FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** Bub Kackleff New Member of or Candidate for U.S. House of Representatives Employing Office: Candidates - Date of Election: New Officer or Employee State: FL District: 2 Shared Staff Filer Type (If Applicable): **Daytime Telephone:** For New Members, Candidates, and New Employees Principal Assistant FORM B Period Covered: January 1, to Check if Amendment A \$200 penalty shall be assessed against any individual who files more than 30 days late. (Office Use Only) U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 18 MAY -1 PH 1: 15 Page 1 of 7

Name:

FILER STATUS

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

	S THAT YOU ARE REQUIRED TO COMPLETE	NLY THE SCHEDULE	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQ
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	CORRESPONDING S	ATTACH THE
Yes No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	No X	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No	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?	Yes No	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?
Yes No X	E. Did you hold arry reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child: <ul> <li>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or</li> <li>b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period?</li> </ul>

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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?	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.	Yes No X

### SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page

Rob Rudeleff

Name:

		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.  *Column XII is for assets held by your spouse or dependent child in which you have no interest.	Sponse/DC (income over \$1,000,000)	4.63		, ap		3 (j) A	p Argin	. ÷.	-
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٥	Assets and/or income Sources	identity (a) each asset held for investment or production of income and with a fair market value acceeding \$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 "unearmed" income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).  For all RAAs and other retirement plans (such as 401(f) plans) provide the value for each asset held in	For bank and other cash accounts, total the amount in all inferest-bearing accounts, total the total is over a 50.00, list every financial institution where there is more than \$1,000 in interest-bearing accounts. If the total is over the state of the business, the nature of its activities, and its business, the nature of its activities, and its business, the nature of its activities, and its state occurrent location in Block A.  Exclude: Your personal residence, including second names and vacation homes (unless there was rental names in, or income derived from, a federal microme source is that of your spouse (SP) or fession that it you have a privately-traded fund that is an Excepted investment Fund, please check the "Elf" box. If you so choose, you may indicate that an asset or income decived from, a second covere is that of your spouse (SP) or dependent child (ICC), or jointly held with anyone (JT), in the optional column on the far left.				1 and	July's ion	The Carlot	Manael	/wwwx
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Bob Ruckleff

Page 3

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Over \$5,000,000 Spouse/DC Income over \$1,000,000\*

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Name: 1306 Racklaff

Page 4 of 7

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.

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 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 Serino staff the Serino staff.  professional services involving a fiduciary relationship) are totally prohibited for Members and service staff.	tis \$27,700. III addition, certa aff.	un types of incorre (notably nonoral	la, directors rees, and payments for
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ABC Trade Association, Baltimore, MD (July 15)	Honoranum	0\$	\$500
Examples: State of Manyand Examples:	Salary	\$20,000	\$76,000
•	Spouse Salary	N/A	N/A
State of Florida Retirement System	Deusion	000'6	36,000

#### SCHEDULE D - LIABILITIES

Name: 1301 Raelleff

Page S of 7

period. New 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 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. exceeded \$10,000.

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	Type of Liability	Mortgage on Rental Property, Dover, DE				
	Date Liability Incurred MO/YR	5/98				
	Creditor	First Bank of Wilmington, DE	ρų			
		Example	None			
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#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, frustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, norprofit 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.

Position	Name of Organization
None	

#### SCHEDULE F - /

			Date	Identify the da continuation or employer.	SCHEDU
		None	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a lead to not invasion or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer.	SCHEDULE F - AGREEMENTS
			Terms of Agreement	ave with respect to: future employment; a leave of absence during the period of government service; vernment; or continuing participation in an employee welfare or benefit plan maintained by a former	Name: Bob Rack left Page 6 of 7
				service; former	of 7

## 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.

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

ma: Bob Racklett

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Use additional sheets if more space is required.

FILER NOTES (Optional)

Name: of \_\_\_\_\_

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