

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

For New Members, Candidates, and New Employees

FORM B

Name: ARTURO P. REYES Daytime Telephone: _____

2022 JUN 22 AM 11: 02

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

FILER STATUS <input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives <input type="checkbox"/> Candidates - Date of Election: _____ <input type="checkbox"/> New Officer or Employee <input type="checkbox"/> Employing Office: _____	State: _____ District: _____	<input type="checkbox"/> Check if Amendment	Period Covered: January 1, <u>2022</u> to <u>DECEMBER 31, 2022</u> A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	Staff Filer Type (if Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant		

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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 F - AGREEMENTS

Name: ARTURO P. REYES Page 6 of 7

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
NA	NA	NA

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
<i>Example:</i> Doe Jones & Smith, Hometown, State	Accounting Services
1. SUMMER PALACE	EMPLOYMENT
2. EXECUTIVE ONE PROTECTION	EMPLOYMENT
3. U.S. NAVY, RETIREMENT	RETIREMENT / PENSION
4. SOCIAL SECURITY ADMINISTRATION (PENSION)	RETIREMENT / PENSION
5. U.S. DEPT VET ADMINISTRATION	DISABILITY / PENSION

Use additional sheets if more space is required.

Friends of REYES

REYES for U.S. Congress * Hawaii District I

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Waipahu Hawaii 96797

Email: arturomalapr804@yahoo.com

(808) 745-8657

Date: 6/6/2022

Office of the Clerk,

U.S. House of Representatives Legislative Resource Center

B-106 Cannon House Office Building

Washington, DC 20515-6601

Dear Madame Clerk: (Select One)

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I Over \$5,000 must file a Financial Disclosure Statement with the Clerk of the House of Threshold Not Representatives according to the deadlines set out on page 2 and 3 of the Financial Exceeded Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk. OR This is to notify you that under the laws of the state of Hawaii USA.

*Attached
AR*

Sincerely,

Arturo P. Reyes



Candidate

U.S. House of Representatives Hawaii District