			מרו י ט בטור
UNITED STATES HOUSE OF REPRESENTATIVES	71	FORM B	Page 1 of
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and	New Employ	COST ATIVE RESOURCE CENTE::
Name: Jernaice dama / Evans	Daytime Telephone:	.17	SEP 22 PH 1: 22
New Member of or Candidate for State: /-  V.S. House of Representatives District: / U##  Candidates – Date of Election: Nov & 2018	18	Check if Amendment	ISE OF REPALSENTATIVES (Office Use Only)
New Officer or Employee Staff File  Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1,to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF	THESE QUESTIONS	NS	
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 X E. Dic	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 又
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?	X No F. Dic outsic	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 X
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?	X No J. Did	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
ATTACH THE CORRESPONDING SCH	ATTACH THE CORRESPONDING SCHEDULE IF YOU	HEDULE IF YOU ANSWER "YES"	3,
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	INFORMATION - A	NSWER <u>BOTH</u> OF THESE	E QUESTIONS
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?	on Ethics and certain other "e	xcepted trusts" need not be disclosed. F	Have you excluded Yes No X
EXEMPTION – 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 spou	se or dependent child because they mee	et all three tests for Yes No 人

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

geographic location in Block A. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there it 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, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held in For a detailed discussion of Schedule A requirement olease refer to the instruction booklet. the account that exceeds the reporting thresholds. (do not use only ticker symbols). nore than \$1,000 in interest-bearing accounts. come source is that of your spouse (SP) ependent child (DC), or jointly held with anyone ( etirement program, including the Thrift Savings Plan come during the reporting period); and any financia terest in, or income derived from, a federa omes and vacation homes (unless there was renta or an ownership interest in a privately-held busin rental property," and a city and state. rovide a complete address or rental and other real property held for investment rovide complete names of stocks and mutual fund ncome during the year. you have a privately-traded fund that is an Excepted westment Fund, please check the "EIF" box. xclude: Your personal residence, including secon the optional column on the far left. you so choose, you may indicate that an asset is not publicly traded, iness, the nature of Assets aind/or Income Sources Examples Simon & Schuster ABC Hedge Fund lega Corp Stock BLOCK A state the or description, name and of È e E 굒 × 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 be "None." specify the method used. 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 60 \$1,001-\$15,000 \$15,001-\$50-000 0 × 177 Value of Asset \$100,001-\$250,000 'n BLOCK 8 × \$250,001-\$500,000 G \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ے \$25,000,001-\$50,000,000 \_ Over \$50,000,000 \_ Spouse/DC Asset over \$1,000,000\* \$ reinvested, must be disclosed as income for assets held in taxable accounts. Check None' if the asset generated no income during the reporting period. that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, Interest, and capital gains, even if Check all columns that apply. For accounts that generate tax-deferred income (such as NONE × DIVIDENDS RENT Type of Income INTEREST BLOCK C Name: CAPITAL GAINS EXCEPTED/BLIND TRUST Vermanne Royallies 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. Dividents, interest, and capital gains, even if rehivested, must be disclosed as income for assets held in taxable accounts, Check "None" if no income was earned or generated. \*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 Evans \$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\* ≚ None \$1-\$200 = \$201-\$1,000 = Page \$1,001-\$2,500 ₹ Preceding Year \$2,501-\$5,000 < \$5,001-\$15,000 × ≤ \$15,001-\$50,000 ≦ \$50,001-\$100,000 ≨ 앜 \$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

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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### SCHEDULE C - EARNED INCOME

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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.

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 (notal professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	limit is \$27,765. In addition, certar staff.	5	ertain types of income (notably honoraria, director's fees, and payments for
		Am	Amount ·
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland (Oct 2)	Salary Spouse Speech	\$20,000 \$0	\$1,000
Ļ	Spouse Salary	N/A	N/A
Best Buy Corp.	5~1~~7	\$122,000.	\$ 15,000.0
			;

#### SCHEDULE D - LIABILITIES

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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 \*Column K is for liabilities held solely by your spouse or dependent child.

			SP, DC, JT		
6500	Dopt	Ехатрів			
(Japan Andrews)	Dept of Ed	First Bank of Wilmington, DE	Creditor		
	01/14	5/98	Date Liability Incurred MO/YR		
	Student Loans	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
	X		\$15,001- \$50,000	ψo	
			\$50,001- \$100,000	C	
		×	\$100,001- \$250,000	0	
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			\$500,001- \$1,000,000	71	Amount of Liability
			\$1,000,001- \$5,000,000	G	ability
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			\$25,000,001- \$50,000,000	_	
			Over \$50,000,000	-	
			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 Nembers and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new erroliness report positions held in the current calendar year and two provides years.

pendu and the current calendar year. First-year candidate	pendu and the current calendary year. Firstyear candidates and new employees report positions neigh in the current calendar year and two previous years.
Position	Name of Organization
Comp. consultant	Bast Buy Inc.

#### SCHEDULE F - AGREEMENTS

Name: Jermaine Evan Page 으

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 Parties to Agreement Terms of Agreement

# 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.

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

FILER NOTES (Optional)

Name: Page of \_\_\_\_\_of

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#### CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or looks from yourself of 22 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 specific of the status and sign and date below the specific of the status and sign and date below the status and sign and date below the specific of the status and sign and date below the status and sign are status and sign and date below the status and sign are status and sign and date below the status and sign and status and sign are status an

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: (Select One)	Dear Madam Clerk:
	This is to notify you that I have not yet raised (either through contributions or loans from myself
Over \$5,000 Threshold Not	or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.
Exceeded	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.
	L
	This is to notify you that under the laws of the state of
Withdrawal of Candidacy	I withdrew my candidacy for the U.S. House of Representatives on
	[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.]
	L '
	Name (Please Print or Type):
	S. F. Division 14
	State: / L District: //
	Date: 7/29/17

(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