New Entrant Report | U.S. Office of Government Ethics; 5 C.F.R. part 2634 | Form Approved: OMB No. (3209-0001)(March 2014)

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

NOTE: See the certified Congressional Financial Disclosure Statement Form A report, being accepted

Filer's Information 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: 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:	
09/06/20	17

Other review conducted by	
Supervisor:	
eSigned in FDM by:	
Sarah E. Taylor	
User ID:	
09/06/2017	
Reviewer:	
eSigned in FDM by:	
Sarah E. Taylor	
User ID:	
09/06/2017	

U.S. Office of Government Ethics Certification

UNITED STATES HOUSE OF REPRESENTATIVES ETHICS IN GOVERNMENT ACT 17 JUL -5 PM 2: 27 2016 FINANCIAL DISCLOSURE STATEMENT – FORM HOUSE OF REPRESENTATIVES

Please provide the following information. Your address and signature WILL NOT be made available to the public. JAMES M. V-ULIUDUSKI 225-2771 (Print Full Name) (Daytime Telephone) H-305 THE CAPITOL (Complete Address – Office or Home) Officer or Employee **Filer Status:** Member **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. Signature of Reporting Individual Certification Date I CERTIFY that the statements I have made on the attached Joly 5, 2017 financial disclosure statement and all attached schedules are true, complete, and correct to the best of my knowledge and belief.

> 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).	8	8/8/2017

UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officer	s, and Employees	Page 1 of LEGISLATIVE RESOURCE CENTER 17 JUL -5 PM 2: 27
Name: JAMES M. KULIKOWSUL Day	rtime Telephone: <u> </u>	5 2771	(Office Use Only) OFFICE OF THE CLERA U.S. HOUSE OF REPRESENTATIVES A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER Member of the U.S. State: STATUS House of Representatives District:		ceror Employing Offic	e: Staff Filer Type: (If Applicable) <u> Staff Filer Type:</u> (If Applica
REPORT TYPE 2016 Annual (Due: May 15, 2017)	Amendment	Termination Date of Ter	
 end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? 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? 	G. Did you, your spot	use, or your dependent c ling more than \$375 in va	hild receive any
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?	No reportable travel or re	use, or your dependent c eimbursements for travel single source during the	totaling more than Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?		or organization make a do a speech, appearance, o	
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No Mattach The C	ORRESPONDING	SCHEDULE IF YOU ANSWER "YES"
PO AND EXCLUSION OF SPOUSE, DEPENDENT, OR T	RUST INFORMATION - A	NSWER EACH	OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Off contact the Committee on Ethics for further guidance.	fering during the reporting period? If you	answered "yes" to this	question, please Yes. No
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Et from this report details of such a trust that benefits you, your spouse, or dependent chil		need not be disclosed.	Have you excluded Yes No
EXEMPTION – Have you excluded from this report any other assets, "unearned" incom all three tests for exemption? Do not answer "yes" unless you have first consulted with	ne, transactions, or liabilities of a spouse the Committee on Ethics.	or your dependent child	because they meet Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: JARMES M. KULIKONSKI Page 2 of 5
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BLOCK A	Г					BLC	DCK B	13									В	LOCK	C							BLO	CKD						BLOCK E
Assets and/or Income Sources					1.1.1.1.1.1	alue		e (e (n) (e								200		of In						3775				com					Transactio
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, used and (b) any other reportable asset or source of income that generated more than \$200 in "unearmed" income that generated more, the value should be "None." "Column M is for assets held by your spouse or dependent child in whi you have no interest.									nod g							s 401(k), IRA, or "Tax-Deferred" ital gains, even as income for eck "None" if the	or may check the "None" column. For all other assets indicate the d' category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, or must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.								the as ow. pu ed, sa ble ex ind. ex in hild pe	dicate if the sset had urchases (P), ales (S), or xchanges (E) xceeding \$1,0i t he reporting eriod. only a portion n asset was so							
(k) plans) provide the value for each asset held in		-	~				_		_	-			4						1		L	-				-						fo	lease indicate lows: (S (part
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or bank and other cash accounts, total the amount in interest-bearing accounts. If the total is over \$5,000, it every financial institution where there is more than 1,000 in interest-bearing accounts.														24																		bli nc th	lank if there a o transactions at exceeded 1,000.
or rental and other real property held for investment, ovide a complete address or description, e.g., "rental operty," and a city and state.								5																									
or an ownership interest in a privately-held business at is not publicly traded, state the name of the usiness, the nature of its activities, and its geographic cation in Block A.											10100																						
xclude: Your personal residence, including second omes and vacation homes (unless there was rental come during the reporting period); and any financial lerest in, or income derived from, a federal tirement program, including the Thrift Savings Plan.																				or Farm income)												\$1,000,000	
you have a privately-traded fund that is an Excepted vestment Fund, please check the "EIF" box.													.000'000'1					ST		Income												with Income over \$1,000,000	
you so choose, you may indicate that an asset or come source is that of your spouse (SP) or spendent child (DC), or jointly held with anyone (JT), the optional column on the far left. or a detailed discussion of Schedule A requirements,		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		DIVIDENDS	REST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership		8	\$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	se/DC Assel with In	
ease refer to the instruction booklet.	None	\$1-\$1,000	\$1,00	\$15,00	\$50,00	\$100	\$250,	\$500,	\$1,00	\$5,00	\$25,0	Over	Spous	NONE		INTEREST	CAPI	EXCE	TAX-I	Other (Spec	None	\$1-\$200	\$201	\$1,00	\$2,50	\$5,00	\$15,0	\$50.0	\$100	\$1,00	Over	nods P.	, S, S(part), c
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: JAANES M. KUCHAUSK Page 3 of S

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SCHEDULE C - EARNED INCOME

Name:	JANNE 5	KULKOWSKI	Page of

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)	Туре	Amount
Examples: Keene State State of Maryland Civil War Roundtable (Oct. 2) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$6,000 \$18,000 \$1,000 N/A
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SCHEDULE D - LIABILITIES

Name:

Page______ 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 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.

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SP, DC, Л	120	Creditor	Date Liability Incurred MO/YR	Ту	pe of Liabil	Liability		\$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 o	n Rental Property,	Dover, DE				×							
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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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization	
	6	