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 6, 2019, and April 15, 2020) must file a statement on or before May 15, 2020. <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</u> <u>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 electronic filing system, available at <u>https://fd.house.gov</u>, or in hard copy form on the Committee's website, https://<u>ethics.house.gov</u>. If you are not using the electronic filing system, the extension request must be e-mailed or mailed to the Committee and <u>received</u> by the due date of the report.

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

Filing Instructions for Officers and Employees: 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 following information. Your addres	s and signature <u>WILL NOT</u> be made a	available to the public.
1	(Print Full Name)	(Daytime Telephone)	
1	(Complete A	ddress – Office or Home)	
I	Filer Status: New Member	Candidate New Of	ficer or Employee
I	CERTIFICATION – THIS DOCUMENT MUST BE	SIGNED BY THE REPORTING INDIV	/IDUAL AND DATED
I	The attached Financial Disclosure Statement is required by the Et to any requesting person upon written application and will be revie	,	
I	and willfully falsifies, or who knowingly and willfully fails to file, See section 104 of the Ethics in Government Act (5 U.S.C. app. §§	the attached report may be subject to civil p	
I	bee section for of the Ethics in Government field (5 0.5.0. app. 33	· · · · · · · · · · · · · · · · · · ·	
ï	Certification	Signature of Reporting Individual	Date
I	I CERTIFY that the statements I have made on the attached financial disclosure statement and all attached schedules are true,		
I	complete, and correct to the best of my knowledge and belief.		
	New Members and Candidates must fi	ile a signed original and two photocopies ther ile a signed original and one photocopy thereo	

*****FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW*****

1	Certification	Signature of Certifying Official	Date
Т	It is my opinion, based on the information contained in this		
1	Financial Disclosure Statement, that the reporting individual is in		
	compliance with title I of the Ethics in Government Act (5 U.S.C.		
Ì	app. §§ 101-111).		

	STATES HOUSE OF REPRESENTATIVES	-	FORM B ndidates, and New Employees	Page 1 of
Name:		Daytime Telephone	e:	
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	New Officer or Employee Staff Fil Employing Office: Shared			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? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? 	Yes No	E . Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No
C . Did you or your spouse have "earned" income (<i>e.g.</i> , salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No	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 No
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 No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No
ATTACH THE C	CORRESPONDING SC	CHEDULE 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:

