	•
FORM B FINANCIAL DISCLOSURE STATEMENT FOR New Members, Candidates, and New E	ew Employees LEGISLATIVE RESOURCE CELTS
Name: Jefferson Thomas Daytime Telephone:	17 NOV 27 PM 12: 57
New Member of or Candidate for State: NY U.S. House of Representatives District: 13 Check if Amendment FILER	(S. HÖUSE ÖF REPRESENTATIVES (Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to to	1,A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	
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 unearmed income from any reportable asset during the reporting period? E. Did you hold any reportable period or in the current calence.	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
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 have any reportable outside entity 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 Yes No X 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? Inability (more than \$10,000) at any point during the reporting period? Inability (more than \$10,000) at any point during the reporting period?	n of more than \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANS THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REC	ANSWER "YES" REQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF	OF THESE 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?	e disclosed. Have you excluded Yes No No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child be exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ild because they meet all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

efferson

homas

Page

으

σ

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. nomes and vacation homes (unless there was renta roome during the reporting period), and any financia riterest in, or income derived from, a federal riterest. For an ownership interest in a privately-hald busin that is not publicly traded, state the name of business, the nature of its activities, and For rental and other real property held for investment provide a complete address or description, e.g. "rental property," and a city and state. 401(k) plans) provide the value for each asset held 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 (do not use only ticker symbols). or a detailed discussion of Schedule A requirement jeographic location in Block A. or all IRAs and other retirement plans (such attrement program, including the Thrift Savings Plan ncome source is that of your spouse (SP) ou spendent child (DC), or jointly held with anyone (JT) the optional column on the far left. you so choose, you may indicate that an asset nome source is that of your spouse (SP) vestment Fund, please check the "EIF" box xclude: Your personal residence, including secon rovide complete names of stocks and mutual fund you have a privately-traded fund that is an Excepte se refer to the instruction booklet Assets and/or Income Sources generated more than \$200 in "unearned" Examples (a) each asset held for investment Simon & Schuster ABC Hedge Fund Mega Corp Stock BLOCK A **9.**9. × 띢 o If an asset was sold during the reporting period and is included only because it generated income, the value should None child in which you have no interest 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 \$1-\$1,000 В \$1,001-\$15,000 o \$15,001-\$50-000 o \$50.001-\$100.000 ш × Value of Asset \$100,001-\$250,000 т BLOCK B × \$250,001-\$500,000 \$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* Z for assets held in taxable accounts. Check Check all columns that apply. For accounts that generate tax-deferred income (such as NONE for assets held in taxable accounts. Chec "None" if the asset generated no incom during the reporting period. DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED me (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-\$20 = 201-\$1,000 = \$1,001-\$2,500 ₹ \$2,501-\$5,000 < ≤ Current Year × \$5,001-\$15,000 <u>≤</u> \$15,001-\$50,000 \$50,001-\$100,000 \$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* \$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 ≚

