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Name: Douglas L. Lamborn	
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Name: Douglas L. Lamborn

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Report any reporting p dependent resulted in	Exclude framestichns between yout, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an esset is edd, please choose "perital sale" as the type of transaction.	Capital Gains: If a sales transaction resided 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.	<ul> <li>Column K, is for easeds solely held by your spouse or dependent child</li> </ul>	SP. DC, JT	å																		]	
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## SCHEDULE C - EARNED INCOME

Name: Douglas L. Lamborn Page d of 11

the source, type the source and arrice EXCLUDE: Military INCOME LIMITS are addition, certain type	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 honorana; list only the source for other spouse earned income exceeding \$1,000. See examples below.  EXCLUDE: Military pay (such as National Quard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.  INCOME LIMITS and PROHIBITED INCOME: The 2023 limit on autaide 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 fiduciary relationship) are totally prohibited.	nment) totaling \$200 or more during the re- elow. Social Security Act. Id at or above the "senior staff" rate was\$31, elationship) are totally prohibited.	porting period. For a spouse, list ,815 . The 2024 limit is \$31,815. In
	Source (include date of receipt for honoraria)	Туре	Amount
Examples:	Keene State	Approved Teaching Fee	\$8,000
	Civil War Roundlable (Dot. 2)	Spores Speech	\$1,000
	Ontario County Board of Education	Spoute Salary	AN
	Lamborn for Congress	Spouse hourly fee	$\mathcal{N} \setminus \mathcal{N}$
		for bookkeyoing	
		and composition ce	
	409 South Street LLC	Spanuse consultation	NA
		Income	-
	Lamborn Acres	Form sales	# 3 933
	State of Colorado	Legislative pension	\$7,801
		1	

9	Name: Dougles L. Lamborn	
	Page /D of	

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 to you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibility 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.

			50		DC, JT		
	_			Example			
		-	Amvitrade	First Benk of Winnington, DE	Creditor		
			5/11	5/20	Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
L			X		\$15,001- \$50,000	150	
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L				×	\$100,001- \$250,000	0	
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					\$500,001- \$1,000,000	71	of F
					\$1,000,001- \$5,000,000	6	Amount of Liability
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					\$25,000,001- \$50,000,000	-	
					Over \$50,000,000	_	
					Over \$1,000,000* (Speuse/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, employes, 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, fratemat, or political e	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

## SCHEDULE H -- TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Douglas Ĭ Lamborn Page\_ 힟

Identify the source and list travel itherary, 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 reimburged 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 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.

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									Av		Aspen Institute Inc.	c.inspec		
								Foundation Inc.	Imerican Israel Education			Hobital for Humonity (Charley Fenderboy)	Government of Chine (MECEA)	Source
									June 23-30		Feb. 21-25	Nor, 3-4	11-9-div	-Date(s)
									DC-Israel-OC	200	DC- Cartavona Columbia-	DC-Boxton-DC	DC-Belling, China-DC	City of Daparture-Destination-City of Return
									۲		۲	Y	٧	Lodging? (Y/N)
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									7		Υ	٧	М	Family Member Included? (YNI)