POSTMARK ILLEGIRIF

UNITED STATES HOUSE OF REPRESENTATIVES	FORM B		Page 1 of _/
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Andrew U.D. Straw	Daytime Telephone:		18 APR -9 PM 1: 17
New Member of or Candidate for State: \(\mathcal{L}\)\\ \text{U.S. House of Representatives}\)\\ \text{District: \(\mathcal{R}\)}\\ \text{Candidates - Date of Election: \(\frac{11}{\lambda}\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	018	Check if Amendment	(Office Use Only)
New Officer or Employee Staff File Employing Office: Shared	er Type (if Applicable):	Period Covered: January 1, fo fi	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	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?	No E. Did you hold any repor period or in the current ca	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 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?	No F. Did you have any reportable ag outside entity during the reporting year up through the date of filing?	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?	the current calendar Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compe single source in the currer	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 CORRESPONDING SCHEDULE IF YOU A THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE R	ATTACH THE CORRESPONDING SCHEDULE IF YOU A I INCLUDES ONLY THE SCHEDULES THAT YOU ARE R	YOU ANSWER "YES" ARE REQUIRED TO COMPLETE	"COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	INFORMATION - ANSWER	R <u>BOTH</u> OF THESE	QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "excepted trus nt child?	sts" need not be disclosed. Have you excluded	lave you excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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.	income, or liabilities of a spouse or depen ittee on Ethics.	ident child because they meet	t all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Andrew U.D. Straw

Page 2

							5	3 %	all Formous States Fo	\$ 43 ₹	(d P	Identify produc exceed and (b) which income		\neg
					ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock		For bank and other cash accounts, total the amount in all interest-beering accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-beering accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a 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 homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal metirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or or income source is that of your spouse (SP) or or in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other relirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value succeeding \$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 "unearned" income during the year.	Assets and/or Income Sources	BLOCK A
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							L		\$1-\$1,000 œ	_	E E	Indicate value of asset at use a valuation method o specify the method used. If an asset was sold dincluded only because it be "None."		1
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					-	+	H		\$25,000,001-\$50,000,000		dep	eriod liue, alue		
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					╁	┿	-			+				-
					-	+	+		NONE	-	"None" if the asset gene during the reporting period.	Check all columns that apply. Fo that generate tax-deferred income 401(k), IRA, or 529 accounts, you the "Tax-Deferred" columns. Interest, and capital gales, reinvested, must be disclosed to assest held in taxable accoun		
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					Partnership Income	Royalties			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		"None" if the asset generated no income during the reporting period.			
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						+	t		51,000,001-55,000,000 ×	1		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all othe assets indicate the category of income by checking the appropriate box below. Dividents, 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.	Amount of Income	
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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Andrew U.D.

Straw

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SCHEDULE C - EARNED INCOME

Straw Page 9

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.

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 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.

	4		Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	000 000	\$500
Examples: Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	WA	NA
Ukrainian Refugees	Legal Fees	80	\$ 1300
	•		

SCHEDULE D - LIABILITIES

	Name:	Andrew U. D. Straw Page 5 of 7	Page 5 of 7
during the reporting period by yes	ou, your spou	during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting secured by real property including mortgages on their personal residence. Exclude : Any mortgage on your personal residence	nt owed during the reporting ge on your personal residence
o bounded from the property	Page lightiff	be bounded furniture or applicance: liabilities of a business in which you are interest (unless your proposally liable); and I	will are possessive lightly; and

(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 exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. period. New Members: Members are required to report all liabilities Report liabilities of over \$10,000 owed to any one creditor at any time

				SP, DC, JT		
			Example			
			First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	œ	
1				\$50,001- \$100,000	ဂ	
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				Over \$50,000,000	٠	
1				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.

	,	A/N	Position
		Mr - all pray are social or political like clubs	Name of Organization

SC

SCHEDU	SCHEDULE F – AGREEMENTS	Name: Andrew U.D. Straw Page 6 of 7
Identify the da continuation o employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation i employer.	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.
Date	Parties to Agreement	Terms of Agreement
		None

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.

	g	
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	000	No such companyation from work,
		I have received lawsuit settlements from
		my ADA work because I am disabled. These
		cases were done by me, Aro se.

Name: Andrew U. D. Strew Page 7 of 7

Use additional sheets if	4		3		2						NOTE
I estimate the my total belongings to be worth less than \$1,000. Use additional sheets it more space is required. I one 2 attorneys \$15,000 and I one fue credit cards \$13,750. I one a third credit carel less than \$300.	I own no vehicle real estate or other sinish cant asset.	I'm student lowns I owed under the bired lown program	Due to my SSAI and permanent I disabilities the	has to the	 Sometimes I receive ADA civil rights settlements when I	2001. /	Tadia	autolic service. I was poisoned by the U.S. Marine CorAS	sical + mental disabilities	My principal income source is SSDI at \$1,138 par month	NOTES

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

Indicate Your Status: (Select One)

Dear Madam Clerk:

	Over \$5,000
M	Threshold Not
پچسعر	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.

For my 2018 race, IL8

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.

	I withdrew my candidacy for the U.S. House of Representatives on
Withdrawal of Candidacy	[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.]

This is to notify you that under the laws of the state of ____

Name (Please Print or Type): Andrew U. D. Straw

State: _____ District: _____ 8

Date: 3/31/2018

(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

Last Updated 10/2014