PRELIMINARY INFORMATION - ANSWER EACH OF PO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS contact the Committee on Ethics for further guidance. IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? Name: Warran Brand 2017 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: reporting period? REPORT FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the . Receive more than \$200 in uneamed income from any reportable end of the reporting period? or ĺΧ X House of Representatives 2017 Annual (Due: May 15, 2018) Member of the U.S. LUBTICOMEYER State: Masou et District: THESE QUESTIONS Yes Yes Yes Yes Yes X X \boxtimes X Daytime Telephone:_ Amendment 중 ĕ Š Š ö For Use by Members, Officers, and Employees X ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" 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? 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? Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any eporting period? Employee Officer or Employing Office: Termination Date of Termination: O.S. HOUSE OF REPRESENDED A \$200 penalty shalf be assessed against any ndividual who files more than 30 days late. LEGISLATIVE RESOURCE CENTER 8 HAND DELIVERED Page 1 of 4 DENITO HAT SEEDLAND Shared Staff Filer Type: (If Applicable) Yes Ύes Yes Yes Yes × Principal Assistant Š 중 Š Š

X

X

 \times

all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet

Yes

ᇹ

区

X

Yes

Š

X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

		-
BLOCK B		
BLOCK C .		Name: William Brande Lugares & EYCA
BLOCK D		MATERIEVER
BLOCKE	-	Page 2 of 9

Page 2 of 9

	4			$\hat{\mathbf{v}}$		=	8 8	For a	incor depa	lf you	hom hom interving	for a that busin	propi propi	For I	the a	5 P	Pov.	thet;	prod exce		
Mo	CEDAR RIDGE ACUS	ar chizageta, All		66	ABC Hedge Fund X	Examples: Simon & Schuster	SP Mega Corp. Stock	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is thet of your spouse (SP) or dependent child (DC), or jointly hed 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 "EIF" box.	Exclude: Your personal residence, including second fromes and vacation fromes (unless there was rental income during the reporting period); and any financial interest in, or income derived from a federal retirement program, including the Thiff Savings Plan.	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 properly held for investment, provide a complete address or description, e.g., "rental properly," 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, itst 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(t) rians) removes the value for each ascer hads in	Provide complete names of stocks and mutual funds (A) not use only finker symbols)	and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.	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,	Assets and/or Income Sources	BLOCK A
	7		5	П				None							>		ξ	heca beca	Indica valuat		
	5		1	-				\$1-\$1,000							В		have a	1 8854 1 8 8 1	e Se		
			6			Indefinite		\$1,001-\$1	5,000						5		you have no interest.	gene gene	metho		
				1		哥		\$15,001 -\$ 5	50.000			<u> </u>			-		-column in is for assets freat by your spouse of dependent chief in which you have no interest.	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used:	•	
			-	4						-							6	ncon	ertha		
_		\perp	\perp	4			×	\$50,001-\$1							П		ğ	. 3 g 	in fair	Value of Asset	_
-			+	4	_		<u> </u>	\$100,001-			····				'n		your	a Per	mark of	. <u>e</u>	BLOCK B
	X		+	4	×		_	\$250,001-							6		spous	orting sho	et val	As	Ä
			\bot	4	_		<u> </u>	\$500,001-							Ξ.		a c	uld b	uporti	Set	
		_	_	1	_				-\$5,000,000						_		a page	8 8	iegse P		
			>	4	_				-\$25,000,000						<i>د</i>		9	2.2	Spec Bried		
		_	4	4					1-\$50,000,000						~		2	ing	₹₹	i	
	Ш		\perp	4				Over \$50,0	00,000						_		*	6	e me		
								Spouse/DC	Asset over \$1,	000,000					Œ						
								NONE									8886	# CO	Check all columns that apply. For generate tax-deferred income (such as 529 accounts), you may check the	!	
	×						×	DIVIDEND	S								gen		20 TH N		
	\		-	1				RENT									erate	± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±			
		Î	Ī	1				INTEREST			,						200		yene s	₹	١
			\top	1				CAPITAL	SAINS								ncom				В
				T				EXCEPTE	D/BLIND TRUST	7							9	100 100 100 100 100 100 100 100 100 100	오를	<u>, ,</u>	BLOCKC
	\Box		╅	1				TAX-DEFE	RRED								ĵ.	ti io	ğ g	×	
Micros	1,000		3200.6		Partnership	Royalties		Other Type (Specify: e	of Income g., Partnership	псотна о	r Farm income)			_			asset generated no income during the reporting period.	column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the	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"		
								None							1		ξζ	Bus Bus	may cate	ı	
								\$1-\$200							=	ļ	*Column XII is for assets held in which you have no interest		pay check		
	×					×		\$201-\$1,00	10						≡		₹ ≦ इ.इ.	다 다 다 다	of the story	•	
				T			×	\$1,001-\$2,	500					-	₹		5 Q 3 8	CK N	Non A		, ;
				Ţ	×			\$2,501-\$5,	000						<			3 # 2	8 8 5	Amount of Income	
$\dashv \dashv$	\Box	_		7				\$5,001-\$15	,000						S		<u> </u>	incon f no i	THECK	딅	문
$\dashv \dashv$		\top		1	\dashv			\$15,001-\$5	000,00						≦		y you	ncom	고 기	<u> 흑</u>	BLOCK D
		\top	\top	†	\neg			\$50,001-\$1	00,000						¥		spo	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	함 등 등 등 등 X	્દૂ	٦
		$\neg +$	(ا	त				\$100,001-	1,000,000						×		use o	s earn	yer as	. De	į
	\vdash	\top	1	1	-	-		\$1,000,001	\$ 5,000,000						×		dep	9 5 T	riate		
+		_		1	\dashv			Over \$5,00	0,000						×		ender	in t	box jid		İ
+		_		†	1			Spouse/DC	Asset with Inco	me over	\$1,000,000*			,	¥		Column XII is for assets held by your spouse or dependent child in which you have no interest	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.	For assets for which you checked "lax-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.	'	
							S(part)	P, S, S(part), or E	(blank if there are no transactions that exceeded \$1,000.		only a portion of an asset was sold, please indicate as					BLOCK E

