	a spouse or dependent child because they meet all three tests for	ed" income, or liabilities of	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent
excluded Yes No X	other "excepted trusts" need not be disclosed. Have you	tee on Ethics and certain o	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?
STIONS	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	ST INFORMATIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B
PLETE	THAT YOU ARE REQUIRED TO COMPLETE	THE SCHEDULES	THIS FORM INCLUDES ONLY THE
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	RESPONDING SC	ATTACH THE COF
from a Yes No K	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	× ×	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?
nent with an Yes No X	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?	No I	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?
orting ate of filing? 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?	No X	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 uneamed income from any reportable asset during the reporting period?
	TIONS	OF THESE QUES	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1,	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Staff File  Employing Office: Shared
U.S. HOUSE OF REPRESENTATIVES  (Office Use Only)	Check if Amendment	O/	New Member of or Candidate for State:  V.S. House of Representatives District:  Candidates – Date of Election:
18 APR 23 AM 10: 17		. Daytime Telephone:	Name: DANNY STOCKSTILL
APR 17 2018 Page 1 of	FORM B  For New Members, Candidates, and New Employees  LEI		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

# SCHEDULE A - ASSETS & "UNEARNED INCOM

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SP SOUMERN BAPT. AWM.	(2)	<u>in</u>	•				$\dashv$	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.	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 of	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 Plan.	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.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and slate.	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.	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).  For all IRAs and other retirement plans (such as	and (b) any other reportable asset of source or income which generated more than \$200 in "unearned" income during the year.	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.	Ş	
ဇ	SOUTHERN BAPT. AWULT	ENHANCED	INDVATIVE ED		Examples:			sou ption taile efer	<u> </u>	and of dunit property	owne not s, t shich	a c	ist san	dans ount	use (	gene durin	ng (a) Storie	Assets and/or Income Sources	
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				Partnership Income	Royalties			Other Type of Incom	(Specify: e.g.,	Partnership Incom	e or Farm incom	ne)			"None" if the asset generated no income during the reporting period.	interest, and capital gains, even if interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check	Check all columns that apply. For accounts that generate tex-deferred income (such as 401(k), IRA, or 529 accounts), you may check		١
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					]			\$1,000,001-\$5,900,0	00				×			5.T	inter		
					I			Over \$5,000,000					×				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. Dividents, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.		
								Spouse/DC Income	ver \$1,000,000	)*			¥				and the		╝

## SCHEDULE C - EARNED INCOME

ame: DANNY STOCKSTILL	
Page of	

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. z

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.

49,503.19	18,676.18	Spouse Sacary	INNOVATIVE EDUCATIONAL SERVICES
600.00	300.00	HONDEARIVAM	NINDES FUNERAL SERVICES
15,750.00		SALARY	ENHANCED EDUCATIONAL SERVICES
15,000.00	2500.00	SALARY	INNOVATIVE EDUCATIONAL SERVICES
32346.42	8942.40	SALARY	BROOKSIDE BAPTIST CHURCH
W/A	N/A	Spouse Salary	Ontario County Board of Education
\$500 \$76,000	\$20,000	Honorarium Salary	ABC Trade Association, Baltimore, MD (July 15)  State of Maryland
Preceding Year	Current Year to Filing	. jpc	Source (Hickard date of levelpt for Horizontalia)
Amount		Type	Course (include date of receipt for honoraria)

#### **SCHEDULE D - LIABILITIES**

Name: DAWNY
MY STOCKSTILL
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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; 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.

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			SP, DC, 개		
	$\mathbb{D}_{15c}$	Example			
	DISCOVER	First Bank of Wilmington, DE	Creditor		
		5/98	Date Liability Incurred MO/YR		
	CREDIT CARD	Mortgage on Rental Property, Dover, DE	Type of Liability		
	×		\$10,001- \$15,000	>	
			\$15,001- \$50,000	83	
			\$50,001- \$100,000	o	
10000		×	\$100,001- \$250,000	D	
			\$250,001- \$500,000	m	moun
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			\$5,000,001- \$25,000,000	<b>=</b>	$\left\  \cdot \right\ $
			\$25,000,001- \$50,000,000	-	
			Over \$50,000,000	_	
			Over \$1,000,000* (Spouse/DC Liability)	*	

#### SCHEDULE E - POSITIONS

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, 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

Position	Name of Organization
BOARD MEMBER	THEAKOGEE RETREAT AND CONF. CAMP GROWNDS
CHIEF CHAPLAIN	THUSA FOCICE AND FIRE CHAPLAINCY CORPS
VICE PRESIDENT	BROOKSIDE BUSINESS ASSOCIATION

### **SCHEDULE F -- AGREEMENTS**

Name: DANNY
STOCKSTILL
Pageof

Identify the d continuation employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in are employer.	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
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	ate Accounting Services

FILER NOTES (Optional)	S	Name:	Pageof
NOTE NUMBER	Z	NOTES	