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 contact the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? B. Did you, your spouse, or your dependent child purchase, sell, or EXENPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. 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? 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 "earned" 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? A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: **UNITED STATES HOUSE OF REPRESENTATIVES** reporting period? 2017 FINANCIAL DISCLOSURE STATEMENT IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF Receive more than \$200 in unearmed income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the REPORT FILER STATUS end of the reporting period? or asset during the reporting period? 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S. State District: **1 2 3 3** Y as 8 Z Z š Daytime Telephone: 202-25-1272 Amendment 픙 Š 8 Š š For Use by Members, Officers, and Employees ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" H. Did you, your spouse, or your dependent child receive any reportable travel or relimbursements for travel totaling more than \$390 in value from a single source during the reporting period? lieu of paying you for a speech, appearance, or article during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar Did any individual or organization make a donation to charity in source during the reporting period? year up through the date of filing? Employee Officer or Employing Office Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. FLUIST VAINE BECOME CENT THESE QUESTIONS B JUL 67 CONSIDER DELIVERED Page 1 of 1 Shared Staff Filer Type: (If Applicable) 3 2 8 3 ¥88 ž 3 Principal Assistant ₹ 중 픙 **₹** ᇂ ₹

SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name:

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCKE
Assets and/or income Sources	Value of Asset	Type of Income	Amount of Income	Transaction
identify (a) each asset held for investment or	indicate value of asset at cicae of the reporting period. If you use a	ş	For easets for which you checked "Tax-Deferred" in Block C,	=
production of income and with a fair market value	veluation method other than fair market value, please specify the method	C) 2 401(K) IRA or	many check the "Home" collumn. For all other assets indicate the	
socceeding \$1,000 at the end of the reporting period, and (b) any other reportable seset or source of	used. If an exect was sold during the paraving period and is included only	ozy accounts), you may check the "Isk-Deserted" column. Dividende, internet, and capital gains.	Category of income by creating the appropriate tox determined by cleaning the appropriate tox determined by cleaning the propriate toxic determined by category of the propriate toxic determined by the propriate toxic determi	•
income that generaled more than \$200 in "unsamed" income during the year.	because it generated income, the value should be "None." "Column M is for assets held by your spouse or decembent child in which	even it remivested, itsust be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting		excranges (E) r exceeding \$1,000 in the reporting
Provide complete names of stocks and mutual funds (do not use only ticker symbols).	you have no interest.	period.		
For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in the account that arresent the concentral thresholds.			Clima at Wildel you have to amorous.	an asset was sold, plasse indicate as follows: (S (part)).
For bank and other cash accounts, total the emount in all interest-bearing accounts. If the local is over \$5,000, list every financial institution where there is	20 CO			Leave this column blank if there are no transactions that exceeded
For rental and other real property held for investment,				
red terminant cutter local property lead or exponents, provide a complete address or description, e.g., "nortal property," and a city and state.				
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business. the nature of its geographic location in Block A.				
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income defined from, a federal interest in, or income defined from, a federal		come)	000-	
If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	00,000		me over \$1,0	
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 had with anyone (JT), in the optional column on the far laft.	0,000 20,000 20,000 20,000 500,000 \$5,000,000 \$25,000,000	ARKS VBLIND TRUS	000 000 0,000 0,000 00,000 1,000,000	
For a detailed discussion of Schedule A requirements, please refer to the instruction booldet.	\$25,000,00 Over \$50,00	TAX-DEFEI	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,! \$2,501-\$6,6 \$5,001-\$15 \$15,001-\$1 \$100,001-\$ \$1,000,001 Over \$5,00	P. S, S(part), or E
╛┃	x	ж	×	S(part)
	Indefinite	Royalins	×	
ABC Hedge Fund	×	Personito	×	
	4	- Income		
Thruft Sover Par	*	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X	

	Name:
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Page 3 of 4

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 spouse or the child, perent, 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.		
	CRE/ADC Ventur &	Cound Point Morta	Netion Star Mart	Madin Stal Morta	Example First Bank of Wilmington, DE	Creditor		
137	とうコイトな	" 5/17	2/17	mc 3/17	E 9/15	Date Liability Incurred MO/YR		
	Judgment	Martine	Notes	Motions	Mortgage on Rental Property, Dover, DE	Type of Liability		
┢						\$10,001- \$15,000	>	
						\$15,001- \$50,000	•	
			Y			\$50,001- \$100,000	c	
		X		X	×	\$100,001- \$250,000		≥
						\$250,001- \$500,000	m	Amount of Liability
					<u> </u>	\$500,001- \$1,000,000	T1	of Lia
	X					\$1,000,001- \$5,000,000	e 	Sility Village
				•		\$5,000,001- \$25,000,000	x	
	1	1	1		I	\$25,000,001- \$50,000,000	-	
				-	<u> </u>			
						Over \$50,000,000	-	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, tirector, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, pertnership, 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, trategral, or political entities (such as political parties and campaign organizations); and positions solve of an honorary pairies.

held in any religious, social, fraternal, or political entities (sur	held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations), and positions sower or an incrovery nature.
Position	Name of Organization
DACTOR 18/der	Belowed Community Church of God in Christ

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

Aspen Institute Consussional Arga Habital for Humanity (charty fundralises) Government of China (MECEA) Source 10-12-C 37-6-8 Date(s) **F** 31 Aug. 6-11 City of Departure-Destination-City of Return Shindered, DC DC-Beijing, China-DC DC-Boaton-DC ı (MAX) ~ (YAN) Family Member Included? (Y/M)