

**UNITED STATES HOUSE OF REPRESENTATIVES**

**2019 FINANCIAL DISCLOSURE STATEMENT**

Form A  
For Use by Members, Officers, and Employees  
LEGISLATIVE RESOURCE CENTER

1020 JUL - 1 (AMT: 356 Only)

POSTMARK IN ENVELOPE  
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Name: Bonnie Marie Watson Coleman Daytime Telephone:

|              |   |                                    |                                      |  |
|--------------|---|------------------------------------|--------------------------------------|--|
| FILER STATUS | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>NJ</u>                   | Officer or Employee                  | Staff File# Type: (If Applicable)  |
| REPORT TYPE  | <input checked="" type="checkbox"/> 2018 Annual (Due: May 15, 2020)             | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination | Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/> |

|   |  |
|---|--|
| U.S. MAIL PENALTY: \$1,000 imposed against any individual who files more than 30 days late. |  |
| Date of Termination:  |  |

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

|   |   |   |   |
|---|---|---|---|
| A. Did you, your spouse, or your dependent child:<br>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 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?                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?  |   | G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$300 in value from a single source during the reporting period?                             | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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?                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$300 in value from a single source during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | <b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>  |   |

**IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS**

IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

## **SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Bonnie Marie Watson Coleman

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| BLOCK A   |  |  |  |  |  |  |  |  |  |  |  | BLOCK B  |  |  |  |  |  |  |  |  |  |  |  | BLOCK C  |  |  |  |  |  |  |  |  |  |  |  | BLOCK D   |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| Assets and/or Income Sources  |  |  |  |  |  |  |  |  |  |  |  | Value of Asset   |  |  |  |  |  |  |  |  |  |  |  | Type of Income   |  |  |  |  |  |  |  |  |  |  |  | Amount of Income  |  |  |  |  |  |  |  |  |  |  |  |
| <p>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 that generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use company logos or symbols).</p>   |  |  |  |  |  |  |  |  |  |  |  | <p>Indicates 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.</p>  |  |  |  |  |  |  |  |  |  |  |  | <p>If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."</p> <p>"Column M is for assets held by your spouse or dependent child in which you have no interest.</p> |  |  |  |  |  |  |  |  |  |  |  | <p>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" 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.</p> <p>"Column XII is for assets held by your spouse or dependent child in which you have no interest.</p> |  |  |  |  |  |  |  |  |  |  |  |
| <p>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.</p> <p>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.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., "Residential property," and a city and state.</p> <p>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.</p> <p>Excluded: 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.</p> <p>If you report a privately-held fund that is an Exempted Investment Fund, please check the "EIF" box.</p> <p>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 (J), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p> |  |  |  |  |  |  |  |  |  |  |  | <p>Note</p> <p>\$1-\$1,000</p> <p>\$1,001-\$15,000</p> <p>\$15,001-\$50,000</p> <p>X \$50,001-\$100,000</p> <p>\$100,001-\$250,000</p> <p>\$250,001-\$500,000</p> <p>\$500,001-\$1,000,000</p> <p>\$1,000,001-\$5,000,000</p> <p>\$5,000,001-\$25,000,000</p> <p>\$25,000,001-\$50,000,000</p> <p>Over \$50,000,000</p> <p>Spouse/DC Asset over \$1,000,000*</p> |  |  |  |  |  |  |  |  |  |  |  | <p>A      B      C      D      E      F      G      H      I      J      K      L      M</p>   |  |  |  |  |  |  |  |  |  |  |  | <p>I      II      III      IV      V      VI      VII      IX      X      XI      XII</p>   |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  | <p>NONE</p> <p>DIVIDENDS</p> <p>RENT</p> <p>INTEREST</p> <p>CAPITAL GAINS</p> <p>EXCEPTED/BLIND TRUST</p> <p>TAX-DEFERRED</p> <p>Other Type of Income<br/>(Specify, e.g., Partnership Income or Farm Income)</p>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  | <p>None</p> <p>\$1-\$200</p> <p>\$201-\$1,000</p> <p>\$1,001-\$2,500</p> <p>\$2,501-\$5,000</p> <p>\$5,001-\$15,000</p> <p>\$15,001-\$50,000</p> <p>\$50,001-\$100,000</p> <p>\$100,001-\$1,000,000</p> <p>\$1,000,001-\$5,000,000</p> <p>Over \$5,000,000</p> <p>Spouse/DC Asset with Income over \$1,000,000*</p>  |  |  |  |  |  |  |  |  |  |  |  | <p>P      S      S/part, or E</p>  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <p>Transaction</p> <p>Indicate if the asset had a gain or loss (G), purchase (P), sale (S), or exchange (E), exceeding \$1,000.</p> <p>Leave this column blank if there are no transactions that exceeded \$1,000.</p>                     |  |  |  |  |  |  |  |  |  |  |  | <p>Indicate if the asset was sold, purchased, or exchanged (\$), or if only a portion of the asset was sold, purchased, or exchanged (S/part).</p> <p>Please indicate as follows: (S) (part).</p>   |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Bonnie Marie Winter Colleagues