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: WILLIAM BRAING LUBTICEMEYER

Page 3 of 9

						#				片					덕	≒ R %		_
		Bank of Smi Edu	IRA - SAVIALS AS		BANK of Son Emz	SAVINGS		(RE TAINEST MENT CO	8674,1	LESTOVER LAND CO	,		(RE INVESTMENT LA	St. ENZABOTH, M		ASSET NAME EF	·	Assets and/or Income Sources
7			8		2			+				7			_	-	None >>	
\dashv	_				3			7	+-	5	-	7	0	-	2		\$1-\$1,000 œ	
+	_	*	-	-	<u>-</u>	1		2	├-		•	5	424	┼	፳		\$1 pg 1 \$45 pg	
_		Mo	_		3	_		1000	Ļ.,	\succeq	_	2	3	ļ	<u> </u>			
-		0	L.	ļ	Z				<u> </u>	<u> </u>	_,	۷	37	_			\$15,001-\$50,000	
4		_			<u> </u>			6	<u> </u>	ļ		_	7/3	ļ			\$50,001-\$100,000 m	Value of Asset
4		<u> </u>	×	_	_	×	\		 	_		_	<u> </u>	_	X		\$100,001.\$250,000	lue of Ass
\downarrow					<u> </u>				<u> </u>	┞			_	<u> </u>	 		\$250,001.\$500,000 G	A
+			ļ		ļ				<u> </u>	<u> </u>	_	ļ		ļ	1	<u> </u>	\$500,001-\$1,000,000	set
4				_	_				 	_		_			<u> </u>	<u> </u>	\$1,000,001-\$5,000,000	
4			_		-				<u> </u>					_	ļ		\$5,000,001-\$25,000,000	
4									ļ	_		<u> </u>				-	\$25,000,001-\$50,000,000	
4			<u> </u>	_	<u> </u>				<u> </u>	ļ		ļ			_		Over \$50,000,000	
4				_	_				<u> </u>					L			Spouse/DC Asset over \$1,000,000*	
4	_						<u> </u>		ļ	×					_		NONE	
4	4			ļ	↓_				Ļ_			ļ		<u> </u>	<u> </u>		DIVIDENDS	
1					<u> </u>		<u> </u>		<u> </u>					<u> </u>	×		RENT	_
1			X		<u> </u>	×			ļ	<u> </u>	<u> </u>			<u> </u>			INTEREST	₹,
1			_		L				<u> </u>	<u> </u>		<u> </u>	ļ	<u> </u>			CAPITAL GAINS	Type of Income
1					<u> </u>				<u> </u>	<u> </u>	<u> </u>			<u> </u>	ļ		EXCEPTED/BLIND TRUST	finc i
İ																	TAX-DEFERRED	me `
																	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
T										X							None	
J						X											\$1-\$200 ==	
T			×														\$201-\$1,000 =	
															X		\$1,001-\$2,500 <	>
	Ī																\$2,501-\$5,000	₫.
Ī																	\$5,001-\$15,000 \leq	unt of Inc
Ī										İ							\$15,001 -\$ 50,000 <u>≤</u>	<u>약</u> 9
Ť					<u> </u>												\$50,001-\$100,000	Amount of Income
Ť	_								Γ								\$100,001-\$1,000,000	5
Ť	\dashv								Г	Ť							\$1,000,001-\$5,000,000 ×	
t	\dashv								\vdash								Over \$5,000,000 🔀	
\dagger	7								 								Spouse/DC Asset with Income over \$1,000,000° ≚	
										•							P, S, S(part), or E	Transaction

