

UNITED STATES HOUSE OF REPRESENTATIVES
**2020
FINANCIAL DISCLOSURE STATEMENT**

For Use by Members, Officers, and Employees

Form A

LEGISLATIVE RESOURCE CENTER
 (Office Use Only)

JAN 19 2021
 2021 JAN 28 PM 1:56

FM

Name: David Wayne Leebank

Daytime Telephone:

A significant liability will be assessed against any individual who fails to file this report 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>LA</u>	Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input type="checkbox"/> 20 ²⁰ Annual (Due: May 15, 2020)	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination Date of Termination: <u>1/2/21</u>		

PRELIMINARY INFORMATION – ANSWER EACH 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? <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 type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gifts(s) totaling more than \$390 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 \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" 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 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 "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?

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

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: David Wayne Jackson

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: *Mario Wayne Jacobson*

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset												BLOCK C Type of Income												BLOCK D Amount of Income												BLOCK E Transaction	
SP. DC. IT.	ASSET NAME	EF	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	VI	VII	VIII	IX	X	XI	XII	P, Q, S, Part, or E							
			None												None																								
			\$1-\$1,000												\$1-\$200																								
			\$1,001-\$15,000												\$1,001-\$1,000																								
			\$15,001-\$50,000												\$201-\$1,000																								
			\$50,001-\$100,000												\$100,001-\$250,000																								
			\$100,001-\$250,000												\$250,001-\$500,000																								
			\$250,001-\$500,000												\$500,001-\$1,000,000																								
			\$500,001-\$1,000,000												\$1,000,001-\$5,000,000																								
			\$1,000,001-\$5,000,000												\$5,000,001-\$25,000,000																								
			\$5,000,001-\$25,000,000												\$25,000,001-\$50,000,000																								
			\$25,000,001-\$50,000,000												Over \$50,000,000																								
			Over \$50,000,000												Spouse/DC Asset over \$1,000,000*																								
															NONE																								
															DIVIDENDS																								
															RENT																								
															INTEREST																								
															CAPITAL GAINS																								
															EXCEPTED/BLIND TRUST																								
															TAX-DEFERRED																								
															Other Type of Income (Specify, e.g., Partnership Income or Farm Income)																								
															None																								
															\$1-\$200																								
															\$201-\$1,000																								
															\$1,001-\$2,500																								
															\$2,501-\$5,000																								
															\$5,001-\$15,000																								
															\$15,001-\$50,000																								
															\$50,001-\$100,000																								
															\$100,001-\$250,000																								
															\$250,001-\$500,000																								
															Over \$50,000,000																								
															Spouse/DC Asset with income over \$1,000,000*																								

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: *David Wayne Dechack*

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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 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845. 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
Kenosha State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$10,000
Civil War Roundtable (Oct. 2)	Spouse Spousal	\$1,000
Ontario County Board of Education	Spouse Spouse	N/A
<i>Town Public Employee Retirement System</i>	<i>Spouse Pension</i>	<i>N/A</i>
<i>Social Security</i>	<i>Some Social Security</i>	<i>N/A</i>
<i>Social Security</i>	<i>Social Security</i>	<i>30,876</i>

SCHEDULE D - LIABILITIES

Name: Daniel Wayne Lockwood

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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. **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.

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

Sp. D.C./JT	Creditor -	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
				A	B	C	D	E	F	G	H
	Example	First Bank of Wilmington, DE	5/19	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000						
					\$15,001-\$50,000						
					\$50,001-\$100,000						
					X	\$100,001-\$250,000					
						\$250,001-\$500,000					
						X	\$500,001-\$1,000,000				
							\$1,000,001-\$5,000,000				
							X	\$5,000,001-\$25,000,000			
								\$25,000,001-\$50,000,000			
									Over \$50,000,000		
										Over \$1,000,000* (Spouse/D.C. Liability)	K

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.

Use additional sheets if more space is required.