

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

For New Members, Candidates, and New Employees

FORM B

Name: LISA H. MAUDELLATT Daytime Telephone: _____

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>NEW JERSEY</u>	Check if Amendment <input type="checkbox"/>
	<input type="checkbox"/> Candidates - Date of Election: <u>11/6/2018</u>	District: <u>7</u>	
FILER STATUS	<input type="checkbox"/> New Officer or Employee	Staff Filer Type (if Applicable):	Period Covered: January 1, _____ to _____
	<input type="checkbox"/> Employing Office: _____	Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>	

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



(Office Use Only)

OFFICE OF THE CLERK OF THE HOUSE OF REPRESENTATIVES

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JUL 31 2017 Page 1 of 8

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? or</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>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>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>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>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 type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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?

Yes No

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

USA H MANUEL WAFF

BLOCK A		BLOCK B													BLOCK C								BLOCK D											
Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income											
Identify (1) each asset held for investment or production of income and (2) any other reportable asset or source of income that generated more than \$200 in "investment" income during the year. Provide complete names and mutual funds (do not use only ticker symbols).		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.													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 no interest generated no 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 M is for assets held by your spouse or dependent child in which you have no interest.											
		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BUN	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income of Farm Income)	None											
		None													None								None											
		\$1 - \$1,000													\$1 - \$200								\$1 - \$200											
		\$1,001 - \$15,000													\$201 - \$1,000								\$201 - \$1,000											
		\$15,001 - \$50,000													\$1,001 - \$2,500								\$1,001 - \$2,500											
		\$50,001 - \$100,000													\$2,501 - \$5,000								\$2,501 - \$5,000											
		\$100,001 - \$250,000													\$5,001 - \$15,000								\$5,001 - \$15,000											
		\$250,001 - \$500,000													\$15,001 - \$50,000								\$15,001 - \$50,000											
		\$500,001 - \$1,000,000													\$50,001 - \$100,000								\$50,001 - \$100,000											
		\$1,000,001 - \$5,000,000													\$100,001 - \$500,000								\$100,001 - \$500,000											
		\$5,000,001 - \$25,000,000													\$500,001 - \$1,000,000								\$500,001 - \$1,000,000											
		\$25,000,001 - \$50,000,000													\$1,000,001 - \$5,000,000								\$1,000,001 - \$5,000,000											
		Over - \$50,000,000													Over - \$5,000,000								Over - \$5,000,000											
		Spouse/DC Asset over \$1,000,000*													Spouse/DC Asset over \$1,000,000*								Spouse/DC Asset over \$1,000,000*											
JT GENERAL MTRS CO																							None											
JT GREAT EAGLE HLDG LTD HK SOORD																							None											
JT HANSEBRANDS INC																							None											
JT HEWLETT PACKARD ENTERPRISE																							None											
JT HP INC COM																							None											
JT JOHNSON & JOHNSON																							None											
JT JPMORGAN CHASE & CO																							None											
JT LOEWS CORPORATION																							None											
JT MAGNA INTERNATIONAL INC																							None											
JT MICROSOFT CORP																							None											
JT METLIFE INCORPORATED																							None											
JT RIO TINTO PLC SPON ADR																							None											
JT ROYAL DUTCH SHELL PLC																							None											
JT TAIWAN SMICDCTR MFG CO LTD ADR																							None											
JT TARGET CORPORATION																							None											
JT VERIZON COMMUNICATIONS																							None											
JT ABBVIE INC COM																							None											
JT AFLAC INCORPORATED																							None											
JT ALIBABA GROUP HLDG LTD																							None											
JT AMGEN INC																							None											
JT ASTRAZENECA PLC ADS																							None											
JT BANK DEPOSIT PROGRAM MORGAN STANLEY BANK N.A.																							None											
JT BOEING CO																							None											
JT CAPITAL ONE FINANCIAL CORP																							None											
JT CONOCOPHILLIPS																							None											

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 "dividend" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For rental and other real property held for investment, provide a complete address or description, e.g., "1000 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 have a privately-traded fund that is an exempt investment fund, please check the "ETF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (S) or dependent child (DC) or jointly held with spouse (JT) in the optional column on the far left. For a detailed discussion on Schedule A requirements, please refer to the instruction booklet.

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*
				X				X				
					X							
								X				
									X			
										X		
											X	
												X
												X
												X
												X
												X
												X
												X

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.

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*
				X				X				
					X							
								X				
									X			
										X		
											X	
											X	
											X	
											X	
											X	
											X	

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, when if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income.

NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIN	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income of Farm Income)
	X					X	
		X					
			X				
				X			
					X		
						X	
							X
							X
							X
							X
							X

BLOCK D
Amount of Income

For assets for which you checked the "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, when 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.

Current Year												Preceding Year													
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 over \$1,000,000*		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 over \$1,000,000*	

LISA H. MANDELBERG Page 5 of 8

SCHEDULE C - EARNED INCOME

Name: LISA H. MAWOLEWATY Page 6 of 8

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 both the filer and filer's 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: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. 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 for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
Examples: ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
WESTFIELD BOARD OF EDUCATION	SALARY	2,050	8,269
DeMORA HOLDING AMERICA INC	Spouse Salary	N/A	N/A

SCHEDULE D - LIABILITIES

Name: LISA H. MANDELSCHEFF Page 7 of 8

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. **New 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 \$10,001-\$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 Liability)	
Example	First Bank of Wilmington, DE	5/88	Mortgage on Rental Property, Dover, DE				X								

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization

Use additional sheets if more space is required.

SCHEDULE F - AGREEMENTS

Name: LISA H. MAUDELLATT Page 8 of 8

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

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting Services
WESTFIELD BOARD OF EDUCATION	Teacher