

## Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

### Filer's Information

NOTE: See the certified Congressional Financial Disclosure Statement Form A report, being accepted in lieu of the OGE Form 278e, which is in compliance with applicable laws and regulations.

**Kulikowski, James M.**

Date of Appointment: 07/13/2017

Other Federal Government Positions Held During the Preceding 12 Months: None

Electronic Signature - I certify that the statements I have made in this form are true, complete and correct to the best of my knowledge.

eSigned in FDM by:

James M. Kulikowski

User ID: [REDACTED]

08/25/2017

Agency Ethics Official's Opinion - On the basis of information contained in this report. I conclude that the filer is in compliance with applicable laws and regulations(Subject to any comments below).

eSigned in FDM by:

Sarah E. Taylor

User ID: [REDACTED]

09/06/2017

Other review conducted by

Supervisor:

eSigned in FDM by:

Sarah E. Taylor

User ID: [REDACTED]

09/06/2017

Reviewer:

eSigned in FDM by:

Sarah E. Taylor

User ID: [REDACTED]

09/06/2017

UNITED STATES HOUSE OF REPRESENTATIVES

LEGISLATIVE RESOURCE CENTER

ETHICS IN GOVERNMENT ACT

17 JUL -5 PM 2:27

2016 FINANCIAL DISCLOSURE STATEMENT - FORM A

OFFICE OF THE CLERK  
HOUSE OF REPRESENTATIVES

Please provide the following information. Your address and signature WILL NOT be made available to the public.

JAMES M. KULIOWSKI

(Print Full Name)

225-2771

(Daytime Telephone)

H-305 THE CAPITOL

(Complete Address - Office or Home)

Filer Status:

Member

Officer or Employee

CERTIFICATION - THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Ethics or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file, the attached report may be subject to civil penalties and criminal sanctions. See section 104 of the Ethics in Government Act (5 U.S.C. app. §§ 101-111) and 18 U.S.C. § 1001.

Certification	Signature of Reporting Individual	Date
I CERTIFY that the statements I have made on the attached financial disclosure statement and all attached schedules are true, complete, and correct to the best of my knowledge and belief.	[Redacted]	July 5, 2017

Members must file a signed original and two photocopies thereof.  
Officers and Employees must file a signed original and one photocopy thereof.

\*\*\*FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW\*\*\*

Certification	Signature of Certifying Official	Date
It is my opinion, based on the information contained in this Financial Disclosure Statement, that the reporting individual is in compliance with title I of the Ethics in Government Act (5 U.S.C. app. §§ 101-111).	[Redacted]	8/8/2017

UNITED STATES HOUSE OF REPRESENTATIVES  
2016 FINANCIAL DISCLOSURE STATEMENT

Form A  
For Use by Members, Officers, and Employees

LEGISLATIVE RESOURCE CENTER  
17 JUL -5 PM 2:27  
(Office Use Only)  
OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Name: JAMES M. KULIKOWSKI Daytime Telephone: 225 2771

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

FILER STATUS	<input type="checkbox"/> Member of the U.S. House of Representatives	State: _____ District: _____	<input checked="" type="checkbox"/> Officer or Employee	Employing Office: <u>APPROPRIATIONS COM.</u>	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
	REPORT TYPE	<input checked="" type="checkbox"/> 2016 Annual (Due: May 15, 2017)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>A. Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u></p> <p>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p><b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b></p>

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

<p>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.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>



**SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: JAMES M. KUCIOWSKI Page 3 of 5

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction								
SP, DC, JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify, e.g., Partnership Income or Farm Income)					I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E			
			None	\$1-\$1,000	\$1,001-\$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	Spouse/DC Asset over \$1,000,000*	NONE									None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Asset with Income over \$1,000,000*						
	DFR LARGE COMPANY FUND							X								X		X																								
	FIDELITY ADVISED NEW WORLD FUND							X								X		X																								
	FIDELITY ADVISED TOTAL BOND FUND							X								X		X																								
	MET LIFE STRIKE VALUE FUND							X								X		X																								
	VANGUARD TARGET RETIREMENT FUND 2025				X											X		X								X																
	VANGUARD REAL ESTATE FUND 2020							X								X		X																								

Use additional sheets if more space is required.

**SCHEDULE C – EARNED INCOME**

Name: JAMES S KULMOWSKI Page 4 of 5

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 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. 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	\$18,000
	Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	N/A
	PODESTA GROUP	SPOUSE SALARY	N/A

Use additional sheets if more space is required.



**SCHEDULE D – LIABILITIES**

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	5/98	Mortgage on Rental Property, Dover, DE				X							
	WILMINGTON FCU WDC	December	REVOLVING CREDIT CARD		X									
	PENTAGON FCU ARLINGTON VA	"	" " "		X									
	PENTAGON FCU ARLINGTON VA	"	" " "		X									
	WHITE HOUSE FCU WDC	"	" " "	X										
	CHASE BA NY	"	" " "	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

Use additional sheets if more space is required.