

UNITED STATES HOUSE OF REPRESENTATIVES

FORM B
For New Members, Candidates, and New Employees

**HAND
DELIVERED**

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FINANCIAL DISCLOSURE STATEMENT

LEGISLATIVE RESPONSE CENTER

2022 AUG 12 Fit 5: 15

MC

Name: Shontel M. Brown

Daytime Telephone:

FILER STATUS	New Member or Candidate for U.S. House of Representatives	
	State: <u>Ohio</u>	District: <u>11</u>
Candidates – Date of Election:	<input type="checkbox"/> Check if Amendment	
New Officer or Employee Employing Office: _____	Staff Filer Type (If Applicable):	<input type="checkbox"/> Period Covered: January 1, 2021 to December 31, 2021
	<input type="checkbox"/> Shared	<input type="checkbox"/> Principal Assistant

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? <input checked="" type="checkbox"/>	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	<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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, bonuses, 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? <input type="checkbox"/> 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"/>	

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 "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? Yes No

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. Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Shontel M. Brown

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BLOCK A		BLOCK B												BLOCK C		BLOCK D																									
		Value of Asset														Type of Income														Amount of Income											
Assets and/or Income Sources														A														I													
For all IRA and other retirement plans (such as 401(k) plans), provide the value for each plan held in the account that accounts the reporting period.														B														II													
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.														C														III													
For rental and other real property held for investment, provide a complete address or description, e.g., Rental property, and a city and state.														D														IV													
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.														E														V													
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial retirement program, including the Thrift Savings Plan.														F														VI													
If you report a privately-held fund that is an Excepted Investment Fund, please check the “E” box.														G														VII													
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 (JH), in the options column on the far left.														H														VIII													
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.														I														IX													
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SCHEDULE C - EARNED INCOME

Name: Shontel M. Brown

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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 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.

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: Be advised that the outside earned income limit and prohibitions on types of income may apply to

earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,585. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Current Year to Date		Amount	Previous Year
		Honorarium	Stipend		
ABC Trade Association, Baltimore, MD (Jan 15)		\$0	\$0	\$0.00	\$0.00
State of Maryland					
Credit Union Broadcasters (Oct 21)					
Ontario County Board of Education					
Cuyahoga County					
	Salary	N/A		\$52,000	

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 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."**

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	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000							
Mohela		Student Loan	\$15,001-\$50,000							
			\$50,001-\$100,000							
			\$100,001-\$250,000	X						
			\$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, 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. First-year candidates and new employees report positions held in the current calendar year and two previous years.

<p>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. First-year candidates and new employees report positions held in the current calendar year and two previous years.</p>	
Position	Name of Organization
Councilwoman	Cuyahoga County Council
Managing Partner	Diversified Digital Solutions
Sales Executive	Cummings & Davis

Use additional sheets if more space is required.