PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS PO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS 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. 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 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 fiability (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 B. Did you, your spouse, or your dependent child purchase, sell, or 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? Name: 1cmale 2017 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES reporting period? exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: REPORT TYPE 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 asset during the reporting period 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S. District: State: Ses Ses Yes Yes Yes Yes No 0 Daytime Telephone: (ユロマ) ユンジータく お Amendmen' S S 0 <u>8</u> Š For Use by Members, Officers, and Employees 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? H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? \$390 in value from a single source during the reporting period? source during the reporting period? Form A 212) 327-736 Employee Officer or **Employing Office** Date of Termination: Termination A \$200 penalty shall be assessed and surrent on the control of the individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTER 18 MADING UPPLODIVY 4 HAND Page 1 of S Shared Staff Filer Type: (If Applicable) Yes ¥es es es ¥es Yes Yes Yes Principal Assistant <u>8</u> Z 0 S O 몽 <u>Z</u> Š ö X X X

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| 747 | 4 | _ | λc | ž | 7 | | Examples: | | For a detailed discussion of Schedule please refer to the instruction booklet | If you so choose, you may indicate income source is that of your dependent child (DC), or jointly held in the optional column on the far left. | ent a | and vo | For an ownership in that is not public business, the natural location in Block A. | a any | For bank and other cash accounts, all interest-bearing accounts. If the tries every financial institution where \$1,000 in interest-bearing accounts. | Unit a | (so not use only ticker symbols). For all IRAs and other retiren | exceeding \$1,0 and (b) any oth that generated during the year. Provide comple | 9 📵 | set |
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| ľ | 2 | | | ¥ | BAN | £ | SE SE | ibo. | dule / | 9. 25. 73 ± 12. 25. 25 13. 25. 25. 25. | e.e | ur personal residence, inclus acation homes (unless there acation homes (unless there ag the reporting period); and a grant derived from, or income derived from, or ancient acation of the thrift Scopram, including the Thrift Sc | s en en | SON THE | e total | ž, | 1 | torso | | . On |
| **** | Chose | Ť | dire | Credit Union | 7 | | | | 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 that of your spouse (SP) or dependent child (DC), or jointly held 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. | | 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 property," 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, list every financial institution where there is more than \$1,000 in interest-bearing accounts. | the account that exceeds the reporting thresholds. | (bo include only acker symbols). For all IRAs and other retirement plans (such as 401(t) plans) involves the control of the c | exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds | inve: | Assets and/or income Sources |
| Ą | O | ļ | 9 | 6. | | | | | i i i i i i i i i i i i i i i i i i i | yone (Sp | γ _υ | ling second was rental my financial a federal wings Plan. | ne of Regor | g. T | er \$5 more | hold | 1 (i) 2 (i) | 4 4 5 5 7 E | ket 1 | S 0 |
| } | | | 1 | 7 | | × | | ₽ ₽ | ents, | (2) 86 (2) 86 | pted | cond ental ental incial deral deral | iness f the aphic | nent. ental | # 000 in | | 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | unds | Identify (a) each asset held for investment or production of income and with a fair market value | |
| * | | | | | | | | | None | | | | | | | ٨ | | used. If an becau *Colu | Indic | |
| | | | | | | | | | \$1-\$1,000 | | | | | | | В | | used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." Column M is for assets held by your spouse or dependent child in which you have no interest. | 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 | |
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| Sec. | | 6, | | | | × | | | \$250,001-\$50 | 0,000 | | | | | | ဓ | | the reporting period and the value should be "None by your spouse or depende | ¥ | Value of Asset |
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| | | | | | | Partnership Income | Royattes | | Other Type of (Specify: e.g., | | Income o | r Farm Income) | | | | | | "Tax-Defental gains, extal gain | 9 € | |
|) | | 1 | | | | 1 | 8 | | ,-,, | | | | | | | | | 528 accounts), you may check the "Tax-Defened" column. Drydends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period. | accounts that 401(k), IRA, or | |
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| | | - | ┼- | X | X | <u> </u> | | | None | | | | | <u>:</u> | | | I wind you have no meres. | category c Dividends must be a accounts. *Column X | nay d | |
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| | | | | | | | | | \$50,001-\$100 | ,000 | | | | | | ≦ | | ass was | | Ö |
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| | | | | | | | | | Over \$5,000, | 000 | | | | | | × | | 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 semed or generated "Column XII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is not asset held by your spouse or dependent child "Column XIII is not asset hel | For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the | I |
| | | | | | | | | | Spouse/DC A | aset with Inc | ome over | \$1,000,000* | | | | Ĕ | <u> </u> | sted, ated. | e you | |
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| | | | | | | | | = | S(part), or E | | | | | | blank if there are no transactions that exceeded \$1,000. | follows. (S (part)). | sset v | purchases (P), sales (S), or exchanges (E) exceeding \$1,0 in the reporting period. | Indicate if the asset had | Transaction |
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SCHEDULE C - EARNED INCOME

Name: Jerrald Lewis Nadlar Page 3 of 6

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. 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: 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 payments for professional services involving a fiduciary relationship) are totally prohibited. Type Source (include date of receipt for honoraria) Source (include date of receipt for honoraria) Type Approved teaching Fee Stago Legislative Penals Stago Source Speech NA New York State Employee Retirement System Passe Pension 21,325 Mem York City Employee Retirement System And NA NA NA New York City Employee Retirement System Passe Pension NA NA | red at or above the "senior staff" rate was a ry relationship) are totally prohibited. Type Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary Ression Spouse Salary Ression | \$27,765. The 2018 limit is \$28,050. Amount \$6,000 \$18,000 \$1,000 \$1,000 NIA 21,325 MA MA |
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SCHEDULE D - LIABILITIES

Name: Jerrald Lewis Nadler

Page 4 of 6

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. 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

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| | Chase | Wells | Example | | | |
| | SP Chase Credit Card Sorvices | s Pargo Bank | First Bank of Wilmington, DE | Creditor | | |
| | 12/10 | 2/13 | 5/15 | Date Liability Incurred MO/YR | | |
| | Kevolving Credit Card | Royalowe Alychotratal | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
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| | | | | Over \$50,000,000 | ٠ | |
| | | | | 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

SCHEDULE F - AGREEMENTS

| Name: Terrall |
|---------------|
| Lewis Nadler |
| Page 5 of |
| |

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

| Date | Parties to Agreement | Terms of Agreement |
|------|--|---|
| 6/13 | 6/13 N.Y.S. Employee Retirement System | To provide a sension after service as a New |
| | | York State employee. |
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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 |
| | | |
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

| Name: Jerrold |
|---------------|
| Lewis |
| Naller |
| Page 6 of 6 |
| |

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.

| | 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-Bajjing, China-DC | γ | ٧ | 2 |
| Examples: | Habitat for Humanity (charity fundralses) | Mar. 3-4 | DC-Boston-DC | Y | Υ | Υ |
| Proor | Propressive Conoress | 2/3/12-2/5/17 | DC- Baltimore | Y | y | χ, |
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