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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: PHIL LOVAS	Daytime Telephone:	18 FEB -6 PM12: 59
New Member of or Candidate for State: 12 U.S. House of Representatives District: 2 Candidates – Date of Election: 2/27 18	Check if Amendment	(Office Use Only)
New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant to JAN 14, 2018	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE	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 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?	g the reporting Yes 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 Yes 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?	arrangement with an Yes 🔏 No
D. Did you, your spouse, or your dependent child have any reportable Nes liability (more than \$10,000) at any point during the reporting period?	No 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 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 BO		TH OF THESE 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?	e on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded ent child?	Have you excluded Yes 🔲 No 🔀
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.	income, or liabilities of a spouse or dependent child because they menittee on Ethics.	et all three tests for Yes No X

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

PHIL LOVAS

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Assets and/or Income Sources					<	Value of Asset	ğ	Æ	set							_	Ą	9	Type of Income	Š	ಹ										>	3	Ħ	으	במ	Amount of Income	~									
Identify (a) each asset held 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.		Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be None.	e val /alua / the asset	tion in meth	meth od u	atato odot sed: eitgi	her the her the	of the han f	e rep fair m	aning me, t	nevale	lue s	If you lease hould		eck (R) Ta	RA B	or 52	# c d a d ±	Check all columns that apply. For that generate tax-deferred incom 401(k), IRA, or 529 accounts), you the "Tax-Deferred" column, interest, and capital gairs, relivested, must be disclosed for assess but to tax-based for account the second tax and	che min.	A DE POP	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 relivested, must be disclosed as income	For assets for which you checked "Tax-Deferred" in B assets indicate the category of income by checking capital gains, even if reinvested, must be disclored check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dep	ssets sind K*No	inate one	which the even	n if i	ne w	cked of ir as e	Tax d, m	-Defe by ust t	se or	king sclo	the ende	2 # P C	ou m opria rid ir	ate br	heck ox by ch y	the 'elow.	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. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest.	o interes	lumn nds, baxat	inte	rest,	other and	<u> </u>
Provide complete names of stocks and mutuel funds (do not use only ticker symbols).		*Column M is for assets held by your spouse or dependent child in which you have no interest.	ž M	λο 2 ς ΣΗ 26:	r ass	ve no	ed t	y yo	다	Snoc	9	бере	nden		200	3 × 3	porti	ng p	"None" if the asset gene during the reporting period.	erate	2 5	"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.	± %	ł	┨	ł	1	1	1	1	1	1	1	1	1	†	1	ł	ł	ł	1]	1							1	1		1			1	ı		1	1				1	1		1	
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		<u>~</u>					မ	=					<u> </u>													₹	Current Year	≤ ren	Yea	_ ≡ =		×	≚		=	=		- Pre	 ≤ 8	Preceding Year	≨	×	×	×	≚	
For rental and other real property held for investment, provide a complete address or description, e.g. rental property," and a city and state.	g. grt							•••		-												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.	₹ 8 8																					me or Farm Inco					•••																			
exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a feeting retirement program, including the Thrift Savings Plan.	ond ntal cial eral)4									., Partnership Inco	_										n* ·												10*	
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	ě												1.000.000							ST		pecify; e.g.											\$1,000,00	**,000,00							_				\$1,000,00	
If you so choose, you may indicate that an asset 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 far left.	à⁵₫							\$1,000,000	1-\$5,000,000	1-\$25,000,000	01-\$50,000,000		C Asset over \$		ns				GAINS	ED/BLIND TRUS	ERRED	oe of Income (Sp									- \$1,000,000 01- \$ 5,000,000		C Income over	V IIIOMILI OTO		000						-\$1,000,000	01-\$5,000,000		C Income over	
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.		None	\$1-\$1,000	\$1,001-\$1 \$15,001-\$	\$50,001-\$	\$100,001	\$250,001					Over \$50		NONE	DIVIDENI		RENT	INTERES	CAPITAL	EXCEPTE	TAX-DEF	Other Typ	None	\$1-\$200	\$201-\$1,0	\$1,001-\$2	\$2,501-\$6	\$5,001-\$1	\$15,001-	\$50,001-5		Over \$5.0		None	\$1-\$200	\$201-\$1,0	\$1,001-\$2	\$2,501-\$	\$5,001-\$	\$15,001-	\$50,001-			Over \$5,0	_	-1-1-1-1
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

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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.

Wright vision	MARK 4 AZ	PAX FIRST PAC	From of Scott walken	OCT GILLER & For GOV	Az Leadership Fund Ducey 2018	ACLOPIAC	raa Vote reason	Wicken For Smale	AZ Govt (AZ House of Pages)	US Government (SBA)	Ļ	ABC Trade Association, Baltimore, MD (July 15) Examples: State of Maryland	Source (include date of receipt for nonoraria)	Course (include date of receipt for honorage)
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<								NA	\$ 10	586,000	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

SCHEDULE D - LIABILITIES

a the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting
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(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. period. New Members: Members are required to report all liabilities secur Report liabilities of over \$10,000 owed to any one creditor at any time during

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SCHEDULE E - POSITIONS

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. 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

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period and the current calendar year. First-year candidate	penou and the current catendaryear. First-year candidates and new emphoyees report positions held in the current catendaryear and two previous years.
Position	Name of Organization
N/N	
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			Date	Identify the date, parties to, and ge continuation or deferral of payment employer.		SCHEDULE F – AGREEMENTS	
		N/A	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in employer.		EMENTS	
			Terms of Agreement	ave with respect to: future employment; a leave of absence during the period of government service; vernment, or continuing participation in an employee welfare or benefit plan maintained by a former	***	Name: PHIL LOVAS	
				d of government service; maintained by a former		Page 6 of 7	

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
	A/N	
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