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**SCHEDULE B – TRANSACTIONS**

Name: Bonnie Marie Watson Coleman

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**Use additional sheets if more space is required.**

**SCHEDULE C – EARNED INCOME**

Name: Bonnie Marie Watson Coleman

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**INCLUDE:** 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 a 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:** The 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,440. The 2020 limit is \$28,845.

All contributions, whether in kind or money, including honoraria, lecture fees, and payments for professional services involving a fiduciary relationship, are totally prohibited.

| Source (Include date of receipt for honoraria) | Type                   | Amount   |
|--|------------------------|----------|
| Kennebunk                                      | Advised Testifying Fee | \$6,000  |
| State of Maine                                 | Lifesaving Pension     | \$19,000 |
| Civil War Reenactment (Oct. 2)                 | Spouse Speech          | \$1,000  |
| Oxford County Board of Education               | Spouse Salary          | N/A      |
| <b>Police Pension Fund</b>                     |                        |          |
| <b>NJ State Pension</b>                        |                        |          |
| <b>Spouse's Salary</b>                         |                        |          |
| <b>Pension</b>                                 |                        |          |
| <b>N/A</b>                                     |                        |          |
| <b>44,724</b>                                  |                        |          |

**Use additional sheets if more space is required.**

**SCHEDULE D – LIABILITIES**

Name: Bonnie Marie Watson Grade: 10 of 10

**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. **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.

## SCHEDULE E - POSITIONS

**Report all positions, compensated or uncompensated, held during the current or prior calendar year 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 aside of an honorary nature.**

**Use additional sheets if more space is required.**

## SCHEDULE F – AGREEMENTS

**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.**

| Date  | Parties to Agreement | Terms of Agreement                  |
|-------|----------------------|-------------------------------------|
| 10/67 | NJ State Pension     | Self And State NJ Pension at age 60 |

## SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$300 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$300 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

| Source                                      | Description   | Value |
|---|---|-------|
| Example:<br>Mr. Joseph Smith, Arlington, VA | Silver Platter (prior determination of personal friendship received from the Committee on Ethics) | \$400 |

acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

**Use additional sheets if more space is required.**

Name: Bonnie Marie Watson Calhoun

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**SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS**Name Bonnie Marie Watson ColmenarPage 8 of 10

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$300 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

| Source                                    | Date(s)   | City of Departure-Destination-City of Return | Lodging? (Y/N) | Food? (Y/N) | Family Member Included? (Y/N) |
|---|-----------|--|----------------|-------------|-------------------------------|
| Government of China (MECA)                | Aug. 6-11 | DC-BEIJING, CHINA-DC                         | Y              | Y           | N                             |
| Habitat for Humanity (charity foundation) | Nov. 24   | DC-Boston-DC                                 | Y              | Y           | Y                             |

Use additional sheets if more space is required.

**SCHEDULE I – PAYMENTS MADE TO CHARITY IN  
LIEU OF HONORARIA**

Name Bouvier Marie Watson

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**List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.**

**Use additional sheets if more space is required.**

**FILER NOTES  
(Optional)**

Name: Bonnie Marie Watson Coloma

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| NOTE<br>NUMBER | NOTES   |
|----------------|---|
|                | <i>Mortgage Current on Resident Property w/ claffin's one</i> |

**Use additional sheets if more space is required.**