### United States House of Representatives



#### ETHICS IN GOVERNMENT ACT FINANCIAL DISCLOSURE REPORT

For Use by Annual and Termination Filers

**WHO MUST FILE AND WHEN**: <u>Annual Filers</u>: Each Member, officer, and employee of the Legislative Branch compensated at or above the "senior staff" rate (\$141,022) for at least 60 days in calendar year 2023, and any employee designated by a Member as a principal assistant must file a Financial Disclosure Report on or before May 15, 2024. <u>Termination Filers</u>: A termination report must be filed within 30 days of leaving a covered position. 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>Annual Filers</u>: The period covered by this report is calendar year 2023, unless otherwise indicated on the Schedule. <u>Termination Filers</u>: If you leave the House before May 15, 2024, the period covered is January 1, 2023, through the date of your termination. If you leave after May 15, 2024, the period covered is January 1, 2024, through the date of your termination.

**EXTENSIONS**: Requests for extension must be made using the extension request form either in the electronic filing system, available at <a href="https://fd.house.gov">https://fd.house.gov</a>, or in hard copy form on the Committee's website, <a href="https://ethics.house.gov">https://ethics.house.gov</a>. If you are not using the electronic filing system, the extension request must be e-mailed or mailed to the Committee and <a href="mailed-extension-request-

**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, <a href="https://ethics.house.gov">https://ethics.house.gov</a>, 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 REPORT 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</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

# 2023 FINANCIAL DISCLOSURE REPORT – FORM A

Please provide the following information. Your address	and signature <u>WILL NOT</u> be made availa	ble to the public.
(Print Full Name)	(Daytime Telephone)	
(Complete Ad	ldress – Office or Home)	
Filer Status: Men	mber Officer or Employee	
CERTIFICATION – THIS DOCUMENT MUST BE S	SIGNED BY THE REPORTING INDIVIDU	AL AND DATED
The attached Financial Disclosure Report is required by the Ethica any requesting person upon written application and will be reviewed willfully falsifies, or who knowingly and willfully fails to file, the section 104 of the Ethics in Government Act (5 U.S.C. app. §§ 101-	by the Committee on Ethics or its designee. Any in attached report may be subject to civil penalties a	dividual who knowingly and
Certification	Signature of Reporting Individual	Date
I CERTIFY that the statements I have made on the attached financial disclosure report and all attached schedules are true, complete, and correct to the best of my knowledge and belief.		
e	original and two photocopies thereof.  a signed original and one photocopy thereof.	
***FOR OFFICIAL USE ON	LY – DO NOT WRITE BELOW***	
Certification	Signature of Certifying Official	Date
It is my opinion, based on the information contained in this		

Financial Disclosure Report, that the reporting individual is in compliance with title I of the Ethics in Government Act (5 U.S.C.

app. §§ 101-111).

#### Page 1 of Form A UNITED STATES HOUSE OF REPRESENTATIVES For Use by Members, Officers, and Employees 2023 FINANCIAL DISCLOSURE REPORT (Office Use Only) Name: Daytime Telephone: A \$200 penalty shall be assessed against any individual who files more than 30 days late. Officer or Employing Office: Staff Filer Type: (If Applicable) State: Member of the U.S. **FILER** Shared Principal Assistant House of Representatives Employee District: **STATUS** REPORT 2023 Annual (Due: May 15, 2024) Amendment Termination TYPE 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 **F**. Did you have any reportable agreement or arrangement with an end of the reporting period? or Yes No outside entity during the reporting period or in the current calendar b. Receive more than \$200 in unearned income from any reportable year up through the date of filing? asset during the reporting period? **B.** Did you, your spouse, or your dependent child purchase, sell, or **G.** Did you, your spouse, or your dependent child receive any exchange any securities or reportable real estate in a transaction No Yes No reportable gift(s) totaling more than \$480 in value from a single exceeding \$1,000 during the reporting period? source during the reporting period? **C**. Did you or your spouse have "earned" income (e.g., salaries, **H**. Did vou, vour spouse, or vour dependent child receive any honoraria, or pension/IRA distributions) of \$200 or more during the reportable travel or reimbursements for travel totaling more than reporting period? \$480 in value from a single source during the reporting period? I. Did any individual or organization make a donation to charity in **D**. Did you, your spouse, or your dependent child have any reportable No lieu of paying you for a speech, appearance, or article during the liability (more than \$10.000) at any point during the reporting period? reporting period? **E.** Did you hold any reportable positions during the reporting period or No ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" in the current calendar year up through the date of filing? 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 Yes

**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

from this report details of such a trust that benefits you, your spouse, or dependent child?

all three tests for exemption? Do not answer "ves" unless you have first consulted with the Committee on Ethics.