Page____

_ of _____

BLOCK A					BLC	DCK B								В	BLOCK	С												BLOC	ΚD								
Assets and/or Income Sources				Va	lue	of As	set				L		т	уре	of In	ncom	е									Ar	nou	nt o	f Inc	om	е						
ntify (a) each asset held for investment or duction of income and with a fair market value seeding \$1,000 at the end of the reporting period, d (b) any other reportable asset or source of ome which generated more than \$200 in earned" income during the year. wide complete names of stocks and mutual funds not use only ticker symbols).	use a specify If an include be "No *Colur	y the asset ed on one."	metho t was ly beca	d use sold ause i asset	d. durin it gen is hele	g the erated	repor incom	ting p ne, the	value, period value	and shou	is gei IR/ is De is ca dis tax nt gei	A, or 5 ferred pital (close able	29 ac 29 ac 7 colu 9 ains d as accou	count umn. , eve , inco unts.	n if re ome f Chec	i may c lends, einves for as	inte inte ted, sets e" if	rest, and must be held in the asset	asse cap i Che *Col	ets ind i tal ga ck "No	licate l ins, e one" if	the ca ven i no in	atego if reir come	ry of i iveste was	ncom ed, m earne	e by ust b d or g	check e dis enera	ting th close ated.	e app d as i	oropri incoi	ate b ne fo	ox be r ass	low. ets h	Divio eld i	lends 1 taxa	, inter ble a	root
all IRAs and other retirement plans (such as ((k) plans) provide the value for each asset held he account that exceeds the reporting thresholds.			-										1															_									
bank and other cash accounts, total the amount all interest-bearing accounts. If the total is over 000, list every financial institution where there is re than \$1,000 in interest-bearing accounts.	A E	вС	D	E	F	GH	1 1	J	к	LN	Л								I	II	III IV		1	VII VII	ar /111 D	(X	XI	XII	1		I IV	V V			'ear /111 >	X	XI
rental and other real property held for estment, provide a complete address or scription, e.g., "rental property," and a city and te.																																					
an ownership interest in a privately-held iness that is not publicly traded, state the name the business, the nature of its activities, and its ographic location in Block A.																		Farm Income)																			
clude: Your personal residence, including second nes and vacation homes (unless there was rental ome during the reporting period); and any incial interest in, or income derived from, a federal rement program, including the Thrift Savings n.																		Partnership Income or F																			
rou report a privately-traded fund that is an epted Investment Fund, please check the "EIF"									0	¢1 000 000*	000,000,14					ST		pecify: e.g., Par										\$1,000,000*									
ou so choose, you may indicate that an asset or ome source is that of your spouse (SP) or vendent child (DC), or jointly held with anyone), in the optional column on the far left.	c	0.15.000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$1.000.001-\$5.000.000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	2010	NONE	SOL		ST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	LENNED	Other Type of Income (Specify: e.g.,			2.500	,501-\$5,000	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	DC Income over		000	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	\$5.000.000
 a detailed discussion of Schedule A uirements, please refer to the instruction booklet. 	None	\$1-\$1,000 \$1 001-\$15 000	\$15,001-	\$50,001-	\$100,007	\$250,00	\$1.000.0	\$5,000,0	\$25,000,	C not 150	NONE	DIVIDENDS	RENT	INTEREST	CAPITAI	EXCEP1	IAA-UE	Other Ty	None	\$1-\$200	\$201-\$1,000 \$1,001-\$2.500	\$2,501-\$	\$5,001-\$15,000	\$15,001-	\$50,001-	\$1,000,0	Over \$5,	Spouse/DC	None ******	\$1-\$200	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-	\$50,001- \$100.001	\$1,000,0	Over \$5,
EIF Mega Corp Stock				х								х								х										>	c						
Examples: Simon & Schuster		In	Idefinite															Royalties				Х											Х			F	
ABC Hedge Fund X						х												Partnership Income					Х											Х		╞	
				-															_		+															╞	

Use additional sheets if more space is required.

.

SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name:

Page_____ of _____

BLOCK A							BL	.OCK	КB					T				E	BLOC	кс													E	BLOC	K D)									
Assets and/or Income Sources						Va	lue	of	Ass	et							Ţ	уре	ofl	Inco	me											Am	oui	nt o	f In	COI	me								
	А	E		0	D	E	F	G		I	J	K		м									_	_			Cu	rre	nt Y	ear						_	_	Р	rec	edir	ng `	Yea	r		
	A	E			U	E	F	G	Н	'	J	К	_	Ĩ								, Đ	ne)	T	Ш	\	V	VI	VII	VIII	IX	Х	XI		I	II	III	IV				VIII		X	XI
	None	¢1 ¢1 ∩00	\$1-\$1,000 \$1 001 \$15 000	000,614-100,14	\$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 Incon	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	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000*	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	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000
, ASSET NAME EIF																																													
																																						_						+	
								-						+		_																		_			$\left \right $	_				+			
			-	-				-						+											_									_			\square	_				+			
				-				-						+																				_				_		_		+		+	
								_						+																				_				_		_		_			
	╞		+					-				+		┨											+									-			\vdash	-		\rightarrow				-	

Use additional sheets if more space is required.

. .

SCHEDULE C – EARNED INCOME

Name:

Page____

of

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 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845. 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.

		-	An	nount
	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

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name:

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. 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				
			Date		A	В	С	D	E	F	G	Н	I	J	К
SP, DC, JT		Creditor	Liability Incurred MO/YR	Type of Liability	\$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	5/19	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:

of

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 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.**

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

Use additional sheets if more space is required.

FILER NOTES	
(Optional)	

Name:	Page of

NOTE NUMBER	NOTES

Use additional sheets if more space is required.