		DROTES DE SE CALOR
RESENTATIVES	FORM B	S Trainer Humanes
Name: Eric Stadler Burkhart Davtime Telephone:		17 EU 77 T- 001 TI
New Member of or Candidate for State: Texas  U.S. House of Representatives District: 2  Candidates – Date of Election: March (2018	Check if Amendment	(Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable):  Employing Office: Shared Principal Assistant	Period Covered: January 1, 2016 to 1200 cmby 31, 2016	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	3	
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? Of b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?  E. Did you you spouse, or your dependent child:  Yes  No  Deriod or	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting ugh the date of filing? Yes 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?  F. Did you or your spouse have "earned" income (e.g., salaries, Yes No No Year up to year up year up to year up year up to year up to year up year up year up year up year up year year year year year year year year	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?	arrangement with an Yes No
D. Did you, your spouse, or your dependent child have any reportable hability (more than \$10,000) at any point during the reporting period?  No Single so	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	SWER <u>BOTH</u> OF THESE QUESTIONS	E QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	epted trusts" need not be disclosed. Have you excluded	Have you excluded Yes 🔲 No 💢
<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.	or dependent child because they me	et all three tests for Yes No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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48.8 For bank and other cash accounts, total the amount in all interest-bearing accounts. If the kotal is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. 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 For rental and other real property held for investment provide a complete address or description, e.g. (do not use only ticker symbols) ncome during the reporting period); and any financia omes and vacation homes (unless there was or an ownership interest in a privately-held busine or all IRAs and other retirement plans (such or a detailed discussion of Schedule A requirements xclude: Your personal residence, including secon eographic location in Block A. rental property," and a city and state ncome during the year. you have a privately-traded fund that is an Excepted twestment Fund, please check the "EIF" box. sterest in, or income derived from, a federa strement program, including the Thrift Savings Plan rovide complete names of stocks and mutual fund: you so choose, you may indicate that an asset ou come source is that of your spouse (SP) or pendent child (DC), or pendly held with anyone (JT) the optional column on the far left. is not publicly traded iness, the nature of Assets and/or Income Sources refer to the instruction booklet generated more than Jisability Examples: (a) each asset PORSINA Simon & Schusler ABC Hedge Fund Mega Corp Slock BLOCK A I state the 250 \$200 activities, ₫ in "unearned investment Berne 를 다 Se # × 듗 child in which you have no interes specify the method used. > \*Column M is for assets held by your spouse or depende indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please an asset was sold during the reporting period and cluded only because it generated income, the value shou None. \$1-\$1,000 æ \$1,001-\$15,000 O \$15,001-\$50-000 o \$50,001-\$100,000 m Value of Asset п \$100,001-\$250,000 BLOCK B Ģ \$250,001-\$500,000 × \$500,001-\$1,000,000 Ŧ \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ے \$25,000,001-\$50,000,000 \_ \_ Over \$50,000,000 Z Spouse/DC Asset over \$1,000,000\* is the "Tax-Deferred" column. Dividends, is interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check nt "None" if the asset generated no income during the reporting period. Check all columns that apply that generate tax-deferred inc Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 629 accounts), you may check the "Tax-Deferred" column. Dividends, NONE DIVIDENDS RENT Type of Income INTEREST BFOCK C EXCEPTED/BLIND TRUST Partnersh 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 other 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 × Amount of income \$1,000,001-\$5,000,000 × Over \$5,000,000 × BLOCK D × Spouse/DC Income over \$1,000,000 None \$1-\$200 = \$201-\$1,000 = × \$1,001-\$2,500 ₹ Preceding 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 × ≥ Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

ERIC BURICHART

Page 3

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### SCHEDULE C - EARNED INCOME

Name: SAL BURKHER Page

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. 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.

						Ontario County Board of Education			Source (include date of receipt for honoraria)	
						Spouse Salary	Salary	lonorarium	Туре	
						N/A	\$20,000	\$0	Current Year to Filing	Am
						N/A	\$76,000	\$500	Preceding Year	Amount

#### SCHEDULE D - LIABILITIES

Name: ERIC BURKHART

Page 5 of 8

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 llable); 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.

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		-		Example							
				First Bank of Wilmington, DE	Creditor						
				5/98	Date Liability Incurred MO/YR						
				Mortgage on Rental Property, Dover, DE	Type of Liability						
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					Over \$1,000,000* (Spouse/DC Liability)	~					

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

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				Position	and the content entering year. I her year early water
				Name of Organization	The second second points are feet commensed and test employees report positions in the dutient calendary year and good previous years.

#### SCHEDULE F - AGREEMENTS

Name: ENC BURKHART Page\_ 9 힟 Q

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			
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Terms of Agreement			
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# 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 Ilsted on Schedule C.

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	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

Name: ERIC BURKHART

Page 7 of 3

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FILER NOTES (Optional)

Name: ERIC BURKHART

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#### CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

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 withdrawn your candidacy, please indicate your status and sign and date below.

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

POSTWARK ILLEGIBLE

17 ABO -7 FR 1: 15

Indicate Your Status: (Select One) Dear Madam Clerk:

Over \$5,000 Threshold Not Exceeded 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

This is to notify you that under the laws of the state of	,
I withdrew my candidacy for the U.S. House of Representatives on	<u></u> .

[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 (Ple	ease Print or Type):	ERIC	BURKHART			
	TEXAS	·		District:	21	
Date	7/25/20/	7				

(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