	•
UNITED STATES HOUSE OF REPRESENTATIVES FOR New Members, Candidates, and Nev	and New Employees LTANLATIVE PERCHAGE GENERAL
Name: Willist on W. Faws () Daytime Telephone:	18 JUL 27 PH 1: 12
New Member of or Candidate for State: 16-6 U.S. House of Representatives District: 1716. Check if Amendment Candidates – Date of Election: Nov 6th 2018	ent (Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant 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 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 in the current calculation asset during the reporting period? A. Did you, your spouse, or your dependent child: Yes No Period or in the current calculations 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?
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? F. Did you have any report outside entity during the reporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes V No J. Did you receive compensation of more than \$5,000 liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU A	YOU ANSWER "YES"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	OF THESE QUESTIONS
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?	sts" need not be disclosed. 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.	because they meet all three tests for Yes No

. .

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: DUL FAWELL

Page 2

啽

_				_	-	٦¸۶	ş	For a	incon depe	o No. No. No. No. No. No. No. No. No. No	Excl home incor inten	For an ow that is n business, geograph	For r provi	s5,0	T 5	A F	(do n	prod exce and (which incor		
			NoNE	Ĺ	Examples: Simon & Schuster	Mega Corp Stock		For a detailed discussion of Schedule A requirements please rafer to the instruction booklet.	If you so choose, you may indicate that an asset on 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.	If you report a privately-traded fund that is an Excepted Investment Fund, please check the *EIF- box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was remain income during the reporating period); and any financia interest in, or income derived from, a federa retirement program, including the Thrift Savings Plan	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.	For rental and other real property hald for investment provide a complete address or description, e.g. rental property," and a city and state.	all interest-learning accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the account that exceeds the reporting threatness.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the provider the provider that the p	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	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 reprorting benforder and (b) any other reportable asset or service of income which generated more than \$200 in "unearned income during the year.	Assets and/or Income Sources	BLOCK A
				×			믞	ents,		## 89 FF 89	cond rental ancial derat Plan	iness if the its	ment e.g.,	9.8	2 <i>y</i>	등 설 원 원 원 원 원 원 원 원 원 원 원 원 원 원 원 원 원 원	unds	nt or value enfoct, med		
					L			None							>		S (5	Indicate use a v specify If an ass only be 'None."		
	<u> </u>	<u></u>	<u></u>		<u>ַ</u>	L		\$1-\$1,000							œ]	11 2	a va a va asse bec		
			<u> </u>	<u> </u>	Š	L		\$1,001-\$16	5,000						0	1	햜	value luatio luational at wa		
1	}		1	1	ndefinite	ļ	Ì	\$15,001-\$6	50,000						0	ł	yō g	of a		
-	 	 	 	_	1	<u> </u>	<i>,</i>	\$50,001-\$1	100,000						(T)	j	asse have	sset etho d dur gene	<	
		 	 	├	t	H	\dashv	\$100,001-1							71	1	2 2	at d off d off ing the wasted	alue	<u>교</u>
<u> </u>		 	 	×	†	†	- †	\$250,001-1							o	ĺ	"Column M is for assets held by your spouse or dependent child in which you have no interest.	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 "None."	Value of Asset	вгоск в
