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DELIVERED

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UNITED STATES HOUSE OF REPRESENTATIVES

2019 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

2020 AUG 13 AM 10:52
(Office Use Only)

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Name: FILKEMAN VELA

Daytime Telephone: 202-225-3901

OFFICE OF THE PLEASANT
U.S. HOUSE OF REPRESENTATIVES
A \$200 penalty shall be assessed against any
individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>TX</u>	District: <u>34</u>	Officer or Employee: _____	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
REPORT TYPE	<input checked="" type="checkbox"/> 2019 Annual (Due: May 15, 2020)		<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

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?
- b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

Yes No

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 No

G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source 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

H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$300 in value from a single source 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

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 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

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

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ELEMON VELA

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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: FILEMON VELAS

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SCHEDULE C – EARNED INCOME

Name: ELEMON VELA

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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
Examples:		
Kent State State of Maryland Civil War Roundtable (Oct. 2) Oriental County Board of Education	Approved Testimony Fee Legislative Pension Spouse Speech Spouse Salary	\$100.00 \$100.00 \$100.00 \$100.00
Vista Law OFFICES PLLC	SPOUSE DISTRIBUTION	N/A
Employee Retirement System of Texas	SPOUSE RETIREMENT	N/A

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: FLEMEN VELA

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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.

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
<u>LIMITED Partner</u>	Sholes Kuehne & Lucker LLP
<u>LIMITED Partner</u>	F&R Properties L.P.

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: E/LEMON VERA

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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.**

Amount of Liability										Date Incurred MO/YR	Type of Liability	Creditor	Sp. Jr.	
A	B	C	D	E	F	G	H	I	J	K				
											\$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.

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. Excluded: 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.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: ELIJAH VERA

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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 \$360 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.

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	Looking? (Y/N)	Food? (Y/N)	Family Member included? (Y/N)
Examples:					
Government of China (BECEA)	Aug 6-11	DC-Baoding, China-DC	Y	Y	N
Habitat for Humanity (Country/International)	Mar. 24	DC-Boston-DC	Y	Y	Y
Kingdom of Morocco	JUNE 28-JULY 5	DULLES - CASABLANCA, Morocco - DULLES	Y	Y	Y

Use additional sheets if more space is required.

FILER NOTES
(Optional)

Name: HENRY VELA

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NOTE NUMBER	NOTES
1	REGARDING SCHEDULE A - In Reference to Stamps Turney BUCKNER PROPOSED IN Corpus Christi Texas AND Lowell ACKANIS FLENS DEDICATION OR PARTNERSHIP IS TO DO THE LOCATION OF THE MEDIUMS IS IN NOGLES COUNTY TEXAS AND THE NAME OF THE BUSINESS IS REG ESTATE.
2	Dene Ramirez Debt in schedule A - prior February 2019

Use additional sheets if more space is required.