#### Name: 2017 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES REPORT TYPE FILER STATUS × × Try Goody 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S. State District: 40 5 Daytime Telephone: Amendment For Use by Members, Officers, and Employees Form A Officer or Employee **Employing Office** Date of Termination Termination A \$200 penalty shall be assessed against any individual who files more than 30 days late. U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 18 MAY -8 PH 12: 05 HAND DELIVERED Page 1 of Z Shared Staff Filer Type: (If Applicable) Principal Assistant

# PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

Yes No No	iabilities of a spouse or your dependent child because they meet all tics.	lent child?  arned income, transactions, or its transaction of the committee on Etr	this report details of such a trust that benefits you, your spouse, or dependent child?  EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependence tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
	xorling period? If you answered "yes" to INs question, please contact	la! Public Offering during the repairment of the restriction of the re	IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered 'yos' to this question, please contact the Committee on Ethics for further guidance.  TRUSTS - Details regarding 'Qualified Bifnd Trusts' approved by the Committee on Ethics and certain other 'excepted trusts' need not be disclosed. Have you excluded from
STIONS	RMATION - ANSWER EACH OF THESE QUESTIONS	NT, OR TRUST INFO	IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER
OU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No X	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	<ol> <li>Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?</li> </ol>	Yes X 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 X	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yos No	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 X	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes No X	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
Yes X 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?	Yos X No	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 unearned income from any reportable asset during the reporting penod?

### SCHEDULE

E A - ASSETS & "UNEARNED INCOME	
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					SC Retirement System	ABC Hedge Fund X	Smon & Schuster	OC. SP Hoga Copp Stook	tiremens, pease rate to use residence to execu-	For a detailed discussion of Schodule A	If you so choose, you may indicate that an asset or income source as that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you report a privately-traded fund that is an Excepted investment Fund, please check the "EFF" box.	homes and vacation homes (whose there was rental income during the reporting percol), and any Francisal intoless in. or income derived from, a federal retirement program including the Thirth Savergs Plan	Exclude: Your personal residence, including second	For an ownership interest in a privately held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block 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	ro bank and other cash accounts, in the least is over in all interest-bearing accounts, if the lotal is over \$5,000, lat 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 retroment plans (such as 401(k) plans) provide the value for each sesot held in	Provide complete names of stacks and mutual funds (do not use only ticker symbols)	income that generated more than \$200 in "unearned" income during the year.	production of imports and with a fair market value accessing \$1,000 at the end of the reporting period.	Assets and/or income Sources	BLOCK A
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						Pathership Income		Poyntics	1		e of income rg . Parmersh	p Income or	Farm income)								even if reinvested, must be disclosed as income for assets held in tarable accounts. Check 'None' if the asset generated no income during the reporting	generate tax-deferred income (such as 401(k), RA, or 529 accounts), you may check the "Tax-Deferred column. Dividends, interest, and capital gains,	accounts that	
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L		1		+	<u> </u>	1	_	į			OC Asset with 1	ncome over	\$1,900,000°			····	## T	Ä	<u>                                     </u>	74				
							And the second s		Curch	P, S, S(part), or E							no transactions that exceeded \$1,000.	Leave this column blank if there are	please indicate as toflows (S (part))	If only a portion of an asset was sold.	exceeding \$1,000 in the reporting period	purchases (P) sales (S), or	indicate if the	Transaction

### SCHEDULE C -- EARNED INCOME

Trey bowdy Page 3 of

the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "serior staff rate was \$27,765. The 2018 limit is
\$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally pronouted.

\$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited	ng a fiduciary relationship) are totally prohib	
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee Legislative Pension	\$6,000 \$18,000
Examples: Chall the Industration (Oct. 2) Ontario County Based of Education	Spouse Speech Spouse Salary	N/A
Spartenburg County School District 6	Speuse Selary	41,650
SC Judges - Solicitors Retriement System	Solicitors Pension	101, 950
Cleason University	Approved Teaching Free	2,500

#### SCHEDULE D - LIABILITIES

Name: Try bowely Page + of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. 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 rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities in which you own an interest (unless you are personally liabile); and liabilities 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 flabilities held solely by your spouse or dependent child.

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BB+T BB+T Sollic Mac	Example			
Ø c	First Bank of Wilmington, DE	Creditor		
03/09	1 1	Date Liability Incurred MO/YR		
Shedent Lown	Kodpage on Renkal Property, Dones, DE	Type of Liability		
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×		\$15,001- \$50,000	<b>6</b>	
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		\$500,001- \$1,000,000	71	Amount of Liability
		\$1,000,001- \$5,000,000	6	bility
		\$5,000,001- \$25,000,000	x	
		\$25,000,001- \$50,000,000		
		Over \$50,000.000	<u>.</u>	
		Over \$1,000,000*	_	Í

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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 consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organizations; and positions or other institution other than the United States. Exclude: Positions hald in any soligious, social, traternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Instructor	Clemson University

#### SCHEDULE F - AGREEMENTS

Name: Try bowdy Page 5 of

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 employer.

Date	Parties to Agreement	Date Parties to Agreement Terms of Agreement
12/15	12/10 Muscelly the State of South Carolina	Continued participation in the State pension program
		, , , , , , , , , , , , , , , , , , , ,

#### **SCHEDULE G - GIFTS**

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Example:	får Joseph Smith, Artington, VA	Silver Platfor (prior determination of personal franciship received from the Committee on Ethics)	\$400
	N/A		
	7		

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

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		Source	Date(e)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (YJN)	Family Member Included? (Y/N)
	Government of Chara (NECEA)		Aug 6-11	DC-Bejray, Own-DC			*
Evanples	Habital for Huma	Habbar for Humanity (charty fundrassor)	Her 3-4	DC-Bostor-OC	~	*	*
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## SCHEDULE I -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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Page 7 of 7	

List the source, activity (i.e., speech, appeara separate confidential list of charities receiving t	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying en honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	nsar of an event to a charitable orga	nization in lieu of paying en	) honorarium (o you. A
	Source	Activity	Date	Amount
Examples: Association of American As	Association of American Associations, Washington, DC	Speech Article	Feb. 2, 2017 Aug. 13, 2017	\$2,000 \$500
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70				
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