

UNITED STATES HOUSE OF REPRESENTATIVES

For New Members, Candidates, and New Employees

JUN 26 2024 Page 1 of 1

FINANCIAL DISCLOSURE REPORT

EXECUTIVE RESOURCE CENTER

2024 JUL - 2 AM 9:33

OFFICE OF THE CHIEF FINANCIAL OFFICER
(Office Use Only)

Name: <u>Maria Chappelle-Nadal</u>	Daytime Telephone: _____
FILER STATUS	<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives <input type="checkbox"/> Candidates – Date of Election: <u>August 16, 2024</u> <input type="checkbox"/> New Officer or Employee <input type="checkbox"/> Employing Office: _____
	State: <u>Missouri</u> District: <u>1st</u> <input type="checkbox"/> Check if Amendment
	Staff Filer Type (if Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant to <u>June 28, 2024</u>

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 checked="" type="checkbox"/> No <input type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?			
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"/>	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 checked="" type="checkbox"/> 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"/>	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"/>

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: Maria Chappelle-Nadal

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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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, (b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year.		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.												For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.												Check all columns that apply. For account(s) that generate tax-deferred income (such as 401(k)s, IRA, or 423 accounts), you may check the “Defined” column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if the asset generated no income during the reporting period.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Provide complete names of stocks and mutual funds (do not use any tick symbol).		For all IRA and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting threshold.												If an asset was sold during the reporting period and is included only because it generated income, the value should be “None.”												“Column N is for assets held by your spouse or dependent child in which you have no interest.”																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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.		For rental and other real property held for investment, provide a complete address or description, e.g., Rental property, and a city and state.												“Column M is for assets held by your spouse or dependent child in which you have no interest.”												“Column N is for assets held by your spouse or dependent child in which you have no interest.”																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
SFC DT	None	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	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	SS	TT	UU	VV	WW	XX	YY	ZZ	AA

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Maria Chappelle-Nadal

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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
SP.	ASSET NAME			
	<u>St. Louis County Employees Retirement Plan</u>	X		
		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		
		EXCEPTED/BLIND TRUST		
		TAX-DEFERRED		
		Other Type of Income (Specify, e.g., Partnership Income or Farm Income)		
		X		
		None	I	Current Year
		\$1-\$200	II	
		\$201-\$1,000	III	
		\$1,001-\$2,500	IV	
		\$2,501-\$5,000	V	
		\$5,001-\$15,000	VI	
		\$15,001-\$50,000	VII	
		\$50,001-\$100,000	VIII	
		\$100,001-\$1,000,000	IX	
		\$1,000,001-\$5,000,000	X	
		Over \$5,000,000	XI	
		Spouse/DC Income over \$1,000,000*	XII	
		X		
		None	I	Preceding Year
		\$1-\$200	II	
		\$201-\$1,000	III	
		\$1,001-\$2,500	IV	
		\$2,501-\$5,000	V	
		\$5,001-\$15,000	VI	
		\$15,001-\$50,000	VII	
		\$50,001-\$100,000	VIII	
		\$100,001-\$1,000,000	IX	
		\$1,000,001-\$5,000,000	X	
		Over \$5,000,000	XI	
		Spouse/DC Income over \$1,000,000*	XII	

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Maria Chavelle-Nadal

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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 spouses' 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 you after you are on House payroll. The 2023 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$31,815. The 2024 limit is \$31,815. 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	Amount	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
Double Asterisk, Inc.	Salary	\$0	\$4,375.00
Wes	Salary	\$23,582.00	\$71,662.00

SCHEDULE D – LIABILITIES

Name: Masie Chappelle-Nadal

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Member:** 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	Type of Liability	Date Liability Incurred MO/YR	Amount of Liability							
			A	B	C	D	E	F	G	H
Example	First Bank of Wilmington, DE	5/20	\$10,001- \$15,000							
	Mortgage on Rental Property, Dover, DE		\$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- \$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.

Position

Name of Organization

Chappelle-Nadal & Associates, Inc.

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's welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
9/19/22	Double Asterisk, Inc. and Maxine Chappelle-Nadal	To perform Investigations & Reporting duties for "After the Uprising"

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
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Example: *Dee Jones & Smith, Hometown, States*

Description of Duties

Name: Maria Chappelle-Nadal

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**FILED NOTES
(Optional)**

Name: _____

NOTE NUMBER	NOTES
X 1	House, 100% beneficiary / no other benefits to my knowledge.
X 2	LLC does not hold any assets, nor generate income.
X 3	Served as a podcast participant and/or volunteer 2020-September 2022