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 **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 "yee" 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 Name William Grains 2023 FINANCIAL DISCLOSURE REPORT from this report details of such a trust that benefits you, your spouse, or 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 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., salarles, B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? honoraria, or pension/IRA distributions) of \$200 or more during the A. Did you, your spouse, or your dependent child: exceeding \$1,000 during the reporting period? FILER STATUS TYPE TYPE a. Own any reportable asset that was worth more than \$1,000 at the Receive more than \$200 in unearned income from any reportable end of the reporting period? or set during the reporting period? 2023 Annual (Dise: May 15, 2024) House of Representatives Member of the U.S <u> Lubткели</u> Daytime Telephone: <u>673-493-2395</u> State: MISSOURI **※** × × × ğ X X No Amendmen 좋 Z 8 3 For Use by Members, Officers, and Employees H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$480 in value from a single source during the reporting period? F. Did you have any reportable agreement or arrangement withan outside entity during the reporting period or in the current calendar G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$480 in value from a single 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 spasoch, appearance, or article during the source during the reporting period? year up through the date of filing? reporting periods Form A **Employee** Officer or Employing Office Date of Termination: Termination A 1900 ATTOM GENETAL Sylvessed against any individual with Markaton Attages of days late. HAND DELIVERED LEGISLATIVE RESOURCE CEVIER (Office Use Only) 2024 APR 30 AH 11: 06 Shared Staff Filer Type: (If Applicable) ¥**8**5 **78 ₹** 쭗 **7**88 ¥ × × 좋 Principal Assistant 중 ₹ Z 종 20 ₹ Page 1 of <u>//</u> X X X X X

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SCHEDULE B - TRANSACTIONS

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"SCHËDULE 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 a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See exemples below. INCOME LIMITS and PROHIBITED INCOME: The 2023 limit on outside earned income for Members and employees compensated at or above the "sertior staff" rate was \$31,815. The 2024 limit is \$31,815. In EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

משמשטון, עפוזפווו זאָר	Source (include date of receipt for honoraria) Type Type	relationship) are totally prohibited.	A
	Koone State	Approved Teaching Fee	SECON III
Examples:	State of Maryland	Legislative Pension	\$18,000
	Civil Wer Roundtable (Oct. 2)	Spouse Speech	\$1,000
	Ordano County Board of Education	Spouse Salary	NA
SATE	Sars of Missour	Perinsment Booser	12.600
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SCHEDULE D - LIABILITIES

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Name William Blank hiver sage le Page 8 of

Report liabilities of over \$10,000 owed to any one creditor at any thing the reporting period by you, your spouse, or your dependent child. Nark the highest amount owed during the reporting period. Nambers: Nambers: Nambers 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); lears 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 class of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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		1	Ехатрю			
	None		First Bank of Wilmington, DE	Creditor		:
			5/20	Date Llability Incurred MO//R		
			Montgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	6 7	
				\$60,001- \$100,000	G	
			×	\$100,001- \$250,000	•	
				\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	71	OF L
				\$1,000,001- \$5,000,000		Amount of Liability
				\$5,000,001- \$25,000,000	=	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	•	:
				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an efficar, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any conjunation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution either 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
Mina.	2 GROTTERS INVESTINGATI LLC
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Mem Bes	LEPTOVER LAND CO. LAC
Mem Best	FROTHIUS HALDINGS LLC
Mentin	maco Hospins Lic

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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

Date	Parties to Agreement	Terms of Agreement
80-0	STOTE OF MISSIMI	LEGISLATOR'S RETIREMENT BEAUTIT
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1-95	STATE OF MISSOURI	Didences TEAMERSON BON STIT
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SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$480 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbylist 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 \$192 or less need not be added towards the \$480 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.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior detairmination of personal friendship received from the Committee on Ethica)	\$500
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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paid by you and reimbursed by the sponsor. identify the source and list travel timenary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$480 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts 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(e)	City of Departure-Destination-City of Return	Lodging? (YIN)	Food? (Y/N)	Family Member Included? (Y/N)
Coverament of China (MECSA)	Aug. 6-11	OC-Bellett, China-OC	4	٧	22
Helitat for Humanity (Cherty Frindrebar)	He, 14	DC-Restan-OC	≺	¥	۲
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SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	f an event to a charifable organization in lieu of paying an honorarium to you. A separate	in lieu of paying an honorari	um to you. A separate
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech	Feb. 2, 2023	\$2,000
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FILER NOTES (Optional)

Name MILLIAM ENGINE LUST KESASYAL F

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