United States House of Representatives



ETHICS IN GOVERNMENT ACT FINANCIAL DISCLOSURE STATEMENT

For Use by New Members, Candidates, and New Employees

WHO MUST FILE AND WHEN: <u>New Member Filers</u>: New Members (*i.e.*, those sworn in between November 7, 2018, and April 15, 2019) must file a statement on or before May 15, 2019. <u>New Employee Filers</u>: A new employee must file a statement within 30 days of beginning their House employment. <u>Candidate Filers</u>: A candidate for the House generally must file a Financial Disclosure Report for each calendar year they are a candidate-not only the year of the election. The first report is due within 30 days of raising or spending \$5,000 or on May 15, whichever is later, but not less than 30 days before the primary or general election. Candidate filers also owe a report each subsequent May 15 for as long as they remain a candidate. For all filers, a clear postmark is accepted as the filing date.

LATE REPORTS AND PENALTIES FOR FALSE REPORTS: A \$200 late filing fee shall be assessed against any individual who files more than 30 days after the due date of a report or amendment (or the due date of any extension). Any individual who knowingly and willfully falsifies or who knowingly or willingly fails to file the required report may be subject to civil penalties and criminal sanctions. See section 104 of the Ethics in Government Act (5 U.S.C. app. §§ 101-111) and 18 U.S.C. § 1001.

REPORTING PERIOD: <u>New Member Filers</u>: The period covered is the preceding calendar year, unless otherwise indicated on the Schedule. When completing Schedules A and C, fill out the "Preceding Year" information and indicate the "Current Year" information is "Not Applicable." <u>New Employee Filers</u>: The period covered is the preceding calendar year and the current year through the date of hiring, unless otherwise indicated on the Schedule. <u>Candidate Filers</u>: The period covered is the preceding calendar year and the current year through the date of filing, unless otherwise indicated on the Schedule.

EXTENSIONS: Requests for extension must be made using the extension request form either in the online filing system, available at https://fd.house.gov, or in hard copy form on the Committee's website, https://ethics.house.gov. If you are not using the online filing system, the extension request must be e-mailed or mailed to the Committee and <a href="mailed-extension-request-noise-no

WHERE TO OBTAIN ASSISTANCE: Counsel from the Committee on Ethics are available to answer questions and offer assistance at (202) 225-7103. Additional forms and instructions are available on the Committee's website, https://ethics.house.gov, under the "Financial Disclosure" tab.

BEFORE FILING: Answer each question on the "Preliminary Information" page, and attach the appropriate schedule for each "Yes" response. Please type or print using blue or black ink. Do not use pencil. Attach additional sheets if necessary, indicating the section that is being continued. If you complete the form on paper, type or print your name at the top of each page filed. Redact any confidential information from any attachments.

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
B-81 Cannon House Office Building
Washington, DC 20515-6612

<u>Filing Instructions for Members and Candidates</u>: File a signed original and two photocopies of your report, including all attachments. Filers who use the online system only need to submit once.

<u>Filing Instructions for Officers and Employees</u>: File a signed original and one photocopy of your report, including all attachments. Filers who use the online system only need to submit once.

UNITED STATES HOUSE OF REPRESENTATIVES ETHICS IN GOVERNMENT ACT

FINANCIAL DISCLOSURE STATEMENT - FORM B

Please provide the	e following in	formation. Your addres	ss and signature <u>WILI</u>	<u>. NOT</u> be made avai	lable to the public.
-		(Print Full Name)	(Dovetime	e Telephone)	
		(Frint Full Name)	(Day time	e Telephone)	
-		(Complete A	ddress – Office or Home)		
Filer Sta	tus:	New Member	Candidate	New Office	r or Employee
		DOCUMENT MUST BE			
		atement is required by the Et			
	-	n application and will be revie agly and willfully fails to file.	· ·	- C	•
	*	rnment Act (5 U.S.C. app. §§			ities and criminal sanctions
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	Certificatio			eporting Individual	Date
		have made on the attached			
		attached schedules are true,			
complete, and correc	et to the best of n	ny knowledge and belief.			
	New Mer	nbers and Candidates must f	ile a signed original and ty	vo photocopies thereof.	
		fficers and Employees must f	0		
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It is my oninion b	Certification	n Cormation contained in this		Certifying Official	Date
		the reporting individual is in			
		n Government Act (5 U.S.C.			

app. §§ 101-111).

