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UNITED STATES HOUSE OF REPRESE   FINANCIAL DISCLOSURE STATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT		FORM B		2013 CFP	2013 CFP -5 PM 2: 20	age 1 of 6
Period covered: January 1, 2012	1,2012 - August 30, 2013	 	For use by candidates and	and new employees	117 013		7
					U.S. HOUSE	U.S. HOUSE OF REPRESENTATIVES	ATIVES
Name: Elise Stefanik	*	Daytime	Daytime Telephone:			HAND	
						(Office Use Only)	Ê
Filer X Candidate for the	Candidate for the State: NY State: N	Date of Election:	n: 06/24/14	Check if Amendment	A \$200 pena	A \$200 penalty shall be assessed	ssessed
Status New officer or employee	r or Employing Office:				more than 30 days late	more than 30 days late.	
In all sections, please type or print clearly in blue or black ink	nt clearly in blue or black ink.						
PRELIMINARY INFOF	PRELIMINARY INFORMATION — ANSWER EACH (	)F THE	EACH OF THESE QUESTIONS		i		
<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>	arned" income (e.g., salaries or urce in the reporting period?  Yes X	<b>₽</b>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	ortable positions on or b lendar year or in the prio tach Schedule IV.	efore the date r two years?	Yes	×
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	andent child receive "unearned" sporting period or hold any \$1,000 at the end of the period?  Yes  X	<b>§</b>	V. Did you have any reports with an outside entity? If yes, complete and attact	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	angement	Yes	×
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	endent child have any report- luring the reporting period? Yes X dule III.	<u>8</u>	VI. Did you receive comper a single source in the two p if yes, complete and attact	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	\$5,000 from	Yes X	<u>×</u>
Each quest	Each question in this part must be answered and the appropriate schedule	and the	appropriate sched	ule attached for each "Yes" response	each "Yes" re	sponse.	
EXCLUSION OF SPO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —	INFOR	MATION — ANSW	SWER EACH OF THESE QUESTIONS	FTHESE C	NOESTION	G
TRUSTS—Details regarding "C disclosed. Have you excluded to	<b>TRUSTS</b> —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 benefiting you, your spouse, or a dependent child?	ttee on Ethi ng you, you	cs and certain other "ex r spouse, or a depender	cepted trusts" need no	xt be	Yes 🔲	No
<b>EXEMPTION</b> —Have you exclude because they meet all three text	<b>EXEMPTION—</b> Have you excluded from this report any other assets, "unearned" income, transactions, 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.	rned" incom	ie, transactions, or liabili irst consulted with the C	ties of a spouse or de committee on Ethics.	pendent child	Yes 🔲	× ×

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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Elise Stefanik

Page 2 of 6

exceeding \$1 000 S	nore during the pre	ist the source, type
exceeding \$1,000. See examples below.	ceding calendar yea	, and amount of ear
	more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only ${f t}$	List the source, type, and amount of earned income from any source (other than the filer's current employmer
	he source and amou	source (other than t
	nt of any honoraria;	he filer's current em
	list only the source for	ployment by the U.S
	the source for other spouse earned income	ent by the U.S. Government) totalling \$200 or
	income	\$200 or

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

Excitate. Williamy hay (audit as interior duals of inverse hay), record tomorrow hay aming and work	- 1:	Amount	unt
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
7	Director's Fee	\$400	\$3,200
Examples:  XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Premium Plywood ProductsGuilderland Center, NY	Salary	\$39,600	\$3,600
Romney for PresidentBeverly, MA	Salary	0	\$19,598
Committee on Arrangements for the 2012 Republican National ConventionWashington, DC	Salary	0	\$18,750
	Salary	0	\$30,010
Presidential Transition TeamWashington, DC	Salary	0	\$6,252
American Maggie LLC	Consulting Fees	\$24,500	0
	,		
	20.00		
	2000		

## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Elise Stefanik Page 3 of 6

for net use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.  For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the 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 activities, and its geographic location in Block A.  Exclude: Your personal residence, including second forms and any financial interest in, or income such acation in Block A.  Exclude: Your personal residence, including second mores and vacation homes (urbest there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income sources is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.  First Niagara IRA (1)  First Niagara IRA (1)  First Niagara IRA (2)  -First Niagara IRA (3)  -First Niagara IRA (3)  -First Niagara IRA (3)  -First Niagara IRA (3)	Asset and/or Income Source lidentity (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "uneamed" income during the year.
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other retirement plans ( the value for each ass seeds the reporting three her real property held is plate address or a de and the city and state. In interest in a privately by traded, state the name of its activities, and A.  personal residence, inc ation homes (unless, and A.  personal residence, inc federal retirement prog is plan.  Set that of your spouse ( or is jointly held with you olumn on the far left. Iscussion of Schedule II he instruction booklet.  Simon & Schuster Ist Bank of Paduca  Niagara Cer eposit  Niagara IRA	nam francis
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retirement plans (such as 401(k) value for each asset held in the is the reporting thresholds.  real property held for investment, a address or a description, e.g., if the city and state.  If the city and state description is geographic in the sectivities, and its geographic fins activities, and its geographic in personal checking or savings financial interest in, or income eral retirement program, including fan.  Mega Corp. Stock  Simon & Schuster  1st Bank of Paducah, KY accounts agara IRA (1)  Lagara Certificate osit  Lagara Certificate  osit  Lagara Certificate  lagara Certificate  lagara IRA (3)	tion of the ated
None	Value of Asset  Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the report-
No. 28 15.000 C L. 28 15.000 C L. 28 15.000	as:
	sper of va
## × \$50,001 − \$100,000 m	wa cify
× \$100,001 − \$250,000 ¬ 9 ♂ 9 ♂ 9 ♂	Value of Asset lue of asset at clo rear. If you use a v rer than fair marke cify the method us was sold during th
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X NONE     Interest	hec bire Ness
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EXCEPTED/BLIND TRUST	Suc (Suc Suc Suc Suc Suc Suc Suc Suc Suc Suc
HANDEFERRED XX	at all that that seene
Other Type of Income	Type of Income  Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the
Tax-Deferred column. Dividends, if the asset generated as income. Check None executing the reporting period.    NONE   Interest   DIVIDENDS	Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the
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Over \$5,000,000 ×	eck Du
Spouse/DC Income over \$1,000,000* ≚	mt of med
None – 8	Amount of Income  LOCK D  checked "Tax-Defern  n. For all other assets, appropriate box belo  ren if reinvested, in if no income was earn
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\$50,001 - \$100,000	Amount of Income  Amount of Income  Amount of Income  For assets for which you checked "Tax-Deferred" in Block C, you check the "None" column. For all other assets, indicate the categor income by checking the appropriate box below. Dividends, interand capital gains, even if reinvested, must be disclosed income. Check "None" if no income was earned or generated.
X   \$1,001 - \$2,500	Amount of 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. Check "None" if no income was earned or generated.

## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name

Elise Stefanik

**e** 6

Continuation Sheet (if needed)

Ξ 8 Ş Residential Rental Washington, DC EMS DC Properties Consulting -- Washington, DC First Niagara Money Market Account Checking Account First Niagara Personal American Maggie LLC--Politica Asset and/or Income Source **BLOCK A** Property None 8 \$1 - \$1,000 C × \$1,001 - \$15,000 × \$15,001 - \$50,000 Value of Asset \$50,001 - \$100,000 т **BLOCK B** \$100,001 -- \$250,000 Ŧ × \$250,001 - \$500,000 Ω \$500,001 - \$1,000,000 I \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ŗ ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 Σ Spouse/DC Asset over \$1,000,000\* NONE **DIVIDENDS** Type of Income RENT × × BLOCK C INTEREST CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) × None × × \$1 - \$200 \$201 - \$1,000 ≡ \$1,001 - \$2,500 X XI MINIMIN IN A N **Current Year** \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 **Amount of Income** \$1,000,001 - \$5,000,000 × Over \$5,000,000 BLOCK D × Spouse/DC Income over \$1,000,000\* None × × × \$1 ~ \$200 \$201 - \$1,000 **Preceding Year** \$1,001 - \$2,500 \$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\*

This page may be copied if more space is required.

#### SCHEDULE III — LIABILITIES

Name Elise Stefanik

Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

			J C,
	First Niagara Bank	Example: First Bank of Wilmington, DE	Creditor
	Aug 2010	May 1998	Date Liability Incurred mo/year
	Business loan to EMS DC Properties (personally liable)	Mortgage on 123 Main Street, Dover, DE	Type of Liability
			\$10,001— \$15,000 <b>&gt;</b>
			\$15,001— \$50,000
×			\$50,001— \$100,000 O
	×	⊢	\$100,001— \$250,000
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			\$25,000,001—
			\$50,000,000 — Over
			\$50,000,000 <b>Spouse/DC</b>
			Liability over ス \$1,000,000

#### SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an off-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely of all nonotally nature.	iaiule.
Position	Name of Organization
	(no reportable positions)

#### SCHEDULE V — AGREEMENTS

Name Elise Stefanik Page 6 of 6

Identify the date, parties to, and general terms of any agreement or arrangement 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.

Date	Parties To	Terms of Agreement
	(none)	

# SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 I.** 

Source (Name and Address)	Brief Description of Dutles
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Wil Cardon for U.S. Senate Inc., Mesa, AZ	Policy Consulting (Client of American Maggie LLC)
Pawlenty for President, Bloomington, MN	Policy Director
Freedom First PAC, Bloomington, MN	New Media Director and Deputy Policy Director
Republican National Committee, Washington, DC	Policy Consulting (Client of American Maggie LLC)

GPO: 2013

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