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 4, 2020, and April 15, 2021) must file a statement on or before May 17, 2021. <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 17, whichever is later, but not less than 30 days before the primary or general election. Candidate filers also owe a report each subsequent May 17 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 electronic filing system, available at https://ethics.house.gov, or in hard copy form on the Committee's website, https://ethics.house.gov. If you are not using the electronic filing system, the extension request must be e-mailed or mailed to the Committee and **received** 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

<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 following information. Your address	and signature <u>WILL NOT</u> be made av	ailable to the public.
(Print Full Name)	(Daytime Telephone)	
(Complete Ad	dress – Office or Home)	
Filer Status: New Member	Candidate New Offi	icer or Employee
CERTIFICATION – THIS DOCUMENT MUST BE S	SIGNED BY THE REPORTING INDIVI	IDIIAI. AND DATED
The attached Financial Disclosure Statement is required by the Etl to any requesting person upon written application and will be review 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. §§ 1	ved by the Committee on Ethics or its designee the attached report may be subject to civil pe	e. Any individual who knowingly
Certification	Signature of Reporting Individual	Date
I CERTIFY that the statements I have made on the attached financial disclosure statement and all attached schedules are true, complete, and correct to the best of my knowledge and belief.		
	e a signed original and two photocopies there e 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 Statement, that the reporting individual is in		

compliance with title I of the Ethics in Government Act (5 U.S.C.

app. §§ 101-111).

UNITED S	STATES HOUSE OF REPRESENTATIVES	,	FORM B	Page 1 of								
FINANCIAL	L DISCLOSURE STATEMENT	For New Members, Ca	andidates, and New Employees	1								
Name:		Daytime Telephone:	;									
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	Filer Type (If Applicable): ed Principal Assistant	Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.								
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS												
a. Own any end of the b. Receive r	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? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes No No No No No No No No No N											
C. Did you or y honoraria, or p reporting perio	your spouse have "earned" income (<i>e.g.</i> , salaries, pension/IRA distributions) of \$200 or more during the od?	s No outsid	old you have any reportable agreement or side entity during the reporting period or in rup through the date of filing?									
	our spouse, or your dependent child have any reportable than \$10,000) at any point during the reporting period?	3 1.40	old you receive compensation of more that the source in the current year and two prio	TES I INU I I								
			DULE IF YOU ANSWER "YES									
	THIS FORM INCLUDES ONLY T	THE SCHEDULES TH	AT YOU ARE REQUIRED TO) COMPLETE								
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS												
	etails regarding "Qualified Blind Trusts" approved by the Committee ort details of such a trust that benefits you, your spouse, or depende		excepted trusts" need not be disclosed.	Have you excluded 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.											

SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name:	Page	of

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BLOCK A						BLOC	ЖВ									BL	OCK	С													BLO	CK [D										
Assets and/or Income Sources					Valu	ue of	f As:	set							Ту	ре	of In	nco	me										Αı	noı	ınt e	of I	nco	me									
Identify (a) each asset held for investment o 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 o income which generated more than \$200 is "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	of If a include be 's	ecify the an assoluded "None	he me set v only e."	ethod was s becau	used. sold d use it	during genera	the rated in	repor ncom	ting ne, the	period e valu	od. If you e, pleas d and le shou epende	is cild d	RA, o efer apita isclo	or 529 red" (al gai osed le ac ated	accountins, as	ounts; nn. C even incoi nts. (), you Divide if re me f	u ma lend: reinv for k "N	y checks, into rested asset	counts that as 401(k), kk the "Tax- erest, and , must be s held in f the asset e reporting	ass cap Che *Co	ets ir ital g eck "N	ndica gains None	te the	e cate en if r	egory reinv me w	of in estection	come d, mu arnec	e by ıstb dorg	chec e dis ener	king clos ated.	the a	C, yo appro as inc	opriat come	te bo:	x bel asse	low. I	Divid eld i	dends n tax	s, in cable	teres	st, an	nd
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	d																															_											
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.	nt A	В	С	D	Е	F	GН	1 1	J	К	L	Л									I	II	III	IV		_	Yea	-	X	XI	XII	I	II	III	PI IV		_	ng Y	_	r IX	х	XI X	ΚII
For rental and other real property held fo investment, provide a complete address o description, e.g., "rental property," and a city and state.	or																																										
For an ownership interest in a privately-hel business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	е																			arm Income)																							
Exclude: Your personal residence, including second homes and vacation homes (unless there was renta income during the reporting period); and any financial interest in, or income derived from, a federa retirement program, including the Thrift Savings Plan.	al y al																			Partnership Income or Farm Income)																							
If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF box.											***************************************	\$1,000,000						ST		oecify: e.g., Par											\$1,000,000*											*000000	\$1,000,000°
If you so choose, you may indicate that an asset o income source is that of your spouse (SP) o dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	or	0	15,000	\$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 a		DS		TS.	. GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g.,			000	2,500	2,000	15,000	\$15,001-\$50,000	\$100.001-\$1.000.000	\$1,000,001-\$5,000,000	000,000	Spouse/DC Income over			000	2,500	2,000	15,000	\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	000,000	Spouse/DC Income over \$1,000,000
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet	None N	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-	\$100,001	\$550,001	\$1,000,00	\$5,000,00	\$25,000,0	Over \$50	nasnods	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPT	TAX-DEF	Other Ty	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$100,001	\$1,000,00	Over \$5,000,000]/esnodS	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001	\$100,001	\$1,000,00	Over \$5,000,000	Spouser
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SCHEDULE A – ASSETS & " UNEARNED

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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	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,000,1\$-100,000	\$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	\$5,001-\$1,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000 Sportse/DC Income over \$1,000,000*	huase
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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 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 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 for Members and senior staff.

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

							A	moun	t of Li	ability				
		Date		А	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
	Example First Bank of Wilmington, DE	5/20	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 **two** previous years.

Position	Name of Organization

			Name:	Pageof		
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	late, parties to, and general terms of any agreement or arra or deferral of payments by a former or current employer oth					
Date	e 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 two 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, State		Accounting Services			

SCHEDULE F - AGREEMENTS

FILER	NOTES
(Optio	nal)

Name:	Page	_of

NOTE NUMBER	NOTES