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UNITED STATES HOUSE OF REPRESENTATIVES For N	FORM B For New Members, Candidates, and New Employees	Page 1 of 6
Name: クタレ レタ MAONA Dayti	Daytime Telephone:	18 JUN 12 AH 10: 19
New Member of or Candidate for State: NY U.S. House of Representatives District: 19 Candidates - Date of Election: NOV 6 2018	Check if Amendment	MU.S. HOUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistar	Period Covered: January 1, 2017 to 2018	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	SE 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?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	gh the date of filing? 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 X 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 No
D. Did you, your spouse, or your dependent child have any reportable Yes No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BO</u>	RMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	QUESTIONS
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?	s and certain other "excepted trusts" need not be disclosed.	lave you excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent che exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	or liabilities of a spouse or dependent child because they meet all three tests for Ethics.	t all three tests for Yes No X
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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ATS BER	X	DECONDSIGHTHED DECONDSIGNED	CARA THE KAPSURS		Examples:	DC, Mega Corp Stock EIF	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 more than \$1,000 in interest-bearing accounts. For rental and other real properly held for investment, provide a complete address or description, e.g., "rental property," and a city and state. 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. 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 federal retirement program, including the Thrift Savings Plan, if you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF box. 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. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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.	Assets and/or Income Sources 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 'uneamed' income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	BLOCK A
×	X	X	X	×	Indefinite	×	None \$1.41,000 to \$1.51,001.415,000		Value of Asset 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." *Column M is for assets held by your spouse or dependent child in which you have no interest.	вгоск в
×		×	×	Partnership Income	Royaties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of income 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 retirvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	вгоск с
×	X	×	×	X X	×	×	Nome		Amount of Income **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 Checkpital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. If Check "None" if no income was earned or generated. **Proclumn XII is for assets held by your spouse or dependent child in which you have no interest. ck	BLOCK D

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SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: DAL LAMAGNA Page 3 3

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Spouse/DC Income over \$1,000,000*

Name: Dal LaMagna Pageof				
SCHEDULE A - ASSETS & UNEARNED INCOME	Value of Asset	Value of Asset Type of Income	Amount of Income	
	Cost Amount		Current Year	Preceding Year
Domini Social Investments LLC	3,647,991.34	3,647,991.34 Partnership Income	None	\$100,000-\$1,000,000
Kos Media LLC	197,173.00	197,173.00 Partnership Income	None	\$100,000-\$1,000,001
Margaret O'Leary, Inc. (Sub S)	464,139.88		None	\$50,000-\$100,000
Small World Trading Corp (Sub S) (EO Nat)	500,000.00	500,000.00 Partnership Income	None	\$100,000-\$1,000,000
Momma Chia, LLC	73,698.00	73,698.00 Partnership Income	None	\$1,001-\$2,500
Воохbу	100,000.00	100,000.00 Partnership Income	None	None
CNS Communications Dying To Know	50,000.00		None	None
Doubting Thomas (McFadden)	150,000.00	150,000.00 Partnership Income	None	None
Earcrush	99,999.98	99,999.98 Partnership Income	None	None
Enteris	250,000.00	250,000.00 Partnership Income	None	None
The Last Dalai Lama	160,500.00	160,500.00 Partnership Income	None	None
Earthstone International, LLC	339,980.27	339,980.27 Partnership Income	None	None
Growstone, LLC	335,000.00	335,000.00 Partnership Income	None	None
IceStone, LLC	3,000,000.00	3,000,000.00 Partnership Income	None	None
MeOhMy	25,000.00	25,000.00 Partnership Income	None	None
Ntercept, LLC 128349 SeriesA Peferred	100,000.00	100,000.00 Partnership Income	None	None
One World Futbol Project LLC	17,069.00	17,069.00 Partnership Income	None	None
Ubiquity	100,000.00	100,000.00 Partnership Income	None	None
Undercare, Inc.	126,562.50	Partnership Income	None	None
Investment Property				
7th Avenue Poulsbo Rear	384,349.00 Rent		None	None
7th Avenue Poulsbo Street	363,593.00 Rent		None	None
Germantown Land	431,547.00 Rent		None	None
Lot C Sherman Hill Poulsbo	90,000.00	Rent	None	None
Rte 3 Poulsbo	12,065.00 Rent		None	None
Peterson Road	172,690.00 Rent		None	None
Browns Pond Road	39,373.45	Rent	None	None

SCHEDULE D - LIABILITIES

Name: DAU VANA6NA

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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 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. (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 *Column K is for liabilities held solely by your spouse or dependent child.

			SP. DC, JT		
3817	ASVC BOV	Example			
COLDINAL SACH NY	CARUA REUBENTRUST	First Bank of Wilmington, DE	Creditor		
7/2015 8/2016	8105/1	5/98	Date Liability Incurred MO/YR		•
HORTONOL !	(AAD)	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
Manufacture or a description of the above of the second of			\$15,001- \$50,000	8	
			\$50,001- \$100,000	G	
	XX	×	\$100,001- \$250,000	0	
			\$250,001- \$500,000	m	Amount of Liability
			\$500,001- \$1,000,000	וד	t of Li
XX			\$1,000,001- \$5,000,000	6	ability
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			\$25,000,001- \$50,000,000	-	
			Over \$50,000,000	د	
			Over \$1,000,000*	*	1

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
CEO, MANAGIND PARTNER 1 CESTONE, LLC	1 CESTONE, LLC
BOARD OF DIRECTORS	STAMP STAMPEDE

SCHEDULE C - EARNED INCOME

Name: DAL VAMAGNA

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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 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. Amount	ncome may apply to you after yo limit is \$28,050. In addition, certar staff.	u are on House payroll. The 2017 ain types of income (notably honorar Am	I limit on outside earned income for ia, director's fees, and payments for ount
Source (include date of receipt for honoraria)	Туре		Amount Preceding Year
Course (Hichard date of Focupation Horizontal)	1 Jpv	Current Year to Filing	Preceding Year
_	Honorarium	\$0	\$500 •75.000
EXAMPLES: Civit War Rountlable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
VIBRANTSEED CORPORATION	Spouse-	NIA	NIA
			,