Form A

			7071 y (Office Use Only)	
3			C11151 -1 13115:	01 1.10
Name: ISALL + OSES	Daytime Telephone: 32 \	nome: 32 \ 505 9804	THE CT THE WEST OF THE STREET	paged against any than 30 days late.
FILER STATUS Member of the U.S. State: House of Representatives District:	W.	Officer or Employing Office:	Staff Filer T	Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT 2023 Annual (Due: May 15, 2024)	Amendment	Termination Date of Termination:	mination:	
PRELIMINARY INFORMATION ANSWER EACH OF T	THESE QUESTIONS			_
A. Did you, your speuse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting pariod? OI b. Receive more than \$200 in unearned income from any reportable asset 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?	arrangement with an the current calendar Yes	X 8 1
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Vee No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$480 in value from a single source during the reporting period?	ld receive any es le frem a single	No X
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	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?	nild receive any fairing more than Period?	₹
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Ves No	I. Did any individual or organization make a donation to charity in tieu of paying you for a speech, appearance, or article during the reporting period?	nation to charity in Yes	No X
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		IE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	NSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDE	DEPENDENT, OR TRUST INFORMATION		ANSWER EACH OF THESE QUESTIONS	SNC
IPQ - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If contact the Committee on Ethics for further guidance.	al Public Offering during the	reporting period? If you answered "yes" to this question, please	estion, please Yes	₩ ※
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?	mittee on Ethics and certain spendent child?	other "excepted trusts" need not be disclosed. He	ave you excluded Yes	™
EXEMPTION Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a speal three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	erned" income, transactions, neutted with the Committee	, or liabilities of a spouse or your dependent child bacause they meet on Ethics.	because they meet Yes	₩

Γ-	404	1	Ļ	F		1		8,2	שמי של שות	STATE OF	7 49 22 22 70	65	67 es	283	<u> </u>	7
느					٥	4			Excludes: Your personal residence, including second homes and vacablen homes (unless there was make income during the reporting period); and any filmencial interest in, or income derived from, a faderal relievment program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted fivestment Fund, please check the "EIF" box. If you so the Fund, please check the "EIF" box. If you so the fund, please check the "EIF" box. If you so the privately-traded fund that an asset or income source is that or your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please rafer to the instruction bookiel.	provide a complete address or description, e.g., "restall property," and a city end state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of the business, the nature of the activities, and to geographic location in Block A.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For ranks and other real accounts hald for investment	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reconfine thresholds	urse generated more user actu en "uneterned encome during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbole).	production of income and with a fair market value exceeding \$1,000 at the end of the reporting period and (b) any other reportable seed or source of income	} >	1
	Bos	K	a	K	JQ.		examples:	1	white and a series of the country of			188		34.0	Assets and/or income Sources	I
SOCIETY E	K	SOCIONEE	PARTICIPATIONS	の文を文を正	1	<u> </u>	- 5	Ь				3	중말 다음	105		1
E		4	5]		E	American	A STATE OF S		Š Š Č		8 2 3	<u> </u>	1
	PRIDE.	2	E	9		Ìġ	Sign	H.	berien s'The state or k				nes de	income and with 1000 at the end of ter reportable asset	2	8
IK.	E	5	Э	K	71346	ABC Heage Fund	Simon & Schuster	Mens Com. Stock	on be story	of a or	85 F 2			2 2	7	BLOCK A
M	E	n	Z	Ď,		Ę	E	8	who will be to cook			4		0 F =	Scome Sources	7
-		-	B	Fr	16	×	1	P	Section of the sectio			2 ° °	2 2	a fair market value the reporting period, it or source of income	ý	ı
14	2	7,	1	1	Y			Н	The work of the second of the		100	1 2 2		252	Į	1
1,	9		 	1	3			П		20 e E	350	2 Z (E		28		ı
						×			en (JT) or be mental			7 <u>2</u> 3		n d	2	ı
		Γ		Τ	Ī	Г			tóne		,		ફૂં ડું		į.	7
	Γ			Γ					1-\$1,000		0	,	*Column M is for sea you have no interest.			ı
			Г	Γ					1,001-\$15,000	··.		,	3 2 4		<u>.</u>	ı
1-	⊢	┝┈	⊢	┼╌	+	┢┈	- ₽	-				-				ı
									15,001-850,000	·		'		0 A B	i.	ı
			X					X	i0,001-\$100,000		π	1			\$	ſ
	X	1		Γ	X	1			100,001-\$250,000		-	,	*Column M is for assets held by your spouse or dependent child in which you have no interest.	method other than fair market value, please specify the method used. If an esset was sold during the reporting period and is included only because it generated income, the value should be "Norse".	Value of Asset	2
	Ţ,	Ī		Π	T	×	1		50,001-\$500,000	 	-	5	# P	9	2 5	
	Н			-	T	t	1	1	000,001-\$1,000,000		3	: 1			6	1
- -	 		_	-	╁╴	╂╼	╁	\vdash	,000,001-85,000,000			-	or o	0	*	ł
┠╌	├	├		┝	╁	┢	-		(000,001-\$25,000,000			1	3		<u>.</u>	ı
⊩⊣	_		<u> </u>	-	₩	<u> </u>	-	\vdash				-	<u> </u>			ı
1-	L.,			<u> </u>	↓_	▙	<u> </u>		5,000,001-850,000,000			-	Ě	notuded only		1
				L		<u> </u>	<u> </u>		## \$50,000,000			1	5			ı
							<u> </u>		ouse/DC Asset over \$1,000,000*				<u> </u>	3 5		l
\mathbf{L}	X								ONE				2 2 2	8 8 8	}	1
П								×	VIDENDS				if reinvested, must be disclosessets held in taxable accounts, asset generated no income during		F Ł	
			X		X				ENT TAKE		***				- <u>}</u>	Ī
	_			-			Г		TEREST			1	288	6 6 6	Ţy	ı
H				<u> </u>	_	┢┈	╁╌	-	NPITAL GAINS		· 	1	200	# 3 3 3 8 3 3 3	Type of Inco	إ
\vdash				-	╁	┡	\vdash		CCEPTED/BLIND TRUST			-{	9 8 8	7 2 3 2	ofina	₹
\vdash				-	╁╌	├	-		··· ······			-	3 5	異なら	-	ì
						İ			WOEFERRED				ed as income for Check "None" If the the reporting period	8 2 6 3	7 ₹	ı
						Partner	₹		ter Type of income			7	공구로 유강호	E 기출 8	ľ	ł
						Partnership Tuzanne	Boyattes		pecify: e.g., Partnership Income or Farm Income)				2 2 3	1(k), JRJ ex-Defe		ı
						"							eed as income for t. Check "None" if the the reporting period.	axoouns ne 01(k), IRA, or Tex-Defenda		ı
	Z			_					nè		·			203 3		1
	-				_		\vdash	\dashv	\$200	 -		1		NO ON R		
▛╌┥	\neg			- -	\vdash	\vdash	×		01- \$ 1,000		=	1	X CO			ı
┞┤					\vdash	-	\vdash	×	001-\$2,500		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1 8	7 9 9			
	-	-		_	$\vdash\vdash$	×		_	501-\$5,000			1		* A 2 2	¥	
├ ─┤			X			Ļ.		$\overline{}$	001-\$15,000	 -		-	3 38		. 2 .	
┡	_	\dashv			Z			X			<u> </u>	•	O Ing		Int. of In	
├ ─┼	_	_	_					-4	5,001-\$50,000		≦	4		8 2 F K		1
┡┵	_4				Ш		Щ	_	1,001-\$100,000		<u> </u>	4	must be disclosed as income for assets held in tooshi accounts. Check "None" if no income was earned or generated. "Column XII is for essets held by your spouse or dependent child in which was have no interest."	For assession which you checked "Tax-Spriemed" in Block C, you may otherk the "Morre" column. For all other assess Indicate the category of income by checking the appropriate box before category of income by checking the appropriate box before the category of income to category and in the category of	Amount of Income	l
┡—					Щ		Щ]	10,001-\$1,000,000		束					1
									000,001-85,000,000		×		4 5 to 1			
]					_]	= \$5,000,000		<u> </u>	1	ed in tecab or generated apendent chi	in Block C, you the indicate that the box below if relinvested.		l
								$oldsymbol{\mathbb{I}}$	ouse/DC Asset with income over \$1,000,000*		뀰			9 5 0		
	T							Span			that that	If only a portion of an asset was wild, please indicate as follows: (8 (nert))	exchan exceed in the n	D and	5	
		1	-	!				æ			De arte		A POR	Indicate if the asset had purchases (P), nates (S), or		
								Í			Leave this octawn blank if there are no transactions that exceeded \$1,000.	If only a portion o an asset was sold please indicate a follows: (S (navi))	exchanges (E) exceeding \$1,000 in the reporting period.	ٷ ٷ ٷ	Fransaction	1
											. 5 d	\$ \$ \$ \$ \$ \$ \$ \$	-8_		3	I