SCHEDULE B - TRANSACTIONS

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200.	cardune transations detween you, your spouse, or dependent chicarts, or the burchase or sale of your personal residence, unless it generated featilithcome. If only a portion of an asset is sold, please choose "partial sale" as the type of ransaction.	begandent child for investment or the production of include transactions that begandent child for investment or the production of include transactions that the control of	sport any purchase, sale, or exchange transactions that exceeded \$1,000 in the Type of Transaction	SCHEDULE B – TRANSACTIONS
je			action	
ck Box if C O	Capital Gain E	Exceeded	i	Nam
weekly, if applicable	(MO/DAYR) or Quarterty, Monthly, or Bi-		Date	Name: Wilham B
,001- 5,000		>		-JAM
5,001- 0,000		₩		₩.
0,001- 00,000		n		A NIC
100,001- 250,000			Ą	X
250,001- 500,000		m	nount	67K
			19	<u> </u>
		71	Tra	₹
1,000,000		an G	Transacti	Name of the second
1,000,000 1,000,001 5,000,000 5,000,001		σ =	Amount of Transaction	hter Page_4
1,000,000 1,000,001- 5,000,000 5,000,001- 25,000,000			Transaction	Name Page 4
1,000,000 1,000,001 5,000,000 5,000,001 25,000,000 25,000,001 50,000,000	9000		Transaction	NEWEN Page 4 of C
500,001- 1,000,000 1,000,001- 5,000,000 5,000,001- 25,000,001 25,000,000 iver \$50,000 iver \$1,000,00	00.		Transaction	NAMES Page 4 of 9

							,					ST 2 BROTHERS INVEST MONTH	Example Mega Corp. Stock	SP.DC.JT Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. "Column K is for assets solely held by your spouse or dependent child.	resided in a capital los. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "peritial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property hald by you, your spouse, or your
										 		,			Purchase		Туре
				:								X			Sale		of Tra
													×		Partial Sale		Type of Transaction
															Exchange]S
ľ													×		Check Box if Ca \$200	apital Gain Exceed	ied
											•	6/17	3917		weekly, if applicable	(MO/DAYR) or Quarterly,	Date
ľ											·				\$1,001- \$15,000	>	
													×		\$15,001- \$50,000		
l											,	X			\$50,001- \$100,000	c	
l	_														\$100,001- \$250,000	0	
Ì								-							\$250,001- \$500,000	m	Amount of
														†	\$500,001- \$1,000,000	וד	
ľ															\$1,000,001- \$5,000,000	റ	Transaction
j		-	 			 									\$5,000,001- \$25,000,000	π	
İ															\$25,000,001- \$50,000,000	_	
															Over \$50,000,0	000 _	
															Over \$1,000,00 (Spouse/DC As		

SCHEDULE C - EARNED INCOME

	Name WILLIAM B
	BLAING LUBTICEMETER
7	Page 5 of 9

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 a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050, In addition, certain types of income (notably honoraria, director's fees, and navments for professional services involving a fiduciary relationship) are totally prohibited. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

					Sponse-Bonno of Dinectors - Banic of St. Chicagen Ma		aur		Examples: State of Maryland	Source (include date of receipt for honoraria)	In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited
				•	Diarcion Fee		Remainent Burger	Spouse Selecti	Legislative Pension	Туре	y relationship) are totally prohibited.
				•	N/A-	`	17.600	N/A	\$18,000	Amount	

SCHEDULE D - LIABILITIES

Name	
MULLER	
Butte	
e Luct	
TKFMBS	
000	
Page_	
6	

Page 6 of 9

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. 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		
			Example			
		Node	First Bank of Wilmington, DE	Creditor		
			5/15	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
	 			\$15,001- \$50,000	œ	
				\$50,001- \$100,000	o	
			×	\$100,001- \$250,000	o .	
				\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	TI	Amount of Liability
				\$1,000,001- \$5,000,000	ဓ	ability
				\$5,000,001- \$25,000,000	3	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	د	
				Over \$1,000,000* (Spouse/DC Liability)	*	

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 held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization
Monaga.	2 BROTHORS INVESTIGENT LLC
MEMBER.	CEDON PCIDGE ALMS LLC
Mense	aggregate Land Co ite

SCHEDULE F - AGREEMENTS

Name William Branch Luctionston Page 7 of 9

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

t l		
As Empressed of State of Missings		
Defraces RETHEMENT BASEFUT	STATE OF MISOURI	1-99
LEGISLATON'S REMISERED BONGTET	6-08 STATE OF MISSIANI	80-9
Terms of Agreement	Parties to Agreement	Date
		chiproje.

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: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
Nowe		
THE RESIDENCE OF THE PARTY OF T		

Use additional sheets if more space is required.

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name With Light
BHNE
MILLIAM BLANE LUCEICOMEMIA PAGE & of 9
Page C
9 9

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.

are mor.						
	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	. DC-Bejling, China-DC	*	· ·	Ż
EXemples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	۲	*	Υ
				:		
	Marke					
	TOTAL AND THE PROPERTY					
						A

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name 1/12400 Branch Lite The Supple Page 9 of 9

ist 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 an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	event to a charitable organization	n in lieu of paying an honora	rium to you. A separate
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb, 2, 2017	\$2,000
Nous			
	9 9		
•			

FILER NOTES (Optional)

Name: Page_ 앜

							NOTE NUMBER
			:				NOTES
							Š
The state of the s					ľ		