<u> </u>		 • • • • • • • • • • • • • • • • • • •	├─	 	t	H			\$1,000,000						<u> </u>	1	1 ×	of the	æ	Ĝ
 	<u>-</u> -	 	 -	-	\vdash	\vdash			1-\$5,000,000						_	•	Ş.	ng po the	set	
_		 	 	\vdash	\dagger	\vdash			1-\$25,000,000						٠.	i	S.	eporting period. If you market value, please period and is included the value should be		
	 	 	 	 -	十	╁╌	-		21-\$50,000,000						*	•	ō a	and trap		
		┼─	├─		┼~	┢	┪	Over \$50,0								i	depe	riod. ue, ; shou		
 	-	├─	 	 —	╁╴		7		C Asset over \$	1.000.000*				 -	₹	i	ă	H yo		
-		+-	 	_	+-		7	NONE		.,000,000		:		- _		-				-
} ——		╄	 		╁	\vdash										Ì	"None" if the asset gene during the reporting period.	Check all columns that apply. Fo that generate tax-deferred incomm 401(k), IRA, or 729 accounts. In the "Tax-Deferred" column. Interest, and capital gains, reinvested, must be disclosed a for assets held in taxable account		
	<u></u>	├—	ļ. —	 	╄	>	-	DIVIDEND		-						(₹	ck all columns the generate tax-de generate tax-de generate tax-de generate tax-de Tax-Deferred" Tax-Deferred and carrest, and carrests held in tax		
<u> </u>	<u> </u>	 	ļ		Ļ.,	_	_	RENT)	g g	ate to an alter to an alter to the to	₹	
		<u> </u>	Ì				_	INTEREST	r 							l	asse esse	ans t ac-do 529 c med" med"	9	ᇛ
		1					_	CAPITAL (GAINS								56	hat i	Type of Income	BLOCK C
		Π			Τ	Γ	7	EXCEPTE	D/BLIND TRU	57						•	8. ₹	at apply femed in counts), counts), column, that gas discloss cable ac	ខ្ល	ဂ
	\vdash	<u> </u>	<u> </u>	 	T	Г	7	TAX-DEFE	RRED							1	藍	ncon ncon), you ains sed	Ě	
				Partnership Income	Royalties			Other Type	a of Income (S)	pecify: e.g., I	Partnership Income	or Farm Income) 				"None" if the asset generated no income during the reporting period.	7 7 - 7 - 7		
		ļ. <u>. </u>	 		╀┙	L	4	None							1	l		For a		
<u> </u>		ļ			ļ_	×	٠,	\$1-\$200						==		j		isset		
		<u> </u>			\downarrow	<u> </u>	_	\$201-\$1,00	20					====	1			Site one		
		<u> </u>			4	_	4	\$1,001-\$2,	500					₹	1	ł		whice whice whice which which which which which which will be the white which which will be the white which which will be the white		
					×	<u>Ļ</u>		\$2,501-\$5,0						<	È			sh yo e cat e inct		J
			<u> </u>	× .	_	<u> </u>		\$5,001-\$15	5,000						92			egor rein me		1
		L_		<u> </u>	Щ	_		\$15,001-\$5	50,000					≦	Current Year	ľ		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. Dividents, interest, and capital galins, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if no income was earned or generated. *Column Xil is for assets held by your spouse or dependent child in which you have no interest.		ı
		ļ		ļ	<u> </u>	<u> </u>	_	\$50,001-\$1	100,000			-		VIII	ě			d Ta incol ad, r eam,]
					Ш	L	4	\$100,001-\$	1,000,000					≒	1			me t must ed o	_	Į
					Ш	_	_	\$1,000,001	\$5,000,000		 -			<u>×</u>	1	ľ		efern Tgen Tgen	Ž	l
					Щ		$oldsymbol{\perp}$	Over \$5,00	0,000					×	1	l		ed" in neckti disc nerati	Amount of Income	
								Spouse/DC	Income over	1,000,000*				¥	L			n Blo ng ti ilosa ed.	Ħ o	BLOCK D
							\exists	None							1	l		2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ή'n	Š
					ot	Ĺ		\$1-\$200						===]			you pprol	8	J
						×	$oxed{\int}$	\$201-\$1,00	10						1			u ma priet come	ne	
							Ī	\$1,001-\$2,5	500					₹	احا	l		y chi		ł
]								\$2,501-\$5,6	000					<	Preceding Year			assi		
					×		$oxed{J}$	\$5,001-\$15	,000					S	<u> 6</u>	l		he T low ets r		ſ
				×			floor	\$15,001-\$5	0,000					ş	6	ŀ		neko Vid Vid Vid		-
					П			\$50,001-\$1	00,000					Ş	Yez			iden In t		
					П		┪	\$100,001-\$	1,000,000					₹	["	Ī		ids, axab		ſ
	 I				\sqcap		7	\$1,000,001	\$5,000,000					×				inter]
				1	\Box	_	\dashv	Over \$5,000				·	*	×		I		rest.		j
┌──┼					H	_	\dashv		Income over	1,000,000*				¥		[othe and othe		ı
<u> </u>		ليسا		_		_	1			, ,				~	لب			7 0.2		

SCHEDULE A - ASSETS & "UNEARNED INCOME"

