES