UNITED STATES HOUSE OF REPRESENTATIVES FORM B FORM B FORM B FORM B	70FP 3 0 2019 Page 1 of /
Name: RICHARD PAUBARTLEIT Daytime Telephone:	2819 OCT -4 PM 12: 45.
New Member of or Candidate for State: FXAS U.S. House of Representatives District: 11 Candidates – Date of Election: NoV 5, 2020 Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to	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 unearned income from any reportable asset during the reporting period? B. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of the date	ortable positions during the reporting 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 agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	r arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	ANSWER "YES" REQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THES	TH 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?	Have you excluded Yes No
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.	eet all three tests for Yes No No

income source is that of your spouse dependent child (DC), or jointly held with (JT), in the optional column on the far left. 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 If you report a privately-traded fund that is Excepted investment Fund, please check the "E For a detailed discussion of Schedule requirements, please refer to the instruction book geographic location in Block A. more than \$1,000 in interest-bearing accounts For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset hel do not use only ticker symbols) rovide complete names of stocks and mutual fund uneamed" income during the year. omes and vacation homes (unless there you so choose, you may indicate that an asset come source is that of your spouse (SP) or an ownership interest in a usiness that is not publicly traded, roduction of income and with a fair market value xceeding \$1,000 at the end of the reporting period, nancial interest in, or income derived cclude: Your personal residence, including secon Assets and/or Income Sources renta AMERIFOND account that exceeds the reporting thresholds business, the Burnp (a) each asset held program, and other reportable the reporting period); generated more other Mega Corp Stock Simon & Schuster **BLOCK A** 7<u>8</u> complete of its activities, and 3 3 property ₽ ₫ a privately-held d, state the name and a rty held address nd a city ag Saving 뼋 쁶 9 "Column M is for assets held by your spouse or depende 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 None child in which you have no interest If an asset was sold during the reporting period included only because it generated income, the value None. \$1-\$1,000 œ c \$1,001-\$15,000 \$15,001-\$50,000 o × \$50,001-\$100,000 ш Value of Asset \$100,001-\$250,000 T BLOCK B × Ø \$250,001-\$500,000 \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 <u>-</u> \$5,000,001-\$25,000,000 $\overline{}$ \$25,000,001-\$50,000,000 Over \$50,000,000 ם Spouse/DC Asset over \$1,000,000* ኟ IRA, or 529 accounts), you may check the "lax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be Check all columns that apply. For accounts the NONE apital gains, even if reinvested lisclosed as income for asset nerate tax-deferred income (such as 401(k × DIVIDENDS RENT no income as income Type of Income $\gg |x|$ INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Partnership income Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) XX For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. assets indicate the category of income by checking the appropriate box below. Dividends, in capital gains, even if reinvested, must be disclosed as income for assets held in taxable 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-\$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 \$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* X \$1-\$200 ፷ × \$201-\$1,000 ₹ \$1,001-\$2,500 < \$2,501-\$5,000 \$5,001-\$15,000 ≤ held in taxable accounts ≦ × \$15,001-\$50,000 Year ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × For all other × Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000*

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Name: RICHARD PAUL BARTLETT

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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RICHARD PAUL BARTIETI

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. SCHEDULE C - EARNED INCOME **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: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's

ot for honoraria)		
	Α	Amount
	Current Year to Filing	Preceding Year
State of Mandand		\$500
Examples: Civil War Roundtable (Oct. 2) Spouse Salary Ontario County Board of Education Spouse Salary	h \$0 N/A	\$1,000 N/A
Bout 16th Emergeness Corporal PA SALARY	299	248,500
	•	

SCHEDULE D - LIABILITIES

Name: RICHARS PAUL BARTETT Page 5 of

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

				SP, DC, JT				
		Compl	Example			•		
		Complete Commission Great Holden 12/16	First Bank of Wilmington, DE	Creditor				
		12/16	5/16	Liability Incurred MO/YR	}			
		Lexus Car hope	Mortgage on Rental Property, Dover, DE	Type of Liability				
Г		X		\$10,001- \$15,000	>			
-				\$15,001- \$50,000	В			
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				Over \$50,000,000	<u>د</u>			
l	}			Over \$1,000,000* (Spouse/DC Liability)	~	1		

SCHEDULE E - POSITIONS

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 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, period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years

President	Alaxiera Contrad Labor		Philsi was Condition) about	Plusianon Resident	Position
THANK ETTS OFF	Phasman Unlimited	Exceptional Emergency Center	loplaretic	BARTLETT EMERGENLY GROUP PA	Name of Organization

SCHEDULE F - AGREEMENTS

	Name:	Page 6 of)
angement that you have with re	angement that you have with respect to: future employment; a leave of absence during the period of government service;	f government service;

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.

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.

government and any information considered confidential as a result of a pr	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
We Caretic midting that was trued	Plousierm
Ø	Physician
Consord Melical Olaxe to	Photologica
Phosphocos United Santonio	Mysiquen
Frint Medical	Phylician
Health 5 most	Phus war
Key Energy	Misican

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