

NOV 17 2017

LEGISLATIVE RESOURCE CENTER

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U.S. HOUSE OF REPRESENTATIVES

**UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT**

For New Members, Candidates, and New Employees

**FORM B**

Name: BRANDY SANTA MARIA Daytime Telephone: \_\_\_\_\_

☒ New Member of or Candidate for U.S. House of Representatives State: MD District: 03  
Candidates - Date of Election: 11/06/2018

☐ Check if Amendment

☐ New Officer or Employee  
Employing Office: \_\_\_\_\_  
Staff Filer Type (if Applicable):  
☐ Shared ☐ Principal Assistant

Period Covered: January 1, 2017 to \_\_\_\_\_

 (Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

<p>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? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>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?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"  
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

<p><b>TRUSTS</b> - 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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>EXEMPTION</b> - Have you excluded from this report any other assets, "unearned" 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.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

## Page \_\_\_\_\_ of \_\_\_\_\_

**Use additional sheets if more space is required.**

## Page \_\_\_\_\_ of \_\_\_\_\_

Preceding Year

**Use additional sheets if more space is required.**