

UNITED STATES HOUSE OF REPRESENTATIVES

FORM B

FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

HAND DELIVERED Page 1 of 4
 OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES
 (Office Use Only) ✓
 2021 JAN -5 AM 9:34
 LEGISLATIVE RESOURCE CENTER

Name: Debra Anne Thailand

Daytime Telephone: _____

| | | | |
|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> | New Member of or Candidate for U.S. House of Representatives Candidates – Date of Election: <u>11 / 04 / 2018</u> | State: <u>NM</u> District: <u>01</u> | <input checked="" type="checkbox"/> Check # Amendment |
| <input type="checkbox"/> | New Officer or Employee Employing Office: _____ | Staff Filer Type (If Applicable): Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/> to _____ | Period Covered: January 1, _____ |

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

dc

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? <u>all</u> | 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"/> |
| b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? | <input checked="" 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"/> |
| 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"/> | G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? 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"/> | |

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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? No *a.0411461c*

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. No *Applicable*

Yes No

Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Debra Anne Franklin

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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 income 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 which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only ticker symbols).</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 \$6,000, list every financial institution where it 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., "rental 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 the geographic location in Block A.</p> <p>Estate: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interests in, or income derived from, a defined retirement program, including the Thrift Savings Plan.</p> <p>If you report a privately-traded 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 (JT), 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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP, DC, JT | Example: Simon & Schuster ABC Hedge Fund | X | EP | | | | | | | | | | | | A B C D E F G H I J K L M | | | | | | | | | | | | I II III IV V VI VII VIII IX X XI XII | | | | | | | | | | | | | | | | | | | | | | | |
| | | | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$1-\$1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$1,001-\$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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse/DC Asset over \$1,000,000* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIVIDENDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INTEREST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAPITAL GAINS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXCERPTED/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-\$1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$1,000,001-\$5,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Over \$5,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse/DC Income over \$1,000,000* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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-\$1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$1,000,001-\$5,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Over \$5,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse/DC Income over \$1,000,000* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Debra Anne Haaland

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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 | | | | | | | | | | | |
|---|------|---|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|
| ASSET NAME | EST. | A B C D E F G H I J K L M | | | | | | | | | | | | N O P Q R S T U V W X Y Z | | | | | | | | | | | | | | | | | | | | | | | |
| | | Current Year | | | | | | | | | | | | Preceding Year | | | | | | | | | | | | | | | | | | | | | | | |
| | X | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$1-\$1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$1,001-\$15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$15,001-\$50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$50,001-\$100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$100,001-\$250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$250,001-\$500,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$500,001-\$1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$1,000,001-\$5,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$5,000,001-\$25,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$25,000,001-\$50,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | Over \$50,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | Spouse/DC Asset over \$1,000,000* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | NONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | DIVIDENDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | RENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | INTEREST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | CAPITAL GAINS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | EXCEPTED/BLIND TRUST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | TAX-DEFERRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | Other Type of Income (Specify, e.g., Partnership Income or Farm Income) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$1-\$200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$201-\$1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$1,001-\$2,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$2,501-\$5,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$5,001-\$15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$15,001-\$50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$50,001-\$100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$100,001-\$250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$250,001-\$500,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | Over \$50,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | Spouse/DC Income over \$1,000,000* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$1-\$200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$201-\$1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$1,001-\$2,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$2,501-\$5,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$5,001-\$15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$15,001-\$50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$50,001-\$100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$100,001-\$250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | \$250,001-\$500,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | Over \$50,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | X | Spouse/DC Income over \$1,000,000* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Debra Anne Haaland Page 4 of 4

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.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. 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, directors' fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Debra Anne Thailand
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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. **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 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, 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 and two previous years.

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: Debra Anne Itzal und

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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.

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.

| Source (Name and City/State) | Brief Description of Duties |
|--|-----------------------------|
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting Services |

DEB HAALAND

1st DISTRICT, NEW MEXICO

WASHINGTON OFFICE

1237 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
PHONE: (202) 225-6316

NEW MEXICO OFFICE

400 Gold Avenue SW
Suite 680
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Congress of the United States
House of Representatives

January 4, 2021

House Committee on Ethics
1015 Longworth House Office Building
Washington, DC 20515

To whom it may concern:

I am writing to submit an amended Candidate Financial Disclosure form for the 2018 filing year. I inadvertently included the "John Hancock Funds" as unearned income, but they were previously distributed in 2016 and should not have been included for the form covering the 2017 calendar year.

I have filed the 2018 Candidate Financial Disclosure form in hard copy with the House Office of the Clerk, along with a copy of this correspondence. Please let me know if you need any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Deb Haaland".

Deb Haaland
Member of Congress