		[Τ_	$\overline{}$	T	Π	T .		Γ.		7	T	7	ſ	8,5,F		_			_	_
┢─┤		-	├-	┼	-	┼-	┼┈	 	}	}	}-	 	-	╁──	37.0	į ,			≽		
]							}				}]		-					Assets and/or Income Sources		
		1	[{		NONE					<u>8</u>		
1		l		1	ľ	ł	İ	İ	{	1				Z.	>	1			<u>a</u>		
				1		-				ł	}			6	ASSET NAME	}			9	BLOCK A	
				}	}		ļ]]			}		Σ×				70	옷	
									[M				Ž		
		ł	ł	İ				1	1	ľ	1	1	1	()					S		
		ŀ		ļ	1		1		1	1		į	}	1					Ĕ		
 		ļ	<u> </u>	ļ	ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	Ļ	<u> </u>	ļ.,	<u> </u>	<u> </u>					Ö		_
			_			_				_	_	_		<u> </u>	EFF						
								L								None	>	_[
			_				<u> </u>			L						\$1-\$1,000	ъ	_			
		<u>L</u> _	<u> </u>			<u> </u>			<u> </u>	<u> </u>			<u> </u>			\$1,001-\$15,000	n	_}			
		ļ			Ì			1]		\$15,001-\$50,000	D	ı			
+		_	\vdash	\vdash	\vdash	\vdash	\vdash	t^-	<u> </u>	T -	t-	1	1	1		\$50,001-\$100,000	m	7	≲	•	
			 	1-	†		 		-	<u> </u>		 	1			\$100,001-\$250,000	, LI	7	<u>si</u> u	ш	
			 		 	1-	 	 		 		†	†			\$250,001-\$500,000	- G	7	Value of Asset	вгоск в	
1		\vdash	\vdash	T	t^-	T	 	-	<u> </u>	t —		†	t	1		\$500,001-\$1,000,000	7;	1	Ass	ê.	
					\vdash	\vdash	<u> </u>	 		t —	<u> </u>	1	1	<u> </u>		\$1,000,001-\$5,000,000	_	1	šet		
						\vdash	 	_		T		1	1	1		\$5,000,001-\$25,000,000	٥,	7			
			 	ļ~~~	 	 	 	_			 	 	 	ΙΤ.		\$25,000,001-\$50,000,000	*	7			
1		_		<u> </u>			\vdash			<u> </u>		1		 		Over \$50,000,000	-	1			
	_						f	†—	 	_	⇈	1	1			Spouse/DC Asset over \$1,000,000*	₹	1			_
-					 											NONE		7			
-			 	 	 	 	 	 	 —	一	_	 	 	 		DIVIDENDS		7			
\vdash		-		├	╁┈╴	├	┼─	╁──	├─	 -	-	 -	 	╀╌┤		RENT		1			_
		<u> </u>		├	<u> </u>	 	├	 	<u> </u>	}—	 	-	┼—				—	-{	Type of Income		
\vdash			 	-	 	}	├	├—	}	}	<u> </u>	├	-	-		INTEREST		┨	<u>o</u>	BF0	<u> </u>
\vdash				<u> </u>	├ ─	↓	 -	 	<u> </u>		<u> </u>	<u> </u>	↓	ļ!		CAPITAL GAINS		-1	₹	BLOCK C	-
$\sqcup \downarrow$			<u> </u>	<u> </u>	<u> </u>	<u> </u>	 	ļ		<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>		EXCEPTED/BLIND TRUST		_	ğ	0	
			<u> </u>	<u> </u>	<u> </u>	<u> </u>	Ĺ	<u> </u>	<u> </u>	Ĺ	Ĺ_	<u> </u>	Ĺ.			TAX-DEFERRED		4	₹		
			l	1	ļ	l	{	1	1	1	}	{		1		Other Type of Income (Specify: e.g., Partnership Income or Ferm Income)		1		4	
		}	_						Ì	ļ)];		Partnership Income or Farm Income)		_]			
																None	-T	Т			
	•						1									\$1-\$200					
							1	1								\$201-\$1,000	Ε.	ł		ļ	
					Γ								T			\$1,001-\$2,500	3	1			
	_															\$2,501-\$5,000	3	₽Ι.			
																\$5,001-\$15,000					
																\$15,001-\$50,000		3			
																\$50,001-\$100,000	100				
											Ĺ					\$100,001-\$1,000,000	₹.	1	_		
											<u> </u>			لَــــا		\$1,000,001-\$5,000,000	١		Αm		
												<u></u>					ş	l	ĕ ≅	,,	L
	ļ			<u> </u>										$oxed{oxed}$		Spouse/DC Income over \$1,000,000*	į	4	Amount of Income	BLOCK D	
\Box]							<u> </u>		<u> </u>			Щ.	igsqcup	<u> </u>	None -	_		₹	Χ̈́D	
$\vdash \dashv$					 		_	<u> </u>		L		١.	ļ		├	\$1-\$200 =	-1	1	Š		L
					<u> </u>					'		<u> </u>	ļ		 	\$201-\$1,000	4	1	ne		<u> </u>
	}		Ĺ		ļ	 		<u> </u>						1		\$1,001-\$2,500	4:	, 			<u> </u>
 					 				L.,			<u> </u>		\sqcup	├ ┈╢	\$2,501-\$5,000	Lieceding Lear]	
 						<u> </u>		ļ			_	ļ	<u> </u>	\vdash		\$5,001-\$15,000		<u>}</u>			<u> </u>
					-		<u> </u>		<u> </u>					\vdash	├─┤	\$15,001-\$50,000	ľ	ζ [<u> </u>
-				L		 _	ļ					 -	├	┝╌┥	 	\$50,001-\$100,000	4	}			<u> </u>
 	}				ļ-—	 	 	 				-	-	\vdash	┝╌┦		4	Į			
 						 	<u> </u>					<u> </u>				\$1,000,001-\$5,000,000	-	ŀ			
	\dashv					 							\vdash	$\vdash \dashv$		Over \$5,000,000 ≥	_			1	
						L						<u> </u>		L		Spouse/DC Income over \$1,000,000*	L	ㅗ			Ц.,

