

DEC 11 2017

LEGISLATIVE RESOURCE CENTER

17 DEC 15 AM 11:03

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES



(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

Name: Michael H. Davis Daytime Telephone: _____

New Member of or Candidate for U.S. House of Representatives State: PA District: 15
Candidates - Date of Election: May 15, 2018

Check # Amendment

FILER STATUS
 New Officer or Employee
 Employing Office: _____

Staff Filer Type (if applicable):
 Shared Principal Assistant

Period Covered: January 1, 2016 to November 30, 2017

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? **or**
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 (e.g., 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 CORRESPONDING SCHEDULE 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: Michael H. Pries Page 2 of 6

BLOCK A Assets and/or Income Sources			BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income																															
SP, DC, JT	EE	Examples: Major Corp Stock Simon & Schuster ABC Hedge Fund	A	B	C	D	E	F	G	H	I	J	K	L	M	None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year																		
			\$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									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII				

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: Michael H. Pries

Page 4 of 6

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 income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. 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.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
<small>ABC Trade Association, Baltimore, MD (July 15)</small> <small>State of Maryland</small> <small>Carl Vinson Foundation (Oct. 2)</small> <small>Ontario County Board of Education</small>	<small>Honorarium</small> <small>Salary</small> <small>Spouse Speech</small> <small>Spouse Salary</small>	<small>\$2</small> <small>\$20,000</small> <small>\$0</small> <small>N/A</small>	<small>\$500</small> <small>\$76,000</small> <small>\$7,000</small> <small>N/A</small>
Daphin County	Salary	\$98,750	\$105,600
Your Dream Dress	Spouse Salary	N/A	N/A

Additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Michael A. Pries

Page 5 of 6

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.

SP, DC, Jr	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/88	Mortgage on Rental Property, Dover, DE				X							
	One Main	3/2013	Personal Loan		X									

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
Board Member (uncompensated)	Gemmas Angels
Board Member (uncompensated)	Hershey New Years Committee
Board Member (uncompensated)	Penn State - Harrisburg Board of Advisors
Board member (uncompensated)	County Commissioners Assn. of PA - Community and Economic Development Committee

*Spouse is required.

SCHEDULE F - AGREEMENTS

Name: Michael H. Pries

Page 6 of 6

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
2/32	Myself and Dauphin County, PA	County Pension

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, Homestate	Accounting Services

Use additional sheets if more space is required.