Use additional sheets if more space is required

구요왕

Name: Jefferson Thomas

Page 3

으

					ļ							L		ታ ጸ ዩ						
							-							ASSET NAME					Assets and/or Income Sources	BLOCK A
	 ĺ													뚜					_	
															None		>			
								<u> </u>				<u> </u>			\$1-\$1,000		8			
						<u> </u>	1				<u> </u>	<u> </u>			\$1,001-\$15,000		ი_	4		
		_				_					Ĺ				\$15,001-\$50,000		0			
					_										\$50,001-\$100,000		т		∑	
										/			<u> </u>		\$100,001-\$250,000		<u> </u>		Value of Asset	₽
															\$250,001-\$500,000		G		잋	BLOCK B
															\$500,001-\$1,000,000		Ξ.		Ass	ô
		T			!										\$1,000,001-\$5,000,000		_		ě	
															\$5,000,001-\$25,000,000		<u>د</u>	1		
															\$25,000,001-\$50,000,000		*			
															Over \$50,000,000		_	1		
															Spouse/DC Asset over \$1,000,000*		Z.			
										}					NONE					
				•	-										DIVIDENDS					
	 				†								 		RENT				_	
_					-	-	1		_					\smile	INTEREST			1	Type of Income	
			-		1	_	+					 	 				_	-	9	퉏
		-	<u> </u>	}	1	}	1	}	<u> </u>		}	} '	<u> </u>		CAPITAL GAINS			1	Ĭ	BLOCK C
				<u> </u>	ļ	_		-					ļ	<u> </u>	EXCEPTED/BLIND TRUST	_		4	ğ	•
		ļ			ļ	_	-			1					TAX-DEFERRED			-[ē	
									i	\					Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			İ		
										L					None	_				
						_				1					\$1-\$200	=	i			
				<u> </u>			 								\$201-\$1,000	=	ı	1		
	 														\$1,001-\$2,500	₹	ı			
							<u> </u>								\$2,501-\$5,000	<	5	•		
					 		1								\$5,001-\$15,000	≤	Current Year			
							t								\$15,001-\$50,000		Ě	:		
							1								\$50,001-\$100,000	≨	lã	1		
					 	\vdash	1								\$100,001-\$1,000,000	 				
						_									\$1,000,001-\$5,000,000	-×	ı		≱	
						 									Over \$5,000,000	×	i		ğ	
							1					\Box			Spouse/DC Income over \$1,000,000*		1	1	Amount of Income	腔
		_							_						None	-	r	┪	오	BLOCK D
\dashv					-										\$1-\$200		i		Ξ	0
															\$201-\$1,000	=	ı	1	ğ	
-				\vdash			†					\vdash			\$1,001-\$2,500		 _		w	
\dashv	 				\vdash				_						\$2,501-\$6,000	` <	Preceding Year	1		
-			-			 									\$5,001-\$15,000	<u> </u>	B	. [
			-			一	t				-				\$15,001-\$50,000	 _≤	Į	1		
-				 		_	-		-		<u> </u>	\vdash		\vdash	\$50,001-\$100,000	_ <u>_</u>	Ī	:		
\dashv											-				\$100,001-\$1,000,000	<u>=</u>	Ĭ			
	,				\vdash	-					<u>-</u>	\sqcap	\vdash		\$1,000,001-\$5,000,000	×	l			
_	 				-	 			-					-	Over \$5,000,000	<u>~</u>		1		
	 					 				-			\vdash	$\vdash \dashv$	Spouse/DC Income over \$1,000,000*	_ <u>_</u> _	ĺ			
i	_				L		1						L		Change were conditioned at 'mon'ing	_				

SCHEDULE C - EARNED INCOME

	Name:
	4
l	6
	_1 /
l	7
	Person
ŀ)
	تم
ŀ	3
	homa
ŀ	-
l	age_
	Page 4 of
	် <u>ငှ</u>
	0
١	ļ

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1.
--

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. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

		Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15) State of Maryland	Honorarium	\$0 \$20,000	\$500 \$76.000
Examples: Civil War Roundlable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
nan Real Estate	Commission	0,297,60#00,255,2#	10,562,66#

SCHEDULE D - LIABILITIES

Name: Jefferson Thomas

Page S of 6

(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 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 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 exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

	!	i.		İ		SP. DC, JT		
		i			Example			
					First Bank of Wilmington, DE	Creditor		
					5/98	Liability Incurred MO/YR	7	
					Mortgage on Rental Property, Dover, D	Type of Liability		
		•	-		#, DE		·	1
						\$10,001- \$15,000	>	
						\$15,001- \$50,000	6	
Į						\$50,001- \$100,000	с 	
					×	\$100,001- \$250,000	0	
I						\$250,001- \$500,000	m	mour
				1		\$500,001- \$1,000,000	-п	of L
İ				. "		\$1,000,001- \$5,000,000	o	Amount of Liability
ľ						\$5,000,001- \$25,000,000		
Ì						\$25,000,001- \$50,000,000	-	
						Over \$50,000,000	Ŀ	
ſ						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.

Position	Name of Organization	ganization
		900.
		PARK TO THE PARK T

SCHEDULE F - AGREEMENTS

Name: Jefferson Momas
on Thomas
Page 6 of 6

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

Parties to Agreement Terms of Agreement
Terms of Agreement
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

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

<u>ت</u>		
SO.		
T	7	LEGISLATIYE RESOURCE CENTE
E ()		17.5
HOBSELT REPRESENTATIVES	KOV 27	-
77.	\subseteq	
1-		rr
- C	10	140
pretig magnity in the	~	60
25-1		- 6
rrii Co	PH 12: 57	۲.
71		- 6
ar - (73	1.0
1	• •	- (7
	ပၢ	1
5.		****
(*) (*)		

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
ь	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 ((Please Print or Type):	Jefferson	Thomas		
	NY		District:	13	
Date:	11/10/17				

(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