

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

LEGISLATIVE RESOURCE CENTER

2022 JUN 27 AM 10:53

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Name: Phillip Owen Wood

Daytime Telephone:

New Member of or Candidate for U.S. House of Representatives
State: Illinois
District: 8th
Candidates - Date of Election: June 28, 2022

Check if Amendment

FILER STATUS

New Member of or Candidate for U.S. House of Representatives

New Officer or Employee

Employing Office:

Staff Filer Type (if Applicable):

Shared

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 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 C - EARNED INCOME

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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 \$28,945. The 2021 limit is \$28,595. 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.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filings	Preceding Year
<small>ABC Trade Association, Baltimore, MD (Mar. 18)</small> <small>State of Maryland</small> <small>Chesapeake Biological, Oct. 21</small> <small>Ottawa County Board of Education</small>	<small>Honorarium</small> <small>Salary</small> <small>Spouse Speech</small> <small>Spouse Salary</small>	<small>\$0</small> <small>\$20,000</small> <small>\$0</small> <small>N/A</small>	<small>\$500</small> <small>\$24,000</small> <small>\$3,000</small> <small>N/A</small>
DuPage County Health Department	Salary	12,079	51,097
Meyer Clinic	Salary	13,932	2,375
Fellowship Church	Salary	6,250	15,000
(SP) Glenbrook Twp H.S. District 87	Spouse Salary	0	5,003
(SP) West Chicago Elem SD 33	Spouse Salary	26,250	50,550
(SP) I.M. R.F. Retirement	Spouse Retirement	1,600	1,200

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

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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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability											
				A	B	C	D	E	F	G	H	I	J	K	
	Example First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE				X								
55	US BANK	8/07	Mortgage on Rental Prop Car 1 System				X								
55	Select Portfolio (SIS)	12/16	Mortgage on Rental Prop Elev Elevator				X								
55	DIFACE CREDIT UNION	11/19	Revolving Charge Acct.		X										
	GREAT LAKES BORROWING	9/09	GRAND PARENT PLUS STUDENT LOANS				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
Member	Health Counselor
	Dodge County Health Department, Weston, IL 60187

Use additional sheets if more space is required.