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	STATES HOUSE OF REPRESENTATIVE	Page 1 of <u>5</u> PAST NACE IF FERE F LEGISLATIVE RESURCE CENTER								
Name:	Debra Anne Haaland	17 OCT -6 PM 12: 53 OFFICE OF THE CLARK U.S. HOUSE OF REPRESENTATIVES								
FILER	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:	01	Check if Amendment	(Office Use Only)						
STATUS	1 1 1	off Filer Type (If Applicable): ared Principal Assistant	Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.						
PRELIMIN	IARY INFORMATION - ANSWER <u>EACH</u>	OF THESE QUESTIO	NS							
a. Own any end of th b. Receive	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 unearmed income from any reportable asset during the reporting period? Yes No No No No No No No No No No									
C. Did you or honoraria, or reporting perio	your spouse have "earned" income (e.g., salaries, pension/IRA distributions) of \$200 or more during the od?	Yes No outs	id you have any reportable agreement o ide entity during the reporting period or i up through the date of filing?	r arrangement with an n the current calendar Yes No						
	our spouse, or your dependent child have any reportable than \$10,000) at any point during the reporting period?		d you receive compensation of more that le source in the current year and <u>two</u> prio							
	ATTACH THE CO	RRESPONDING SCHEE	OULE IF YOU ANSWER "YE	S"						
	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE									
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS										
	etails regarding "Qualified Blind Trusts" approved by the Commort details of such a trust that benefits you, your spouse, or dep		excepted trusts" need not be disclosed.	Have you excluded Yes No No						
	I – Have you excluded from this report any other assets, "unear Do not answer "yes" unless you have first consulted with the Co		use or dependent child because they me	eet all three tests for Yes No						

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Debra Ann trabund Page 2 of 5

