

**UNITED STATES HOUSE OF REPRESENTATIVES****2020 FINANCIAL DISCLOSURE STATEMENT**

Form A

For Use by Members, Officers, and Employees

**HAND  
DELIVERED**

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Name: Jefferson Van Drew

Daytime Telephone \_\_\_\_\_

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>NJ</u>	Officer or Employee	Staff Filer Type: (If Applicable)
REPORT TYPE	<input type="checkbox"/> 2020 Annual (Due: May 17, 2021)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
			Date of Termination:	

ML (Office Use Only) SOURCE CENTER  
2021 JUL 28 AM 10:56  
A \$200 penalty shall be imposed against any individual who fails to file a timely report.

**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"/> b. Receive more than \$200 in unearned income from any reportable asset 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting period?	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"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period?	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 type="checkbox"/> No <input checked="" 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?	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>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>	

**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 Committees 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.

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 checked="" type="checkbox"/>
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committees 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 <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/>

## **SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Jefferson Van Doren

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BLOCK A												BLOCK B												BLOCK C												BLOCK D												BLOCK E											
Assets and/or Income Sources												Value of Asset												Type of Income												Amount of Income												Transaction											
<p>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; and (b) any other reportable asset or source of income that 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 IRA and other retirement plans (such as 401(k) plans) provide the value for such assets 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 \$5,000, list every financial institution where there 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 its geographic location in Block A.</p> <p><b>Exclude:</b> Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal 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>												<p>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.</p> <p>If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."</p> <p>*Column M is for assets held by your spouse or dependent child which you have no interest.</p>												<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for taxable assets held in taxable accounts. Check "None" if no income was earned or generated.</p> <p>"Column M is for assets held by your spouse or dependent child which you have no interest.</p>												<p>For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the asset had interest. Leave this column blank if there are no transactions that exceeded \$1,000.</p> <p>If only a portion of an asset was sold, please indicate as follows: (S (part)).</p>																							
A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P	S	S(part)	or E																																
Sp. Dc JT	SP	Mem. Cont. Stock		BEF																																																							
Example:		Simon & Schuster																																																									
		ABC Hedge Fund	X																																																								
Aberdeen Standard Shares												X												X												X																							
Greyscale Investment Trust												X												X												X																							
Vanguard Wellington Vanguard Intermediate												X												X												X																							

**Use additional sheets if more space is required.**

## **SCHEDULE A - ASSETS & "UNEARNED"**

Name: Jefferson Van Drew

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**Use additional sheets if more space is required.**

**SCHEDULE B – TRANSACTIONS**

Name: Jefferson VanDrew

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exchange transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

**Capital gains:** If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

\* Column K is for assets and/or held by your spouse or dependent child.

**Use additional sheets if more space is required.**

**SCHEDULE C – EARNED INCOME**

Name: Jefferson VanDrew

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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 a 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.

**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:** The 2020 limit on outside earned income for Members and employees compensated at or above the 'senior staff' rate was \$28,845. The 2021 limit is \$29,595.

<p>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 a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding \$1,000. See examples below.</p> <p><b>EXCLUDE:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.</p> <p><b>INCOME LIMITS and PROHIBITED INCOME:</b> The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,595. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.</p>												
<b>Source (Include date of receipt for honoraria)</b>												
<b>Type</b>												
<b>Amount</b>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Keene State</td> <td style="padding: 2px;">Approved Teaching Fee</td> <td style="padding: 2px; text-align: right;">\$6,000</td> </tr> <tr> <td style="padding: 2px;">State of Maryland</td> <td style="padding: 2px;">Legislative Banquet</td> <td style="padding: 2px; text-align: right;">\$14,000</td> </tr> <tr> <td style="padding: 2px;">Civil War Reenactor (Oct. 21)</td> <td style="padding: 2px;">Speaker Stipend</td> <td style="padding: 2px; text-align: right;">\$1,000</td> </tr> <tr> <td style="padding: 2px;">Orange County Board of Education</td> <td style="padding: 2px;">Senate Salary</td> <td style="padding: 2px; text-align: right;">N/A</td> </tr> </table>	Keene State	Approved Teaching Fee	\$6,000	State of Maryland	Legislative Banquet	\$14,000	Civil War Reenactor (Oct. 21)	Speaker Stipend	\$1,000	Orange County Board of Education	Senate Salary	N/A
Keene State	Approved Teaching Fee	\$6,000										
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Civil War Reenactor (Oct. 21)	Speaker Stipend	\$1,000										
Orange County Board of Education	Senate Salary	N/A										
<b>State of NJ Pension (State Senate)</b>												
<i>Self</i>												
<i>\$25,100</i>												

**Use additional sheets if more space is required.**

**SCHEDULE D – LIABILITIES**

Name: Jefferson Van Dam

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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.

Creditor		Date Liability Incurred MO/YR	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE	
			\$10,001-\$15,000	A
			\$15,001-\$50,000	B
			\$50,001-\$100,000	C
		X	\$100,001-\$250,000	D
			\$250,001-\$500,000	E
			\$500,001-\$1,000,000	F
			\$1,000,001-\$5,000,000	G
			\$5,000,001-\$25,000,000	H
			\$25,000,001-\$50,000,000	I
			Over \$50,000,000	J
			Over \$1,000,000* (Spouse/DC Liability)	K

## 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** \_\_\_\_\_

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.

**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 welfare or benefit plan maintained by a former employer.

## SCHEDULE G - GIFTS

**Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$165 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.**

**Use additional sheets if more space is required.**

Name: Jefferson Van Nieuw  
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## **SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS**

Name: Jefferson Van Doren

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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 \$415 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.

**Use additional sheets if more space is required.**

**SCHEDULE I – PAYMENTS MADE TO CHARITY IN  
LIEU OF HONORARIA**

Name: Jefferson Van Doren  
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**List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.**

**Use additional sheets if more space is required.**

**FILER NOTES  
(Optional)**

Name: Jefferson Van Doren

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**Use additional sheets if more space is required.**