all three tests for Yes No X	spouse or dependent child because they meet a	ned" income, or liabilities of a : ommittee 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.
ave you excluded from Yes No X	er "excepted trusts" need not be disclosed. Ha	nittee on Ethics and certain oth	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 that benefits you, your spouse, or dependent child?
E QUESTIONS	- ANSWER <u>BOTH</u> OF THESE QUESTIONS	UST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B
COMPLETE	THAT YOU ARE REQUIRED TO COMPLETE	LY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
333	HEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE C
n \$5,000 from a single Yes X No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No X	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
arrangement with an Yes No X	F. Do 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?	Yes No X	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?
g the reporting period Yes X No No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes X No	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? OI b. Make more than \$200 in unearned income from any reportable asset during the reporting period?
	TIONS	1 OF THESE QUES	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1, 30(6 to Nov 30, 30(7)		New Officer or Employee Employing Office:
(Office Use Only) CL	Check if Amendment	50 13018	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election: 11/6/
0FFICE OF THE CLERK US HOUSE OF REPRESENTATIVES	one:	_ Daytime Telephone:	Name: AMMAR CAMPA-NAJJAC
DEC 27 2017 Page 1 of C	FORM B , Candidates, and New Employees	FORM B For New Members, Candidates, and	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: AMMAR CAMPA-NAJTASC

Page 3

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							5 <u>8</u> 5	8	For bank and all interest. \$5,000, list \$5,000, list more than \$5,000, list more than \$7 for rental arprovide a careful and provide and lincome duriful interest in, retirement prefusement prefusement prefusement prefusement and the provide and pr	401(k) the acc	(do not	Provide	Identify (a) production of exceeding \$ and (b) any income white the content of th	>	
				ACY S		Examples:			For bank and other cash accounts. \$5,000, list every financial instead from than \$1,000 in interest-bearing accounts. \$5,000 in state address for rental and other real property and a city and that is not publicly traded, so business, the nature of its geographic location in Block A. Exclude: Your personal reside homes and vacation homes (uplication to make the interest in, or income definitioned than a privately-traded in investment Fund, please check investment Fund, please check if you have a privately-traded in investment Fund, please check if you have a privately-traded in investment from source is that of you have source is that of you have a privately-traded in the optional column on the fat of place of the population of the fat of the population of the fat of the property of the	plans) provi	tuse only tic	s complete r	y (a) each asset It y (a) each asset It y y (a) of income and y y y y (a) at the ence y income at the ence y income during the ned" income during the	ssets an	,
			4	Strategies, Lic	ABC Hedge Fund X	Simon & Schuster			intis, total the amount if the lotal is or titution where there aring accounts. Try held for investme or description, et sate. I state. I state the name of is activities, and sate the name of is activities, and sate then among, including secondary, and any finance was rerected to the tribust of the trib	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols). For all IRAs and other retirement plans (such as	names of stocks and mistral filor	with a fair market value in the reporting period of the reporting period asset or source more than \$200 year.	Assets and/or Income Sources	BLOCK A
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		 	-	-	1	+	+	+	\$500,001-\$1,000,000 ==	-	rest.	⊀Column M is for assets held by your spouse or dependent	indicate value of asset at close 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 "too."	Value of Asset	X
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•				TACON C	Partnership	Royalties			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		e reporting	in taxable	Check ell 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, inferest, and capital gains, even if reinvested, must be disclosed as		
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SCHEDULE A – ASSETS & "UNEARNED INCOME"	
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SCHEDULE C - EARNED INCOME

Name: AMMING CAMPA-NAJJAC Page 4 of 8

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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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.

	T		Amount
Source (Hiciade date of receipt for Horiorana)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland	Salary	\$20,000	\$76,000
L	Spouse Salary	N/A	N/A
N.			

SCHEDULE D - LIABILITIES

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.

								A	Amount of Liability	t of Li	bility				
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SP, DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$600,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×	^				* ^		3. v 3. v 4.
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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.

Position	Name of Organization
Managina Member Durner	ACN Strategies, LLC.

SCHEDULE F - AGREEMENTS

Name: AMMAR CAMPA- NAJTAR Page 6 잌

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

	N.	
Terms of Agreement	Parties to Agreement	Date

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.

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