UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	Page 1 of
Name: John PASCHEN	Daytime Telephone:	7 OCT 19 PM 1:31
New Member of or Candidate for State: FOW U.S. House of Representatives District: S  Candidates - Date of Election: June 51 2013	(Desimant) Check if Amendment	HOUSE OF REPRESENTATIVES  (Office Use Only)
New Officer or Employee Staff Fil Employing Office: Shared	Staff Filer Type (If Applicable):  Shared Principal Assistant to 9/30/17.	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	F 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 uneamed income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting Nes 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?	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?	r arrangement with an he 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 Single source in the current year and two prior years?	or years? No X
ATTACH THE CORF	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" ) COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BO</u> T		H OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics from this report details of such a trust that benefits you, your spouse, or dependent child?	s and certain other "excepted trusts" need	not be disclosed. Have you excluded Yes No 📉
<b>EXEMPTION</b> – 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 dependent child because they maittee on Ethics.	eet all three tests for Yes No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

	BLOCK B  Le of Asset  close of the reporting period. If you then than fair market value, please	BLOCK C  Type of Income  Check all columns that apply. For accounts that generate tax-deferred income (such as 401/tk), IRA, or 529 accounts), you may check	BLOCK  Amount of  For essets for which you checked "Tax-Deferred" in Block assets indicate the category of income by checking the	D  Income  C, you may check the "None" column. For all other appropriate box below. Dividends, interest, and
y each asser held for investment or of income and with a fair market value \$1,000 at the end of the reporting period, other reportable asset or source of income erated more than \$200 in 'unearmed' ing the year. Inglitte year stocks and mutual funds only ticker symbols).		check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	For essels for which you checked "Tax-Deferred" in Block assets indicate the category of income by checking the capital gains, even if reinvested, must be disclosed Check "None" if no income was earned or generated.  "Column XiI is for assets held by your spouse or dependent of the capital states."	you may check the "None" column. For all othe propriate box below. Dividends, interest, and income for assets held in taxable accounts child in which you have no interest.
ks and mutual funds		"None" if the asset generated no income during the reporting period.		
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.			Citron Van	- Control of the Cont
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.	> 80 C C D D E E E E E E E E E E E E E E E E			N A M AN AN X
For rental and other real property held for investment, provide a complete address or description, e.g., "ental property," and a city and state.		me)		
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.		ne or Farm Inco		
Exclude: Your personal residence, including second thomes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a foderal retirement program, including the Thrift Savings Plan.		, Partnership Incox	0.	
If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.			\$1,000,000	
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) on dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	15,000 \$50-000 \$100,000 -\$250,000 -\$1,000,000 -\$1,000,000 01-\$5,000,000 001-\$50,000,000	GAINS ED/BLIND TRUS	2,500 5,000 15,000 \$50,000 \$100,000 -\$1,000,000 01,\$5,000,000 0C Income over \$	5,000 15,000 \$50,000
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$250,001 \$500,001 \$1,000,00 \$5,000,00 \$25,000,0 Over \$50	TAX-DEF	\$1,000,00 Over \$5,0 Spouse/E None \$1-\$200 \$201-\$1,0	\$1,000,00
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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: JoHN PASCHEN

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### SCHEDULE C - EARNED INCOME

Name: John D#SCHEN Page\_

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

							ABC Trade Association, Baltimore, MD (July 15)  Examples: State of Maryland	Source (illorane nate of teception individual)	Source (include date of receipt for honoraria)
					SALARY	Spouse Salary	Honoranum Salary	) ypa	Type
					283,000	N/A	\$20,000	Current Year to Filing	
					395,000	N/A	\$76,000 \$76,000	Preceding Year	Amount

#### SCHEDULE D - LIABILITIES

Name Page

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); toans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and 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 exceeded \$10,000. 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.

Date   Liability   Type of Liability   Type	<b>)</b>				•		
Creditor		 		 			
Creditor	2			Example			
Mortgage on Renals   Property, Dover, DE				First Bank of Wilmington, DE	Creditor		
\$10,001- \$15,000  \$15,001- \$50,000  \$86,001- \$100,000  \$100,000  \$250,000  \$250,000  \$1,000,000  \$1,000,000  \$1,000,000  \$5,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000				5/98	Date Liability Incurred MO/YR		
\$15,001- \$50,000  \$50,000  \$100,000  \$100,000  \$250,001- \$250,000  \$500,001- \$1,000,000  \$1,000,001- \$5,000,000  \$5,000,001- \$5,000,000  \$5,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000				Mortgage on Rental Property, Dover, DE	Type of Liability		
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(Spouse/DC Liab#ity)					Over \$1,000,000* (Spouse/DC Liability)	*	

#### 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 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, period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. 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

		CHAIR MAN	Position
		STORY COUNTY BOARD OF HEATTH	Name of Organization

NTS	Name:	Page 6 of 6
rms of any agreement or arrangement that you have with re	ms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government or continuing participation in an employee welfare or henefit plan mainta	of government service;

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

# 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

Use additional sheets if more space is required.

							NOTE NUMBER
	-						
							7
							NOTES

FILER NOTES (Optional)

Name: