HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
2023 FINANCIAL DISCLOSURE REPORT

Form A
For Use by Members, Officers, and Employees

(Office Use Only)

Name: Elise Marie Stefanik

Daytime Telephone: (518) 424-1741

A $200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	[X] Member of the U.S. House of Representatives — State: NY District: 21	[ ] Officer or Employee — Employing Office: ______	Staff Filer Type: (If Applicable) Shared [ ] Principal Assistant [ ]
REPORT TYPE	[X] 2023 Annual (Due: May 15, 2024)	[ ] Amendment	[ ] Termination — Date of Termination: ______

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

	Yes	No
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?	X	
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?		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?	X	
D. Did you, your spouse, or your dependent child have any reportable liability (more than $10,000) at any point during the reporting period?	X	
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	X	
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?		X
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?		X
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?		X
I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?		X

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

	Yes	No
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 contact the Committee on Ethics for further guidance.		X
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?		X
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 "yes" unless you have first consulted with the Committee on Ethics.		X

SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name: Elise Marie Stefanik

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BLOCK A — Assets and/or Income Sources

Identify (a) each asset held for investment or production of income and with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than $200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use only ticker symbols).

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 reporting thresholds.

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 rental and other real property held for investment, provide a complete address or description, *e.g.*, "rental property," and a city and state.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (*unless* there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.

If you so choose, you may indicate that an asset or income source is that of 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 refer to the instruction booklet.

BLOCK B — Value of Asset

Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."

*Column M is for assets held by your spouse or dependent child in which you have no interest.

BLOCK C — Type of Income

Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.

BLOCK D — Amount of Income

For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.

*Column XII is for assets held by your spouse or dependent child in which you have no interest.

BLOCK E — Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in the reporting period.

If only a portion of an asset was sold, please indicate as follows: (S (part)).

Leave this column blank if there are no transactions that exceeded $1,000.

SP, DC, JT	Asset	EIF	A None	B $1-$1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L Over $50,000,000	M Spouse/DC Asset over $1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I None	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	XII Spouse/DC Asset with Income over $1,000,000*	P, S, S(part), or E
Examples: SP	Mega Corp. Stock						X										X										X									S(part)
Examples:	Simon & Schuster				Indefinite																		Royalties			X										
Examples:	ABC Hedge Fund	X							X														Partnership Income					X								
JT	Adirondack Trust Checking Acct				X														X						X											
	Goldman Sachs Marcus Online Savings Acct				X														X						X											
	EMS DC Properties (Asset Below)																																			
	-Residential Rental Property (Washington, DC)								X							X								X												
DC	NY 529 Account (Asset below)																																			
DC	-Vanguard New York Target Enrollment 2041	X			X																	X		X												

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name: Elise Marie Stefanik

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BLOCK A – Assets and/or Income Sources; BLOCK B – Value of Asset; BLOCK C – Type of Income

SP, DC, JT	ASSET NAME	EIF	A None	B $1-$1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L Over $50,000,000	M Spouse/DC Asset over $1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)
DC	Ballston Spa National Bank Savings Account				X														X				
SP	Newtown Bank Health Savings Account				X																	X	
SP	Empower Retirement 401(k) (Asset Below)																						
SP	American Funds 2045 Target Retirement (AAHTX)	X				X																X	
SP	Schwab IRA																						
SP	(All assets below disclosure threshold)																						
SP	Schwab IRA (2)																						
SP	(All assets below disclosure threshold)																						

BLOCK D – Amount of Income; BLOCK E – Transaction

ASSET NAME	I None	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	XII Spouse/DC Asset with Income over $1,000,000*	P, S, S(part), or E
Ballston Spa National Bank Savings Account		X											
Newtown Bank Health Savings Account	X												
Empower Retirement 401(k) (Asset Below)													
American Funds 2045 Target Retirement (AAHTX)	X												
Schwab IRA													
(All assets below disclosure threshold)													
Schwab IRA (2)													
(All assets below disclosure threshold)													

SCHEDULE B – TRANSACTIONS

Name: Elise Marie Stefanik

Report any purchase, sale, or exchange transactions that exceeded $1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, 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 asset is sold, please choose "partial sale" as the type of transaction.

Capital Gains: If a sales transaction resulted 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.

* Column K is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset		Type of Transaction: Purchase	Sale	Partial Sale	Exchange	Check Box if Capital Gain Exceeded $200	Date (MO/DA/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	A $1,001-$15,000	B $15,001-$50,000	C $50,001-$100,000	D $100,001-$250,000	E $250,001-$500,000	F $500,001-$1,000,000	G $1,000,001-$5,000,000	H $5,000,001-$25,000,000	I $25,000,001-$50,000,000	J Over $50,000,000	K Over $1,000,000* (Spouse/DC Asset)
SP	*Example*	Mega Corp. Stock			X		X	3/9/23		X									
	(NONE)																		

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Elise Marie Stefanik

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 Reserve 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 fiduciary relationship) are totally prohibited.

	Source (include date of receipt for honoraria)	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$16,000
	Civil War Roundtable (Oct. 2)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	N/A
	National Shooting Sports Foundation	Spouse Salary	N/A
	Charles Schwab	Spouse IRA Distribution	N/A
	Adirondack Trust	Roth IRA Distribution	$17,567.54

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: Elise Marie Stefanik

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 $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
				$10,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	$1,000,001-$5,000,000	$5,000,001-$25,000,000	$25,000,001-$50,000,000	Over $50,000,000	Over $1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE				x							
	Adirondack Trust	06/16	Business Loan to EMS DC Properties (Personally liable)				X							
JT	Adirondack Trust	11/18	Mortgage on personal residence (Schuylerville, NY)				X							
	Chase Credit Card	12/23	Personal Credit Card	X										

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.*

Position	Name of Organization
Board of Directors Member	National Endowment for Democracy (NED)

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: Elise Marie Stefanik

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
	(NONE)	

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 lobbyist 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)	$500
(NONE)			

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Elise Marie Stefanik

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 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(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Examples:	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	Y	Y	N
	Habitat for Humanity (Charity Fundraiser)	Mar. 3-4	DC-Boston-DC	Y	Y	Y
(NONE)						

Use additional sheets if more space is required.

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Elise Marie Stefanik

List the source, activity (*i.e.*, speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2023	$2,000
	XYZ Magazine	Article	Aug. 13, 2023	$500
(NONE)				

Use additional sheets if more space is required.

FILER NOTES
(Optional)

Name: Elise Marie Stefanik

NOTE NUMBER	NOTES
	-Adirondack Trust Fixed Rate IRA disclosed on CY22 report was rolled over to a Thrift Savings Plan (TSP) Account.
	-Adirondack Trust Roth IRA account disclosed on CY22 report has been closed--see distribution on Schedule C.
	-Adirondack Trust Money Market Checking account disclosed on CY22 report has been closed.

Use additional sheets if more space is required.