

UNITED STATES HOUSE OF REPRESENTATIVES

2019 FINANCIAL DISCLOSURE STATEMENT

For Use by Members, Officers, and Employees

Form A

HAND
DELIVERED

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Name: *David Wayne Leebank*

Daytime Telephone: *(202) 225-6576*

LAW. 116-10 (Office Use Only)
2020.01.01 - 3 PM 12:51

A \$200 penalty shall be assessed against any filer that fails to file this statement 60 days late.

MC

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives		State: <u>PA</u>	District: <u>02</u>	Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
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? <input checked="" type="checkbox"/>	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?				
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
C. 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$300 in value from a single source during the reporting period?				
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursement for travel totaling more than \$300 in value from a single source during the reporting period?				
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 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?				
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.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Daniel Wayne Hobbsuk

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: *David Vige Leibson*

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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												BLOCK E Transaction																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
ASSET NAME	EST. DT.	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	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

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. Excludes: 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
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							
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							
			Over \$1,000,000* (Spouse/DC Liability)							

SCHEDULEE - 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, 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 carnival organizations); and positions solely of an honorary nature.

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Name of Organization

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 \$390 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.

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Paid? (Y/N)	Family Member included? (Y/N)
Government of China (MECEA) Example: Habitat for Humanity (charity function)	Aug 6-11 Nov. 3-4	DC-Beijing, China-DC DC-Bethesda-DC	Y Y	Y Y	N
<i>Former Member of Congress (from) after - 9/23</i>	<i>D.C. - Tokyo, Japan - China</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	

Use additional sheets if more space is required.