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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, ユートユー・アール・カー・ション・ファン・ファン・ファン・ファン・ファン・ファン・ファン・ファン・ファン・ファ	FORM B For use by candidates and new employees LEGISLATIVE RESOURCE CENTER	PA EGISLATIVE RESOURCE CENTER	Page 1 of 3
Name: MICHMEL STOPA Daytime	Daytime Telephone:	OFFICE OF THE CLERK B. HOUSE OF REPRESENTATIVES	
		(Office Use Only)	
Filer Candidate for the State: MA Date of House of Representatives District: Election:	on: $(v)/5/2v/3$ Check if Amendment	10	assessed
ng Office:		more than 30 days late.	Wild liles
In all sections, please type or print clearly in blue or black ink.			
RELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	SE QUESTIONS		
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	or two years? Yes	N _N
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes No	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	rangement Yes	Š
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	\$5,000 from Yes	N S
Each question in this part must be answered and the appropriate schedu	appropriate schedule attached for	le attached for each "Yes" response.	
XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —		ANSWER EACH OF THESE QUESTIONS	0,
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 benefiting you, your spouse, or a dependent child?	ics and certain other "excepted trusts" need no response, or a dependent child?	ot be Yes	N N
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obscause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	pendent child Yes	N N

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name MICHAEL STOPA

Page 2 of 3

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a 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.	ement programs, and benefits re	eceived under the Social S	ecurity Act.
	Tues	Amount	ınt
Source (include date of receipt for honoraria)	туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Horvard University Cambridge MA	salary	#110,000	\$ 125,000
Lion bridge Coversion, Walking MA	salary (spoure)	\$45,000	\$ 30,000
Massachunetts Institute at Tedonology	salary	\$15,000	M 0

	1 4(TIAM - Cre 18 Mony Market		DC, Examples: Simon & Schuster	SP Mega Corp. Stock	homes and vacation homes (<i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	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	Asset and/or income Source identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). 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. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.
		×	×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$500,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G H 4 K L M	Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.
		*	×	Royaltes	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deterred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, Interest, and capital gains, even it reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
		*		X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000		Current Year Preceding Year	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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held by your spouse or dependent child.