_	7	_	7	_	_	Τ-	7	+-	Ţ	_	+	—	Ū	己	E			500		
L	╄	┺	4	4	↓_	4-	_	_	1	4_	┺	┷		١		1		58.		
													ROCKLENGE	106 ECO.	TRUSTE	MA STACK	MONTH TON	ASSET NAME	•	BleckA Assets and/or income Sources
									i				Apoly	2000	220	10 BA	KANK	NAME		ome Sou
Ŀ	L	L			$oldsymbol{\perp}$		_		_		L	┸	N. C.		0,00	13		<u> </u>		89
⊢	╄	╄	+-	+-	┼-	+-	<u> </u>	+	+-	┿	╇	+		1	<u> </u>	╄	Ļ	Ġ	T	
┡	\vdash	╀	-	+	┿	┼-	+	+	-	╄	4_	ļ	 	17	١_	_	-	!	None >	
	↓_	╀	╄	┿	╀	┼-	\bot	4	╄-	╄	╄-	_	╄	↓_	╙	↓_	╄		\$1-\$1,000 @	
<u> </u>	L	<u> </u>	↓_	\perp	╀	╀_	1	↓_	igspace	ot	_	↓_	↓_	igspace	┖	L			\$1,001-\$15,000 C	
_	_	<u> </u>		┖	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	1_					<u> </u>		_			L			\$15,001-\$50,000	
	╙	<u> </u>	_	┖	丄	1_	Ь.		<u> </u>	_	<u></u>	┸	╙	L	X	_	X		\$50,001-\$100,000 m	≨
		┖	丄			L		↓.	<u> </u>		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	L	L	Ľ	1_	X	_	٠	\$100,001-\$250,000	15 E
ᆫ		上		_	1_	\perp		_	<u> </u>				L	L	L	L			\$250,001-\$500,000° c	BLOCK B Value of Asset
L	<u> </u>			$oxed{}$	_	_	<u> </u>	_		匚		L	<u> </u>	<u></u>		L			\$500,001-\$1,000,000 ±) š
L	L.	L		L	<u> </u>		<u> </u>			上			<u> </u>			L			\$1,000,001-\$5,000,000	
		_				<u> </u>			<u> </u>	$oldsymbol{ol}}}}}}}}}}}}}}$				L		L			\$5,000,001-\$25,000,000	1
		L	L			<u> </u>							L			L	_		\$25,000,001-\$50,000,000	
												L.							Owr \$50,000,000 -	
	<u> </u>		<u> </u>	<u>L</u>															Spouse/D.C. Asset over \$1,000,000° gz	
													X	X					NONE:	
																			DIVIDENDS	
																			RENT	
															X	X	X		INTEREST	Тyg
						Π													CAPITAL GAINS	0 E
																			EXCEPTEDIBUND TRUST	BLOCKS of Inc
																			TAX-DEFERRED	BLOCKS Type of Income
							1	1	Г										Other Type of Income	
																			(Specify: e.g., Partnership Income or Farm Income)	
													X	X					None —	
				L												X	X		\$1-\$200 1 =	
																			\$201-\$1,000 =	
										\Box									\$1,001-\$2,500 2	>
						Ĺ													\$2,501-\$5,000 <	a 1
																			\$5,001-\$15,000 ≤	BLOCK®
																			\$15,001-\$50,000 ≦	를 X
																			\$50,001-\$100,000 <u>\$</u>	<u> </u>
						L													\$100,001-\$1,000,000 g	8
																			\$1,000,001-\$5,000,000 ×	
																			Over \$5,000,000 🔀	
																			Spouse/DC Asset with Income over \$1,000,000"	
																			P. S. Stylings, or E.	BLOCK E Transaction
																			Q	d m

