

**HAND
DELIVERED**

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UNITED STATES HOUSE OF REPRESENTATIVES
2019 FINANCIAL DISCLOSURE STATEMENT

For Use by Members, Officers, and Employees

MC 2020 MAY 29 PM 12:12
(Office Use Only)

Name: Tefferson Van Drew Daytime Telephone: 202-225-6522

Form A

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>DC</u>	Officer or Employee	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input type="checkbox"/> 2019 Annual (Due: May 15, 2020)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination:

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

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? Yes No
- b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

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 No

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 No

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 No

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

- Yes No

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

Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Jefferson Van Drew

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **Jefferson Van Drew**

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		BLOCK A Assets under Income Statement										BLOCK B Value of Asset										BLOCK C Statement of Income											
		BLOCK A Assets under Income Statement										BLOCK B Value of Asset										BLOCK C Statement of Income											
		BLOCK A Assets under Income Statement										BLOCK B Value of Asset										BLOCK C Statement of Income											
ASSET NAME	AMOUNT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
TD	Vanguard Index S&P 500 ETF																																
IT	Kiosk - Old Golden Rd, R. Smith, NJ																																
DC	Plenty Advisor New Insights																																
DC	North American Co. Detention Facility																																
DC	Quadrant Investor																																
JT	Ocean Plaza Prenboot Service																																
JT	TD Best Prenboot Service																																
SP	Vanguard Index S&P 500 ETF																																

SCHEDULE B – TRANSACTIONS

Name:

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Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name:

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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)

Source (include date of receipt for honoraria)	Type	Amount
Kennedy School	Approved Teaching Fee	\$4000
State of Maryland	Legislative Penance	\$10,000
China War Reunifiable (Oct-2)	Speaker Speech	\$1,000
Ottawo County Board of Education	Speaker Study	NA
NJ State Pension (State Senate)	Self	\$25,000

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name:

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Report liabilities of over \$10,000 owed to any one creditor at any time 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.

Creditor SP DC/JR	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability								
			A	B	C	D	E	F	G	H	I
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							
				\$500,001- \$1,000,000							
				\$1,000,001- \$6,000,000							
				\$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, socialist, 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.

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.

Name: _____
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SCHEDULE G - GIFTS

Date	Parties to Agreement	Terms of Agreement

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: _____

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$250 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)	Flight? (Y/N)	Family Member Included? (Y/N)
Convention of China (MECEA)	Aug. 6-11	DC-Baoding, China-DC	Y	Y	N
Habitat for Humanity (charity fundraiser)	Mar. 3-4	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: _____

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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.