Use additional sheets if more space is required.

Name:

SCHEDULE C - EARNED INCOME

Name: BILL FAUSELL Page 4 of 6

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 PROJIBITED 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.	ncome may apply to you after you limit is \$28,050. In addition, certar staff.	are on House payroll. The 2017 in types of income (notably honorar	' limit on outside earned income for ia, director's fees, and payments for
		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year ≾
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Chri Wer Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
BEOCKIN RADE	Sacary/wass	30,000	
Day Burscon	MACE		35,000

 $\mathbf{n} = (-\frac{\mathbf{i}}{\mathbf{n}}) - \mathbf{c}$

SCHEDULE D - LIABILITIES

Name: GIF GAVELY Page_ 9

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 exceeded \$10,000. 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 *Column K is for liabilities held solely by your spouse or dependent child.

·					SP, DC, JT		
			Passa	Example			
			Prospek building luc	First Bank of Wilmington, DE	Creditor		,
			310e/h	5/98	Liability Incurred MO/YR		
			March	Mortgage on Rental Property, Dover, DE	Type of Liability		
			×		\$10,001- \$15,000	>	
					\$15,001- \$50,000	80	
	:				\$50,001- \$100,000	· ·	
				×	\$100,001- \$250,000	9	
					\$250,001- \$500,000	m	Amount of Liability
					\$500,001- \$1,000,000	II	of Lia
					\$1,000,001- \$5,000,000	ົດ 	bility
		_			\$5,000,001- \$25,000,000	=	
,					\$25,000,001- \$50,000,000	-	
					Over \$50,000,000	<u> </u>	
	1	l	1		Over \$1,000,000*		

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	Position Name of Organization
Sol- Parameter General	Galgara DNE

SCHEDULE F - AGREEMENTS

	Name: Du forell
	MM
	(340)
	1
L .	
	1 2
	Pa
	ge 6
	Page 6 of 6

employer. 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

Date	Parties to Agreement	Terms of Agreement
	Bush	

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.

gordinant and any mannand considered contraction as a testing of	gerentine and any mentioned commental as a result of a printegral commental recognition of the repeat intermitate instead of september of
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Dari BALOCCH GHUGHIR IL	CONSTANTON TO GO
Beneary Rabe Indianapolis	AGBUT