	DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	HAND Page 1 of 4 ELIVERED ISLATIVE RESOURCE CENTER
Name: D	Daytime Telephone:	OFFICE OF THE CLERK HOUSE OF REPRESENTATIVES
FILER	New Member of or Candidate for State: NM  U.S. House of Representatives District: 01  Candidates – Date of Election: 11 / 0 / 2018  U.S. Candidates – Date of Election: 11 / 0 / 2018	(Office Use Only)
STATUS	New Officer or Employee Staff Filer Type (If Applicable): Perlod Covered: January 1, A \$200   Individue	penalty shall be assessed against any al who files more than 30 days late.
A. Did you, you	ARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS or spouse, or your dependent child:	
end of the b. Receive r	reportable asset that was worth more than \$1,000 at the reporting period? On the period or in the current calendar year up through the daying the reporting period?	orting Yes No No
C. Did you or y honoraria, or p reporting perio	our spouse have "earned" income (e.g., salaries, ension/IRA distributions) of \$200 or more during the Yes No outside entity during the reporting period or in the currence of	
	or spouse, or your dependent child have any reportable han \$10,000) at any point during the reporting period?  Yes No J. Did you receive compensation of more than \$5,000 to single source in the current year and two prior years?	from a Yes No
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"  THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMI	PLETE
EXCLUSIO	N OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUE	
	tails regarding "Quelified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you to details of such a trust that benefits you, your spouse, or dependent child?	excluded Yes No No
EXEMPTION - exemption? D	Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three on an answer "yes" unless you have first consulted with the Committee on Ethics. $0+0+0$	e tests for Yes No

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Debra Anne Haaland

Page 2 of 6

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Debra Arne Itaaland Page 3 of 6

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#### SCHEDULE C - EARNED INCOME

Name: Debra Anne Hadland Page 4 of 6

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 outside earned income limit and prohibitions on types of income may apply to you after you are on House payroil. The 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845. 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.

	_	Amount							
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year						
ABC Trade Association, Bettimore, MD (July 15) State of Maryland Civil War Roundtable (Oct. 2) Ontario County Board of Education	Henorarium Salary Spouse Speech Spouse Salary	\$0 \$20,000 \$0 N/A	\$500 \$78,000 \$1,000 NVA						
San Felipe Casino	Salary	\$ 0	\$14,000.00						
San Felipe Casino Laguna bevelopment Corporation	Contract Fees	\$ 400	\$30, 550.00						

#### SCHEDULE D - LIABILITIES

Name: Debra Anne Haaland Page 5 of 6

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.

								A	moun	t of Li	ability	,			
			Date		٨	8	С	D	E	F	G	н	1	4	к
SP. DC, JT		Creditor	Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$16,001- \$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* (SpouserDC Liability)
	Exemple	First Bank of Wilmington, DE	5/19	Mortgage on Rental Property, Dover, DE				x							
	New	Mexico Student Loans	05/06	Student Loans		Х									
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## **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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorery 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
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Name: Debra Anne Itaal and Page 4 of 4

Identify the di continuation of employer.	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
Example:	Dae Janes & Smith, Hometown, Homestate	Accounting Services
Lagnna	Development Corporation ABO,NM	Constract Services - Review Contracts

**DEB HAALAND** 

1" DISTRICT, NEW MEXICO

WASHINGTON OFFICE

1237 LONGWORTH HOUSE OFFICE BUILDING WASHINGTON, DC 20515 PHONE: (202) 225-6316

NEW MEXICO OFFICE

400 GOLD AVENUE SW SUITE 680 ALBUQUERQUE, NM 87102 PHONE: (505) 346-6781

HTTP://HAALAND.HOUSE.GOV/



# Congress of the United States House of Representatives

COMMITTEE ON NATURAL RESOURCES Vice-Chair

SUBCOMMOTTEES:

NATIONAL PARKS, FORESTS, AND PUBLIC LANDS, CHAIR INDIGENOUS PEOPLES OF THE UNITED STATES

COMMITTEE ON ARMED SERVICES

SUBCOMMITTEES: MILITARY PERSONNEL READMESS

NATIVE AMERICAN CAUCUS, Co-CHAIR

REGIONAL WHIP

January 4, 2021

House Committee on Ethics 1015 Longworth House Office Building Washington, DC 20515

To whom it may concern:

I am writing to submit an amended Candidate Financial Disclosure form for the 2018 filing year. I inadvertently included the "John Hancock Funds" as unearned income, but they were previously distributed in 2016 and should not have been included for the form covering the 2017 calendar year.

I have filed the 2018 Candidate Financial Disclosure form in hard copy with the House Office of the Clerk, along with a copy of this correspondence. Please let me know if you need any additional information.

Sincerely,

Deb Haaland

Member of Congress