Name: BILL FOSEY

Page 3 of 10

Rennet any Currences sale or exchange instrumenting that accounted of DOS is the	; ;			1	ĺ	I		ĺ						
reporting period of any security or real property held by you, your spouse, or your	Type of Transaction		Date		7]	A	nunt	of In	Amount of Transaction	5			
resulted in a capiel law. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or depending children, or the		Exceed		>	60	ဂ	0	m	71	6	<u> </u>	_	<u>-</u>	*
pyrichase or sale of your personal residence, unless it generated rental income, if only a portion of an asset is sold, please choose "pertial sale" as the type of transaction.		pital Gain	(MODAYR) Ouritory	•									_	
Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, offseld the 'Capital gains' box, unless it was an asset in a tax-determed eccount, and disclose the capital can income on Schedule.	i Sale		Monthly, or Bi-				101- 100					0,001- 0,000 ————	50,000,00	1.000,000 ±0C
* Column. K. in for assets solely held by your spouse or dependent child.	Pun Sale Pari	End Che \$200		\$1,0 \$15,0	\$15,0 \$50,0	\$50,0 \$100	\$100 \$250	\$250, \$500,	\$500, \$1,00	\$1,00 \$5,00	\$5,00 \$25,0	\$25,0 \$50,0	Over	Over S (Spour Asset)
SP, DC, JT Asset						,	·							- 1
gp Example Nega Corp. Stock	x {	×	39/23		×							_		
このされ													_	-
												_		
											ļ 			
	,					,								
										L		<u> </u>		
											ļ 			
											<u> </u>			₹ .
									ļ					
												ļ		
		-							L	L				L

SCHEDULE C - EARNED INCOME

Page S of LO

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 examples below. EXCLUDE: Military pay (such as National Guard or Reservs pay), federal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROHIBITED INCOME: The 2023 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was\$31,815. The 2024 limit is \$31,815. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a flutuary relationship) are totally prohibited. FLORIDA LEGISLATURE Examples: State of Maryland Keene State Ontario County Board of Education Civil War Roundtable (Oct. 2) Source (include date of receipt for honoraria) PENSION Approved Teaching Fee Legislative Pension Spouse Salary Spouse Speech Турю との。のこ Amount \$8,000 \$18,000 \$1,000 Š

SCHEDULE D - LIABILITIES

Name: BILL Topes

Page 6 of 10

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. 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 \$40,000. "Column K is for liabilities held solely by your spouse or dependent child.

Γ.	T	Τ-		ſ	Г	T		
		1				DC. 11		
				NONE	Exemple			
		,		NE	First Benk of Wilmington, DE	Creditor		
		,			5/20	Liability incurred MO/YR		
					Mortgage on Rental Property, Dover, DE	Type of Liability		
						\$19,001- \$15,000	>	
						\$15,001- \$50,000	형	
						\$50,001- \$100,000	6	
·					×	\$190,001- \$250,000	ە~،	
						\$250,001- \$500,000	m	Amount of Liability
						\$500,001- \$1,000,000	71	를 다 다
						\$1,000,001- \$5,000,000	G	ability
						\$5,000,001- \$25,000,000	I	
						\$25,000,001- \$60,000,000	_	
						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 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.

	ITUSIEE CHROMPENATED)	LYCE OF 1	TOESWEAT	Position
	(USIEE CHROMPENIATED) [KICHAND B. SYDNOR, JR. 1981 TRUET	KOOKLEDGE TOWNT'S CORP.	9	Name of Organization

SCHEDULE F - AGREEMENTS

Ł

identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employer continuation or deferral of payments by a former or current employer other than the U.S. government, or continuing participation employer.	identify the date, perties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a lastve 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
四月 多时 多时 10日 47年	HACKENTUS WHELES HEST STEET
	, and the second

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 lobbylet 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 determination of personal friendship received from the Committee on Ethics)	\$600
75	SONG.		
			٠

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

	Name:
	B
	F
	to
	SE
1	

I	' Q
	D

. :

identify the source and list travel itinerary, 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 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.

_	One meer.	-					
_		Source	Date(e)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (YAI)	Family Member Included? (Y/N)
	<u> </u>	Government of China (MECCEA)	Aug. 6-11	DO-Belging Dollaring DO-	٧	*	æ
	E-Autropines:	Habitator Hamenby (Charity Fundraliser)	Nar. 3-4	DC-Boston-DC	۲	٧	Y
		NONE					
_		-					
7							
							,
-							
_							
					1		

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:
ic tobe
コ

Page 9 of 16

List the source, activity (i.e., speech, appearance, or erticle), date, and amount of any payment made by the sponsor of an event to a charitable organization in tieu of paying an approximant to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: Association of American Associations, Washington, DC XYZ Magazine Source Activity Speedh Article ŗ Aug. 13, 2023 Feb. 2, 2023 Date Amount \$2,000 \$500

Page \ D of \(\lambda\)

NON REPORT OF THE PARTY OF THE					
		•			