

UNITED STATES HOUSE OF REPRESENTATIVES

2024 FINANCIAL DISCLOSURE REPORT

Form A

For Use by Members, Officers, and Employees.

HAND DELIVERED
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LEGISLATIVE RESOURCE CENTER

W/C

Name: Terry Lewis Waller

Daytime Teleph:

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
Individual who files more than 30 days late.

1025 MAY 15 (Pursuant to Rule 22.4(g) Only)

✓

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives		State: <u>NY</u>	District: <u>12</u>	Officer or Employee	Employing Office: _____		Staff Filer Type: (If Applicable)
REPORT TYPE	<input type="checkbox"/> 2024 Annual (Due: May 15, 2025)		<input checked="" type="checkbox"/> Amendment		<input type="checkbox"/>		Termination	<input type="checkbox"/> Shared Principal Assistant
Date of Termination: _____								

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent children:		
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"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
B. Did you, your spouse, or your dependent children purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/>	No <input 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"/>
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"/>
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 type="checkbox"/>	No <input checked="" type="checkbox"/>
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"		

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.

Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Jenniell Lewis Noller

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SCHEDULE C – EARNED INCOME

Name: Jerald Lewis Nadler

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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 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 2024 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$31,815. The 2025 limit is \$33,285. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
Kane State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$15,000
CML Way Roundtable (Oct. 2)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	N/A

NYS Employee Retirement System

Pension

\$23413

Spouse Pension

N/A

NYC Employee Retirement System

Pension

N/A

Spouse Pension

N/A

SCHEDULE D - LIABILITIES

Name: Terry Lewis Waller

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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 children. 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 own the children, 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 children.

SP, DC, JR	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability									
				A	B	C	D	E	F	G	H	I	J
Example	FirstBank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE										
				\$10,001-\$15,000									
					\$15,001-\$50,000								
						\$50,001-\$100,000							
							\$100,001-\$250,000						
								\$250,001-\$500,000					
									\$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)

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 solely of an honorary nature.

Position

Name of Organization

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 or 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.

Name <u>Terrrell Lewis Nader</u>	Page <u>6</u> of <u>6</u>
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Date	Parties to Agreement	Terms of Agreement
6/73	NYS Employee Retirement System	To provide a pension after service as a NYS employee

SCHEDULE - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$480 received by you, your spouse, or your dependent children 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 children that are totally independent of his or her relationship to you. Gifts with a value of \$182 or less need not be added towards the \$480 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.

Use additional sheets if more space is required.