#### PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS in the current calendar year up through the date of filing? Name: Museum Dearde Lugtesmeyes 2020 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES 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 all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. contact the Committee on Ethics for further guidance. 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 E. Did you hold any reportable positions during the reporting period or D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: 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? exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction reporting period REPORT TYPE STATUS b. Receive more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the FLER end of the reporting period? or asset during the reporting period? 2020 Annual (Due: May 17, 2021) House of Representatives Member of the U.S District State: Missourt × S Y SE Yes Yes Xes No Daytime Telephone: Amendment Z Z 중 Ş For Use by Members, Officers, and Employees X F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single year up through the date of filing? source during the reporting period? Employee Officer or Employing Office Date of Termination: Termination A \$200 penalty shall be assessed appinst any individual who files more than 30 days rate. LEGISLATIVE RESOURCE CENTER 202[9009 Use Only) 202[900 15 AH 9: 20 CONTROL OF THE PROPERTY OF THE Shared Staff Filer Type: (If Applicable) ¥88 ₹ **¥ 8** ¥98 ¥es 8 <u>₹</u> Principal Assistant Z ᇂ Z Page 1 of 4 중 8 Ş X X X

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & " UNEARNED

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				,			/ N	_	- 5				=			Mega Corp. Stock	Asset	Capital Gains: if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.  *Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income, include transactions that dependent child for investment or the production of income, include transactions that resulted in a cepital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your apouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is add, please choose 'partial sale' as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
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### SCHEDULE C - EARNED INCOME

Name WILLIAM DIAM'S LIGHTSMAN Page 5 of 9

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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 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 henoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	the Social Security Act. sated at or above the "senior-staff" rate was \$2 dary relationship) are totally prohibited.	28,845. The 2021 limit is \$29,595.
Source (include date of receipt for honoraria)	Туре	Amount
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#### SCHEDULE D - LIABILITIES

Name: WILLIAM BRAINS LUSTESASSIEN PAGE

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 \$10,000. \*Column K is for liabilities held sajety by your spouse or dependent child. 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 owned to you by a spouse or the child, perent, 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

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		North		First Bank of Wilmington, DE	Creditor		
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#### 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
Wensy	2 Oppress Taylestment LLC
Mambre	Com Ross Abuse LAC
Mentes	LAKTONIAN LOVIN CO LLC

#### SCHEDULE F - AGREEMENTS

Name WILLIAM BLANG LASTICEMEN AC

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
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1.99	99 STATE OF MISSOURI	Detentes Vernosusti Brushi
		the supromee of State of Missouri

#### SCHEDULE G - GIFTS

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 \$166 or less need not be added towards the \$415 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. Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude:

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

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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identify the source and list travel litnerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$4.15 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the travelar 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 Giffs 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	Date(s)	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-Beijng, Chine-DC	*	٧	z
Examples:	Habitat for Humanity (Charity Fundral ser)	Ne. 34	DC-Beston-DC	γ	٧	<b>Y</b>
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## SCHEDULE I -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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Name William Brains LIVETKINGUE PAGE of 9

					Monda	Article Aug. 13, 2020	Association of American Associations, Washington, DC Speech Feb. 2, 2020	Source Activity Date Amou	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.
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