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UNITED STATES HOUSE OF REPRESENTATIVES	S FORM B	JELIV中報は 12
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
	Daytimo Telephon	18 MAY 15 AM 9: 27
Name: LESLIC L'OCKBURA	Daytime Telephon	OFFICE OF TOUCH SAN
New Member of or Candidate for State: U.S. House of Representatives District: L. Candidates – Date of Election:	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Fill Employing Office: Shared	Staff Filer Type (If Applicable): Period Covered: January 1,	A \$200 penaity shall be assessed against any Individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	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?	Yes No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	gh the reporting yes No 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 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?	arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Y liability (more than \$10,000) at any point during the reporting period?	Yes No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No No
ATTACH THE COI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	-
THIS FORM INCLUDES ONLY	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER $\underline{\mathtt{B}}$	ST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	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?	ndent child?	lave you excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	red" income, or liabilities of a spouse or dependent child because they meet all three tests for immittee on Ethics.	t all three tests for Yes No X

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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	SCHEDULE A - ASSETS & "UNEARNED INCOME"
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Name: ESTE COCKBURN PA

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Ise additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

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(COCKBURN)
Page 10 of 18

and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. gover	
∟ist only the source for other spouse eamed income exceeding \$1,000. See examples below.	irce (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer	

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 income limit and prohibited income may apply to you after you are on House payroll. 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 for Members and senior staff	or staff		
	1	Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ightharpoonup	Honorarium	\$0	\$500 \$78 000
Examples: State of Maryano Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 \$0	\$1,000 \$1,000 N/A
			/
SPOUSE - HARPEYA MAGAZINE		N/A	N/A
SPOUSE - BLACKWATET PROD	SALADII	C/A	N/A
			. , , .
		7,000	ť
(ARTICLE 4/18)			

SCHEDULE D - LIABILITIES

rting period by	
rting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	Name: ESLIFE COCKBURN Page 11 of 12
r dependent child. Mark the highest amou	OCKBURN
nt owed during the reporting	Page 11 of 12

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

				\$Р. DC, JT		
		2	Example	- A		
	and the second	NOOT=	First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
		4/1	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	*	
				\$15,001- \$50,000	to	
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			×	\$100,001- \$250,000	D	
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				\$1,000,001- \$5,000,000	6	ability
				\$5,000,001- \$25,000,000	Ξ	
		;		\$25,000,001- \$50,000,000	~	
				Over \$50,000,000	٠.	
				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.

SCHEDULE F - AGREEMENTS

Name: ESUE (OCKBURN) Page 12 of 12	· [
gement that you have with respect to: future employment; a leave of absence during the period of government service;	

Identify the date, parties to, and general terms of any agreement or arrang continuation or deferral of payments by a former or current employer other employee wellare or benefit plan maintained by a former

			1	2018 h	Date
n.	1000			2018 WRITEN GILLLD OF DM. FAST	Parties to Agreement
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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
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