UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: MICHAEL B. BROWN	Daytime Telephone:_	18 MAR -8 PM IZ: 42
New Member of or Candidate for State: Now Member of Representatives District: Candidates – Date of Election: 26-26-18	D Z Permαιγ Check if Amendment	(Office Use Only)
New Officer or Employee Staff File  Employing Office: Shared	Staff Filer Type (If Applicable): Period Covered: January 1, Shared Principal Assistant to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIONS	
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 period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of	ortable positions during the reporting calendar year up through the date of filing?
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?	No E. 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?	r arrangement with an hithe current calendar Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	or years?
ATTACH THE CORF	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO		TH OF THESE QUESTIONS
<b>TRUSTS</b> – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded ent child?	Have you excluded Yes No X
<b>EXEMPTION</b> Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse or dependent child because they me littee on Ethics.	et all three tests for Yes No X

•

## SCHEDULE A – ASSETS & "UNEARNED INCOME"

all interest-bearing accounts. If the total is ov \$5,000, list every financial institution where there more than \$1,000 in interest-bearing accounts. For bank and other cash accounts, total the amount in For rental and other real property held for investment provide a complete address or description, e.g. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. Provide complete names of stocks and mutual funds do not use only ticker symbols). reduction 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 or a detailed discussion of Schedule A requirement hat is not publicly traded, usiness, the nature of or an ownership interest in a privately-held busin rental property," and a city and state. come during the year. lease refer to the instruction booklet you so choose, you may indicate that an asset o roome source is that of your spouse (SP) o ependent child (DC), or joinly held with anyone (JT) come during the reporting period); and any financi iterest in, or income derived from, a feder usiness, the nature of its eographic location in Block A. entify (a) each asset you have a privately-traded fund that is an Excepte vestment Fund, please check the "EIF" box. the optional column on the far left. clude: Your personal residence, including secon ement program, including the Thrift Savings Plan Assets and/or Income Sources and vacation homes (unless there was rent generated Examples more than \$200 in "unearned Simon & Schuster Mega Corp Stock BLOCK A neid. state the activities, for investment name and of ove 쯖 먹 None \*Column M is for assets held by your spouse or depende child in which you have no interest. If an asset was sold during the reporting period and included only because it generated income, the value shou Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please \$1-\$1,000 œ \$1,001-\$15,000 O Indefinite 0 \$15,001-\$50-000 \$50,001-\$100,000 × Value of Asset т \$100,001-\$250,000 BLOCK 8 × Ø \$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \_ ے \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 \_ Spouse/DC Asset over \$1,000,000\* Z the "Tax-Deferred" column. Dividends, California and capital gains, even if uid resirvested, must be disclosed as income for assets held in taxable accounts. Check ont "None" if the asset generated no income during the reporting period. Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, NONE DIVIDENDS RENT Type of Income INTEREST BLOCK C Name: CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Partnershi Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all othe assets indicate the category of income by checking the appropriate box below. Dividends, Interest, and 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. None \*Column XII is for assets held by your spouse or dependent child in which you have no interest × \$1-\$200 = ≡ \$201-\$1,000 ₹ \$1,001-\$2,500 Current Year < × \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × Amount of Income × Over \$5,000,000 BLOCK D ≚ Spouse/DC Income over \$1,000,000\* \$1-\$200 = \$201-\$1,000 = ~ Page \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 ≤ × \$5,001-\$15,000 0 ≦ × \$15,001-\$50,000 ≦ \$50,001-\$100,000 잌 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × × Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000

Use additional sheets if more space is required.

## SCHEDULE C - EARNED INCOME

Name:
3
$\mathcal{R}$
186
$\mathcal{Z}$
$ \mathcal{G} $
B. Brown
3
~
<del>-</del>
age
ادیا
11 \ \ \ \ 1
\sqrt{3}     \sqrt{2}
3° 5
3 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list 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**: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. 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.

					(SSI) SOCIAL SECURITY INSULANCE	MilITARY (U.S. MARINE CORPS) (RET)	Civil War Roundtable (Oct. 2) Ontario County Board of Education		<b>Source</b> (include date of receipt for nonoraria)	
					73 ENGLAS INSUADALG	PENSION	Spouse Speech Spouse Salary	Honorarium Salary	Туре	•
				•	3,000	6,000	N/A	\$0 \$20,000	Current Year to Filing	Am
					5,005	20,342.	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

#### SCHEDULE D - LIABILITIES

Name: MICHAFU B. BROWN Page 4 of

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 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 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 liabilities held solely by your spouse or dependent child.

					SP, DC, JT		
			U.S. BAUK	Example First Bank of Wilmington, DE	Creditor		
		,	04/15	5/98	Date Liability Incurred MO/YR		
		•	Mongago	Mortgage on Rental Property, Dover, DE	Type of Liability		
Ì					\$10,001- \$15,000	>	
Ì					\$15,001- \$50,000	<b>59</b>	
Ì					\$50,001- \$100,000	6	
I			×	×	\$100,001- \$250,000	O.	
					\$250,001- \$500,000	т	Amount of Liability
					\$500,001- \$1,000,000	וד	t of Lia
					\$1,000,001- \$5,000,000	ര	ability
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000	-	
					Over \$50,000,000	_	1
					Over \$1,000,000* (Spouse/DC Liability)	~	

#### SCHEDULE E - POSITIONS

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 period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. 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 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,

### SCHEDULE F - AGREEMENTS

Name: MICHAEL BY BOOWN	
Page 5 of 5	

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.

			12/01	Date
:			State	
			OF	Pa
			12/01 STATE OF MARYLAND	Parties to Agreement
			LEGISLATIVE	
			PENSION	Terms of Agreement
				t

# 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.

9010111101110	government and any mornished or common and mornished and open of a principle of control of the second of the secon	A printing to continuing to continue of the transfer intermediate of the transfer intermediate of
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

#### **CAMPAIGN NOTICE**

#### REGARDING FINANCIAL DISCLOSURE REQUIREMENTE RESOURCE CENTER

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdraw MAR -8 PM 12: 42 your candidacy, please indicate your status and sign and date below.

U.S. HOUSE OF REPRESENTATIVE

The Honorable Karen L. Haas, Clerk Office of the Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601

Indicate Your Status:

Dear Madam Clerk:

(Select One)

	Over \$5,000
lΧl	Threshold Not
للسعا	Evraadad

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

Withdrawal of Candidacy
 or Candidacy

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type): MICHAGL BERNARD BROWN

State: MARYCAND District: #1

Date: MANCH 5, 2018

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:

The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601