UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of 1
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: VIMMIA MADIENO Daytime T	Telephone:	18 MAR -9 PM 1: 17
New Member of or Candidate for State: California U.S. House of Representatives District: 1D Candidates - Date of Election: Sunc 5, 20)8	Check if Amendment	(Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	cable): Period Covered: January 1, ssistant to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE G	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 unearned income from any reportable asset during the reporting period?	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 ugh the date of filing? Yes Mo
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	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?	arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No 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?	n \$5,000 from a Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	IG SCHEDULE IF YOU ANSWER "YES" ULES THAT YOU ARE REQUIRED TO COMPLETE	3") COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	NTION - ANSWER <u>BOTH</u> OF THESI	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne from this report details of such a trust that benefits you, your spouse, or dependent child?	ærtain other "excepted trusts" need not be disclosed. Have you excluded	Have you excluded Yes No No
EXEMPTION – 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.	lities of a spouse or dependent child because they me	et all three tests for Yes No X

SCHEDULE C - EARNED INCOME

Name: Vivainia Madikno Pai	Page Lof (C
r than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer	porting period. For both the filer

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 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.	income may apply to you after you 7 limit is \$27,765. In addition, certa ior staff.	ı are on House payroll. The 2010 in types of income (notably honora	Imit on outside earned income for ia, director's fees, and payments for
	4	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0 000	\$500 \$76 000
EXAMPLES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
THAGEN LLC	CONTRACT	200,000	160,786
WORLD THE DESIGN	SAUSE SAUSE	192,000	349 157

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 For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held it he account that exceeds the reporting thresholds. more than \$1,000 in interest-bearing accounts. (do not use only ticker symbols). f you so choose, you may indicate that an asset ncome source is that of your spouse (SP) spendent child (DC), or jointly held with anyone (J or an ownership interest in a privately-held busing that is not publicly traded, state the name of rental property," and a city and state. SCHEDULE A ~ ASSETS & "UNEARNED INCOME" or a detailed discussion of Schedule A requirement eographic location in Block A. or rental and other real property held for investment ncome during the year. roduction of income and with a fair market value xceeding \$1,000 at the end of the reporting period, to any other reportable asset or source of lincome thich generated more than \$200 in "uneamed" ease refer to the instruction booklet you have a privately-traded fund that is an Excepte vestment Fund, please check the "EIF" box. tirement program, including the Thrift Savings Plan xclude: Your personal residence, including secon rovide complete names of stocks and mutual fund entify the optional column on the far left. come during the reporting period); and any financis terest in, or income derived from, a feders Assets and/or Income Sources and vacation homes (unless there was renta <u>(1</u> each asset nature of its BLOCK A ₫ activities, investment and of 畢 specify the method used. None > child in which you have no interest *Column M is for assets held by your spouse or depender If an asset was sold during the reporting period and included only because it generated income, the value shou Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please None. \$1-\$1,000 . \$1,001-\$15,000 O \$15,001-\$50-000 o \$50,001-\$100,000 m × Value of Asset \$100 001-\$250 000 n BLOCK B G \$250,001-\$500,000 \$500,001-\$1,000,000 Ŧ \$1,000,001-\$5,000,000 _ \$5,000,001-\$25,000,000 _ \$25,000,001-\$50,000,000 _ _ Spouse/DC Asset over \$1,000,000* ĸ the "Tax-Deferred" column. Dividends, is interest, and capital gains, even if indirevested, must be disclosed as income for assets held in taxable accounts. Check nt "None" if the asset generated no income during the reporting period. Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check NONE (k), IRA, or 529 accounts), you may check "Tax-Deferred" column. **Dividends**, DIVIDENDS RENT Type of Income INTEREST **BLOCK C** Name: CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) capital gains, even if reinvested, must be disclos Check "None" if no income was earned or generated. 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 for assets held in taxable accounts. *Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-\$200 = \$201-\$1,000 **=** ₹ \$1,001-\$2,500 < **Current Year** \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 ≂ \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 Amount of Income × Over \$5,000,000 BLOCK D ≚ Spouse/DC Income over \$1,000,000* None \$1-\$200 = \$201-\$1,000 = \$1,001-\$2,500 ₹ Page Preceding Year < ≤ \$2,501-\$5,000 \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 <u>o</u> × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × × Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000*

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Examples.

Simon & Schuster Mega Corp Stock

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SCHEDULE D - LIABILITIES

Z	Name: UIRGINIA HADLEND	MADLENO	Page Sof (
porting period by you,	your spouse, or your depend	porting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	nt owed during the reporting

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.

		SP. DC, JT		
Men	Example			
WELLS FARCED BANK	First Bank of Wilmington, DE	Creditor		
D/1/a	5/98	Date Liability Incurred MO/YR		
Auto COAN	Mortgage on Rental Property, Dover, DE	Type of Liability		
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		Over \$50,000,000	K	
		Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

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 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.

	BOARD MENGER	BOARD HEMBER	STATE COMMISSIONER	Position
	STANS LANG CO. FAMILY JUSTICE CENTER.	GALLA CENTER FORTHE ARIS	CA BOAST N 6 AND WASCURYS	Name of Organization

SCHEDULE F - AGREEMENTS

Name: VIRGINIA MADUENO Page O of 6

Identify the da continuation c employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation employer.	<u>⊐ ≓</u>
Date	Parties to Agreement	Terms of Agreement
	A/(V	

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
Already Stated in Shedicle O	
J	