UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of 4
FINANCIAL	FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	18 SEP 12 PH 1: 25
Name:	CHILSTIAN A. RIEGER	Daytime Telephone:	
TER.	New Member of or Candidate for State: YA  U.S. House of Representatives District: 16  Candidates – Date of Election: 11 – 6 – 2018	Check if Amendment	(Office Use Only)
STATUS	New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Period Covered: January 1, 2.8 Shared Principal Assistant to 9-4-2-8	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMIN	PRELIMINARY INFORMATION - ANSWER EACH OF	THESE QUESTIONS	
A. Did you, you a. Own any end of the b. Receive n asset duri	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 unearmed 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 Yes No X
C. Did you or you honoraria, or pen reporting period?	r spouse have "earned" income (e.g., salaries, sion/IRA distributions) of \$200 or more during the Yes	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 fling?	arrangement with an Yes No X
D. Did you, you liability (more the	Did you, your spouse, or your dependent child have any reportable     Yes liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	1 \$5,000 from a Yes No X
	ATTACH THE CORR	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	) COMPLETE
EXCLUSIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE	H OF THESE QUESTIONS
TRUSTS - Det	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need 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 🔀
exemption? Do	EXEMPTION Have you excluded from this report any other assets, "uneamed" income, or lial exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	EXEMPTION 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.	et all three tests for Yes No X

ULE A - ASSETS & "UNEARNED INCOME"	
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so Rex Enealy	SP, Sman & Schuder  ST PN C BANK SVGS  X PN C BANK SVGS  X	For bank and other cash accounts, bbgithe amount in all interest-bearing accounts. It the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For mental and other real property held for investment provide a complete address or description, e.g., trental property; and a bly and state.  For an ownership interest in a privately-held business the nature of its activities, and its geographic location in Block A.  Exclude: Your personal readence, including second homes and vacation homes (unless there was make interest in, or income derived from, a identification and units of income derived from, a fortier instrument program, including the Thritt Savings Plan. If you report a privately-traded fund that is an Excepted investment Fund, please check the "Elifbox.  If you so choose you may indicate that an ested 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 fair left.  For a detailed docussion of Schedule A requirements, please refer to the instruction booklet.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Identify (a) each asset hald 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."  Provide complete names of stocks and mutual funds (do not use only solver symbols).	Assets and/or income Sources	BLOCK A
*	brownie ×	\$1,001-\$15,000  \$15,001-\$10,000  \$100,001-\$100,000  \$100,001-\$250,000  \$250,001-\$1,000,000  \$1,000,001-\$5,000,000  \$1,000,001-\$5,000,000  \$25,000,001-\$5,000,000  \$25,000,001-\$50,000,000		indicate value of sesse at close of the reporting period. If you use a valuetion method other than fair market value, please specify the method specify the method during the reporting period and is included only because it generated income, the value should be "None."  *Column M is for assets held by your spouse or dependent child in which you have no interest.	Value of Asset	втоск в
424	Royalius Parmaraka	MONE DIVIDENDS RENT  INTEREST CAPITAL GAINS  EXCEPTEDIBLIND TRUST TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check all calumns that apply. For soccumbs that generate tax-deferred income (such as 401(k), RA, or 529 secounts), you may check the "Tax-Deferred" column. Dividends, intervet, and capital gains, even it intervets, and capital gains, even it intervets in must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Type of Income	вгоск с
*	× × ×	None       -         \$1-\$200       =         \$201-\$1 000       =         \$1,001-\$2,500       =         \$2.501-\$5,000       =         \$5,001-\$15,000       =         \$15.001-\$100,000       =         \$1,000,001-\$1,000,000       =         \$1,000,001-\$5,000,000       =         Cher \$5,000,000       =         SpanseTC Income over \$1,000,000°       =         Mone       -	Current Year	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column assets indicate the category of income by checking the appropriate box below. Dividentle, capital gains, even if reinvested, must be disclosed as income for assets held in taxab Check "None" if no income was earned or generated.  "Column XII is for assets held by your spower or dependent chald in which you have no interest	Amount of income	вгоск в
	* * *	\$1.5200 \( \frac{1}{2}\) \$201-\$1.000 \( \frac{1}{2}\) \$201-\$1.000 \( \frac{1}{2}\) \$201-\$1.000 \( \frac{1}{2}\) \$201-\$1.000 \( \frac{1}{2}\) \$201-\$15.000 \( \frac{1}{2}\) \$201-\$15.000 \( \frac{1}{2}\) \$201-\$15.000 \( \frac{1}{2}\) \$200-\$15.000 \( \frac{1}{2}\) \$200-\$15.000 \( \frac{1}{2}\) \$200-\$100.000 \( \frac{1}{2}\) \$200.001-\$100.000 \( \frac{1}{2}\) \$200.001-\$100.000 \( \frac{1}{2}\) \$200.000 \( \fra	Preceding Year	s for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other bcate the category of income by checking the appropriate box below. Dividends, krismet, and lime, even if reinvested, must be disclosed as income for assets held in taxable accounts. The income was semed or generaled.  Will is for assets held by your spouse or dependent child in which you have no interest.	income	Ö

## SCHEDULE C - EARNED INCOME

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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. 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.

	4	Am	Amount
Source (include date of leceipt for notionalia)	act &	Current Year to Filing	Preceding Year
ABC Trade Association, Saltimore, MD (July 15)	Honorarium	0\$	\$500
Examples: Size of Maryland Circl 2)	Spouse Speech	0\$	\$10,000
Critisty County Dust of Concentry:	Operato Calar		
SELF-EMPLOYMENT - LAW OFFICE OF CHRISTIAN - RIEGE	GRUS - intanti -SE.	#44, 000	\$ 19,000
BUTLER AREA SCHOOL DISTRICT	Sinse Socaey	\$ 35,000	\$ 49,000
	AMPRICATE TO THE TAX AND		

## SCHEDULE D - LIABILITIES

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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, perent, 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.

		SP.		
NAVIENT   DEDT. OF EDUC.	Example First Bank of Wilmington, DE	Creditor		
700 z   3	5/98	Liability Incurred MO/YR		
STUBENT LOANS	Morigage on Rental Property, Dover, DE	Type of Liability		
		\$10,001- \$15,000	>	
		\$15,001- \$50,000	to	
		\$50,001- \$100,000	c	
X	×	\$100,001- \$250,000	0	
		\$250,001- \$500,000	FE)	mour
		\$500,001- \$1,000,000	71	Amount of Liability
		\$1,000,001- \$5,000,000	<u>.</u> ۵	iability
		\$5,000,001- \$25,000,000	£	1
		\$25,000,001- \$50,000,000	-	
		Over \$50,000,000	•	
		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 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 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, First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position  Name of Organization	 	 · · · · ·	
Name of Organization			Position
			Name of Organization