		2019
UNITED STATES HOUSE OF REPRESENTATIVES For New Ment	FORM B For New Members, Candidates, and New Employees	2019 OCT 28 PM 1: DI.
Name: KIMBERLY TO 120 ~ Daytime Telephone	ephone	THE STREET WEDNESSENTATIVES
New Member of or Candidate for State: MII Quick U.S. House of Representatives District: 0.0 Candidates – Date of Election: My. 04, 2020	Check if Amendment	(Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	nt Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	ESTIONS	
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?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting yes No X
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?	arrangement with an Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	s \$5,000 from a Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	SCHEDULE IF YOU ANSWER "YES" LES THAT YOU ARE REQUIRED TO	3" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ION - ANSWER <u>BOTH</u> OF THESE	: QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" nu from this report details of such a trust that benefits you, your spouse, or dependent child?	ain other "excepted trusts" need not be disclosed. Have you excluded	Have you excluded Yes No 💢
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.	s of a spouse or dependent child because they meet all three tests for	at all three tests for Yes No X

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						П		Plan. If you report 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 dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings	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 narrowenthic location in Block A	For rental and other real property held investment, provide a complete address description, e.g., "rental property," and a city state.	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 is more than \$1,000 in interest-bearing accounts.	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.	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 exceeding \$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.	Ass		SCHEDULE
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SCHEDULE C - EARNED INCOME

ce (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer story the source for other spouse earned income exceeding \$1,000. See examples below.		Name: Umb
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taling \$200 or more during the se examples below.		Vimbelly Blzor
reporting period.		Page_U_of
For both the filer		[#] 7

List the source, type, and amount of earned income from any source and filer's spouse, list the source and amount of any honoraria. List 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 fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	nd prohibitions on types of incorr was \$28,050. The 2019 limit is \$ for Members and senior staff.	e may apply to you after you are ou 28,440. In addition, certain types of	n House payroll. The 2018 limit on income (notably honoraria, director's
	•	Am	Amount
Source (include date of receipt for honoraria)	Гуре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2) Ordano County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
The Sussman Annux	chit	* 000,000 *	\$0,980°
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SCHEDULE D - LIABILITIES

Name: Page_

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

			SP, DC, JT		
	1101	Example			
epitul One.	Sps	First Bank of Wilmington, DE	Creditor		
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(udi) cond (<5000)	Mortgage.	Mortgage on Rental Property, Dover, DE	Type of Liability		
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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 period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. 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,

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Name of Organization	Position

SCHEDULE F - AGREEMENTS

SCHEDU	SCHEDOLE F - AGREEMENTS	Name: Lymbelly Boyen Page 6 of 7
Identify the da continuation of employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation is employer.	ve with respect to: future employment; a leave of absence during the period of government service; rernment; or continuing participation in an employee welfare or benefit plan maintained by a former
Date	Parties to Agreement	Terms of Agreement

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.

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

Name: Limbelly BIZON Page 7 of _

							NOTE NUMBER
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