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:	Pageof

BLOCK A						BI C	OCK B	1										BI O	CK C			1					BI O	CK D						BLOCK E
Assets and/or Income Sources					Va	lue o			t								Tyr			ome					A	mοι			com	ne				Transaction
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.  Provide complete names of stocks and mutual funds	If an beca *Coli	nod ot n asse nuse it umn N	alue of a her than et was t genera M is for no inter	n fair m sold o ated ind assets	narket luring come,	value, the re the va	, pleas eporti alue si	se spo ing pe hould	ecify the eriod a be "N	he me and is one."	ethod s incl	used. uded	only	gene 529 colu if re asse	erate t acco mn. D einves ets he	tax-de ounts) Divide sted, eld in	lumns eferred ), you ends, i mus taxak	that l incomay may ntere be ble ac	apply ne (su chec st, an disclo	y. For uch as the the capicology of the capicolo	accounts that 401(k), IRA, or "Tax-Deferred" ital gains, even as income for eck "None" if the eporting period.	may cate Dividence must accommode ac	check gory dends t be ounts.	the of ince of	"None come erest, osed ck "No	by conduction by conduction and as in the conduction by the conduc	umn. checki cap ncon no in	For a ing the ital generated in the ital gen	all other ne appains, r ass was	er ass propri ever ets h earne	sets in iate to n if r neld ed or o	ndicat box b einve in ta: gener	te the below. ested, xable rated.	asset had purchases (P),
(do not use only ticker symbols).																						ın wi	hich y	ou ha	ve no	ıntere	est.							If only a portion of an asset was sold,
For <b>all IRAs</b> and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	A	В	С	D	E	F	G	Н	1	J	K	L	М									1	II	III	IV	V	VI	VII	VIII	IX	Х	XI	XII	please indicate as follows: (S (part)).
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.																																		Leave this column blank if there are no transactions that exceeded \$1,000.
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.																																		
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.																																		
<b>Exclude:</b> Your personal residence, including second homes and vacation homes ( <i>unless</i> 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.																					Farm Income)												*1,000,000*	
If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	l												,000'000						_		ncome or												over	
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.	-		000	000′	000'0	20,000	000'00	000'000'	000'000'51	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	0000'0	Spouse/DC Asset over \$1,000,000					NNS	EXCEPTED/BLIND TRUST	RED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)				00	00	000	000'	000'0	000'000'	000'000'59	000	Spouse/DC Asset with Income	
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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	\$5,000,001-8	\$25,000,001	Over \$50,000,000	Spouse/DC,	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED,	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partner	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,000,\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC,	P, S, S(part), or E
SP, EIF					Х										Х										Χ									S(part)
DC, SP Mega Corn Stock JT Simon & Schuster			Indefinit	to																	Royalties			Х	^									
Examples: Simon & Schuster  ABC Hedge Fund X			muemil	i.c			Х														Partnership			٨		Х								
ADC neuge runu A							^														Income					۸								
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Name:	Pageof

BLOCK A Assets and/or Income Sources					Va	BLO	CK B	set											CK C	ome					Aı		BLO		com	e				BLOCK E  Transaction
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	Α	В	С	D	Е	F	G	Н	I	J	K	L	М									ı	Ш	III	IV	٧	VI	VII	VIII	IX	Χ	XI	XII	
	Nane	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,0001-\$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)	Nane	\$1-\$200	\$201-\$1,000	\$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/DC Asset with Income over \$1,000,000*	P, S, S(part), or E
SP, DC, JT ASSET NAME																																		
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## **SCHEDULE B - TRANSACTIONS**

Name:	Page	_of

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. Exclude 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 assert is sold, please choose 'partial sale' as the type of transaction.  Capital Gains: If a sales transaction resulted in a capital gain income on Schedule A.  *Column K is for assets solely held by your spouse or dependent child.  SP, DC, JT  Asset  SP  Example  Mega Corp. Slock  Type of Transaction  Type of	J K
* Column K is for assets solely held by your spouse or dependent child.  SP, DC, JT  Asset	,00 ,00
SP, DC, JT Asset	Over \$50,000,000 Over \$1,000,000* (Spouse/DC Asset)
Sp         Example         Mega Corp. Slock         χ <td></td>	

#### SCHEDULE C – EARNED INCOME

Name:	Pageof

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.

**INCOME LIMITS and PROHIBITED INCOME**: 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.

	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
Examples:	State of Maryland	Legislative Pension	\$18,000
	Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	N/A

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Name:	Page	of

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.

								ļ	Amoun	nt of Li	iability	/			
SP, DC, JT	Credito	or Lial Incu	Date ability curred O/YR	Type of Liability	901 <b>-</b>	901- 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 o	Wilmington, DE 5	5/20	Mortgage on Rental Property, Dover, DE	\$10,001- \$15,000	\$15,001- \$50,000	\$50,0	× \$100	\$250	\$500	\$1,00 \$5,00	\$5,00 \$25,0	\$25,0 \$50,0	Over	Over (Spo Liabi
				g-g											

#### **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

SCHEDUL	$FF-\Delta$	GREEM	FNTS

Name:	Pageof

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.

Date	Parties to Agreement	Terms of Agreement

### **SCHEDULE G - GIFTS**

Report the source (by name), a brief description, and the value of all gifts totaling more than \$480 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 \$192 or less need not be added towards the \$480 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.

Source		Description		
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$500	

### **SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS**

Name:	Pageof

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$480 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.

	Source		City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	Υ	Υ	N
Examples:	Habitat for Humanity (Charity Fundraiser)	Mar. 3-4	DC-Boston-DC	Υ	Υ	Υ

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

Name:	Pageof

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.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2023	\$2,000
Examples.	XYZ Magazine	Article	Aug. 13, 2023	\$500

FILER NOTE:	S
(Optional)	

Name:	Pageof

NOTE NUMBER	NOTES