	STATES HOUSE OF REPRESENTATIVES	.	FORM B	Page 1 of
FINANCIAL	DISCLOSURE STATEMENT	For New Members, Ca	Candidates, and New Employees	4
Name:		Daytime Telephon	ne:	
FILER	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:		Check if Amendment	(Office Use Only)
STATUS		Filer Type (If Applicable): ed Principal Assistant	Period Covered: January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
A. Did you, your a. Own any re end of the b. Receive masset during C. Did you or you	ARY INFORMATION – ANSWER EACH OF The provided and the proportion of the provided asset that was worth more than \$1,000 at the exporting period? OF The provided and the provided asset that was worth more than \$1,000 at the exporting period? OF The provided and t	es No E. D	Did you hold any reportable positions during riod or in the current calendar year up through Did you have any reportable agreement or	rough the date of filing?
honoraria, or pe reporting period	pension/IRA distributions) of \$200 or more during the Yes od?	s No outs	tside entity during the reporting period or in ar up through the date of filing?	in the current calendar Yes No
	our spouse, or your dependent child have any reportable than \$10,000) at any point during the reporting period?		Did you receive compensation of more thangle source in the current year and two price	
1			EDULE IF YOU ANSWER "YE	
	THIS FORM INCLUDES ONLY T	THE SCHEDULES TH	HAT YOU ARE REQUIRED TO	O COMPLETE
EXCLUSIO	ON OF SPOUSE, DEPENDENT, OR TRUST	T INFORMATION -	ANSWER BOTH OF THES	SE QUESTIONS
	etails regarding "Qualified Blind Trusts" approved by the Committee rt details of such a trust that benefits you, your spouse, or depende		"excepted trusts" need not be disclosed.	. Have you excluded Yes No
	 Have you excluded from this report any other assets, "unearned" to not answer "yes" unless you have first consulted with the Comm 		ouse or dependent child because they me	neet all three tests for Yes No

SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name:	Page of

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401(k	i) plans) prov	other retirement plans ide the value for each a exceeds the reporting th	asset held																								urre	nt \	/aar							_	Prec	adi	na '	Y 0.0			_
in all \$5,00	interest-bear 0, list every	r cash accounts, total th ing accounts. If the tot financial institution wher n interest-bearing accou	al is over e there is	Α	ВС	D	E	F	G	Н	I J	K	L	М									I	II	III	IV \	/ VI	_	VIII	IX	Х	XI	XII	1 1	1 111							Х	(I XII
invest	tment, prov ription, e.g.,	other real property ide a complete add 'rental property," and a	dress or																																								
busin of the	ess that is no	ip interest in a privion to publicly traded, state the nature of its activitien in Block A.	the name																			Farm Income)																					
home incom financ	es and vacatione during the during the cial interest in	sonal residence, includir on homes (<i>unless</i> there value reporting period); , or income derived from, n, including the Thrift	was rental and any , a federal																			Partnership Income or Farm Income)																					
		orivately-traded fund the ent Fund, please check												\$1,000,000*						JST		e.g.,											r \$1,000,000*										*1,000,000*
incom deper	ne source is ndent child (you may indicate that are that of your spouse DC), or jointly held with a column on the far left.	(SP) or		30	\$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		SON		ST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify:			000'	\$2,500	515.000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Income ove		UUU	\$2,500	\$5,000	\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$3,000,000 Spouse/DC Income over \$1,000,000
		discussion of Sch se refer to the instruction		None	\$1-\$1,000	\$15,001	\$50,001	\$100,00	\$250,00	\$500,00	\$5,000,0	\$25,000	Over \$5	Spouse/	NONE	DIVIDENDS	RENT	INTEREST	CAPITA	EXCEP.	TAX-DE	Other T	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$5.001-\$15.000	\$15,001	\$50,001	\$100,00	\$1,000,0	Over \$5	/esnods	None	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001	\$50,001	\$100,00	\$1,000,0	Spouse/
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			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)		None	\$201-\$1000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	000,000,000,000	Spoilse/DC Incom	Spouse
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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 you after you are on House payroll. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. 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.

_		_	Am	ount
8	Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
Examples:	ABC Trade Association, Baltimore, MD (July 15) State of Maryland Civil War Roundtable (Oct. 2) Ontario County Board of Education	Honorarium Salary Spouse Speech Spouse Salary	\$0 \$20,000 \$0 N/A	\$500 \$76,000 \$1,000 N/A

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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.

								Α	moun	t of Li	ability				
	Creditor	Date Liability Incurred MO/YR	Type of Liability	А	В	С	D	E	F	G	Н	I	J	К	
SP, DC, JT				\$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)	
	Example	First Bank of Wilmington, DE	5/16	Mortgage on Rental Property, Dover, DE				Х							

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 <u>two</u> previous years.

Position	Name of Organization

SCHEDULE F - AGREEMENTS			
	Name:	Page	of

Parties to Agreement	Terms of Agreement
	Parties to Agreement

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 <u>two</u> 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.**

0 (N		Date f December 1 - 1 December 1		
	Source (Name and City/State)	Brief Description of Duties		
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services		

FILER	NOTES
(Option	nal)

Name:	Page of

NOTE NUMBER	NOTES

Use additional sheets if more space is required.