	BLOCK A BLOCK B				BLOCK C BLOCK D																																									
1	Assets ar	nd/or Income Sources	;					Valu	16 0	f A	set	:				Type of Income					Amount of Income									ı																
excee and (I which incom	eding \$1,000 b) any other r generated ne during the		raide eriod, come med"	spec If an inclu be "N	ify the associated of	set woonly l	ethod was so becau	used old d se it s	uring gener	the ated	repo	rting ne, th	perio le val	od ar luest	nd is	401 the inte rein for a	(k), IF Tax rest, vest	RA, or c-Defe and ed, m	529 errec d c nust d in	acco " co apita be di taxat	unts) lumn l g: isclo	your your ins, sed a coun	nay check ividends even i s income ts. Check	ass cal Ch	sets i pital eck "l	ndical galne Vone	e the , eve if no	n if	egory reinv me w	of in este as e	d, m amed	e by ustit iorg	ched e d i jener	cking isclo rated	the sed	appi as i	ropria ncon	ite be 1 e fo	ox be	elow. sets	Div held	vider I in t	ids, axab	intere de acc		
		names of stocks and mutual t cker symbols).					for as you h					ouse	ог с	iepen	ident					et ge g peri		ited n	o income	1																						ı
401(k) plans) prov	t other retirement plans (suc ride the value for each asset h exceeds the reporting threshold	eld in		_		-			<u> </u>	<u> </u>	1	1					T	1	T	<u> </u>	Γ		┞				Curi	rent	Ye	ar				T				Ргес	ced	ina	Ye	аг			4
all in \$5,00	terest-bearin 0, list every	r cash accounts, total the amorg g accounts. If the total is financial institution where the in interest-bearing accounts.	over	A	В	С	D	E	F	5 H	'	J	K	L	М				:					r	II	IH	-		_	_	THE D	()	X	ı XI	1 1			_	_	,		_	_	X	XI :	ХII
provid	te a compt	er real property held for investr ete address or description, and a city and state.																					rme)									į			·								,			
that i busin	s not public ess, the n	interest in a privately-held bus dy traded, state the name o ature of its activities, and on in Block A.	f the																				e or Farm Inco																							
home incom intere	s and vacati ne during the st in, or i	rsonal residence, including se on homes (unless there was i reporting period); and any fins income derived from, a fe n, including the Thrift Savings	ental incial deral																				Partnership Income or Farm Income)																							
		tely-traded fund that is an Exce please check the "EIF" box.	epted					ľ							,000,000,1						L		(Specify: e.g.,											mer \$1,000,000	20010001											1,000,000
incon deper	ne source i ndent child ((you may indicate that an ass s that of your spouse (SF DC), or jointly held with anyone umn on the far left.) on		0	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	000'000'528'100'000'58	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000		SO		ST	GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Sp			000	2,500	2,000	15,000	000'000	\$50,001-\$100,000	\$1 000 001-\$5 000 000	000000	1 2			900	2,500	2,000	15,000	\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	000'000	Spouse/DC Income over \$1,000,000
		sussion of Schedule A requirem instruction booklet.	ents,	None	\$1-\$1,000	\$1,001-\$15,000	\$15,001	\$20,001	Dimine.	6500,00	\$1,000.0	\$5.000	\$25,000,	Over \$50	Spouse	NON	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPT	TAX-DEI	Other Ty	au S	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,000-100,000	-innines		0.0000000000000000000000000000000000000	Source Services	None	1 P	S201-\$1 000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-	\$100,001	\$1,000,0	Over \$5,000,000	Spouse/
SP,			EIF			\neg		x			1	Т	1	Τ	Π		x							Г	x		寸	T	丁	1	T	Τ	T	T	T	Ť	T x		1	1	1	1	T	\Box	_	7
SP, DC, JT		Mega Corp Stock		\sqcup				^+	\perp	\perp	1	\perp	_	\perp	<u> </u>	_	<u> ^</u>	<u> </u>	<u> </u>	ļ	1	-	L	1_	↓^		4		\dashv	\perp		\perp	\perp	\perp	1	\bot	↓^	\bot	\perp	↓_	\bot	4	₩	\sqcup	\dashv	
	Examples:	Simon & Schuster	\vdash	\vdash	1	Indef	inite		+	+-	+	+	+	+-	\vdash		\vdash		\vdash	┼	+	-	Royalties Partnershi	-	+	$\vdash \vdash$	+	X	+	+	+	+	+	+	╀	+	+	+	+	X	\vdash	+	\vdash	$\vdash \vdash$	+	\dashv
\square		ABC Hedge Fund	Х	Ц				4	'	(_	ļ		<u> </u> _	<u> </u>		L	ļ		<u> </u>	_		Incom		\vdash		\dashv	\dashv	X	4	4	_	4	1	1	\perp	\bot		\perp	\perp	X	┡		\sqcup	\dashv	4
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	~A	m Funds 202511				X	4	\perp	\perp	\perp							L	_	_	_	_	X		X			_		\perp	\downarrow	ļ.		\perp	\perp	X					\perp	L	1		Ш		
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SCHEDULE C - EARNED INCOME

""""" X X 11/20L 2-1 · [-7/X 30.4/X 1//] (X	Name: Dehical	1. Haaland	Page B of 5
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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.

		Ar	nount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Beltimore, MD (July 15) State of Maryland Civil War Roundtable (Oct. 2)	Honorarium Salary	\$0 \$20,000	\$500 \$76,000
Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Laguna Development Carp.	Non employee compans	}	₩^-
San Felipe Casino Rivelolo of San Felipe Laguna Development Corp. John Sparks	Safary	# #### 16 ,000	\$ 27.660.°2
Rurelolo of San Felipe	Salary	\$ O	\$ 651000
Laguna Development Corp.	Contract Fees	\$ 27,000	\$0
John Sparks	wages	\$0~··	\$ 7,000.

SCHEDULE D – LIABILITIES

Name: Dema Haaland Page 4 of 5

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.

					Amount of Liability												
			Date		٨	В	С	D D	E	F	G	Н	4	J	К		
SP, DC, JT		Creditor	Liability Incurred MO/YR	Type of Liability	\$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	\$26,000,001- \$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				х									
	New Me	000 Student Loans	05/2006	Student Loans		×											
							ļ		<u></u>								
<u></u>		. 110				ļ		<u> </u>									

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

Position	Name of Organization
MA	
Contractor	Laguna Development Carp.

Name: Dema A Herolung Page 5 of 5

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
	NIA	

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 <u>two</u> 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						
Exemple: Doe Jones & Smith, Hometown, Homestate	Accounting Services						
Laguna Development Corp.	Contract Services - per can Continueds						