SF 278 (Rev. 03/2000) 5 C.F.R. Part 2634

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

U.S. Office of Government Ethics Termination Termination Date (If Appli-Date of Appointment, Candidacy, Election Calendar Year Incumbent New Entrant, Reporting Fee for Late Filing Nominee, or or Nonination (Month, Day, Year) Covered by Report cable) (Month, Day, Year) Filer Status Any individual who is required to file (Check Appropriate Candidate this report and does so more than 30 days Royes after the date the report is required to be Last Name First Name and Middle Initial filed, or, if an extension is granted, more Reporting than 30 days after the last day of the STONEMAN Individual's Name SHELLY filing extension period, shall be subject to a \$200 fee. Department or Agency (If Applicable) Title of Position Position for Which Spec. Asst for Legislative Allaris Winteltouse, EOP Reporting Periods Filing Incumbents: The reporting period is the preceding calendar year except Part Address (Number, Street, City, State, and ZIP Code) Telephone No. (Include Area Code) II of Schedule C and Part I of Schedule D Location of where you must also include the filing Present Office year up to the date you file. Part II of (or forwarding address) Schedule D is not applicable. Title of Position(s) and Date(s) Held Position(s) Held with the Federal Congressman Steve Rothman Termination Filers: The reporting Government During the Preceding 12 Months (If Not Same as Above) period begins at the end of the period covered by your previous filing and ends at the date of termination, Part II of Name of Congressional Committee Considering Nomination | Do You Intend to Create a Qualified Diversified Trust? Schedule D is not applicable. Presidential Nominees Subjec No. to Senate Confirmation Not Applicable Yes Nominees. New Entrants and Candidates for President and Vice President: Certification Date (Month, Day, Year) Signature of Reporting Individual I CERTIFY that the statements I have Schedule A--The reporting period made on this form and all attached for income (BLOCK C) is the preceding schedules are true, complete and correct calendar year and the current calendar to the best of my knowledge. year up to the date of filing. Value assets as of any date you choose that is within Signature of Other Reviewer Date (Month, Dav. Year) OtherReview 31 days of the date of filing. (If desired by agency) Schedule B-Not applicable. Schedule C, Part I (Liabilities)-The Signature of Designated Agency Ethics Official/Reviewing Official Date Month, Day, Year) Agency Ethics Official's Opinion reporting period is the preceding calendar year and the current calendar year up to On the basis of information contained in this any date you choose that is within 31 days report, I conclude that the filer is in compliance of the date of filing. with applicable laws and regulations (subject to any comments in the box below). Signature Schedule C, Part II (Agreements or Date (Month, Day, Year) Office of Government Ethics Arrangements)--Show any agreements or arrangements as of the date of filing. Use Only Schedule D -- The reporting period is Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet) the preceding two calendar years and the current calendar year up to the date of filing. (Check box if filing extension granted & indicate number of days ... Agency Use Only OGE Use Only (Check box if comments are continued on the reverse side)

Reporting Individual's Name SCHEDULE A													Pa	Page Number																			
SCHEDULE A												2 of																					
	Assets and Income		Valuation of Assets at close of reporting period Income: type and amount. If "None (or le checked, no other entry is needed in Block												ess k C	c C for that item.																	
	BLOCK A	BLOCK B																			BLO	OCK	С										
production value excessing period in income with such	elf, also report the source and a fearned income exceeding \$200 (of the U.S. Government). For your spo e source but not the amount of ea more than \$1,000 (except report tount of any honoraria over \$20	ctual other ouse, rned tt the	None (or less than \$1,001)	1	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$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	Excepted Investment Fund	Excepted Trust	Qualified Trust		Rent and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	- \$50,000		\$100,001 - \$1,000,000		\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
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Examples	Doe Jones & Smith, Hometown, State			- -	-		-	-+	- +	-+	- +	-	+	×		-	-	-	-+	-+			-		-	-	<del></del>					Income \$130,000	
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Prior Editions Cannot Be Used.

<sup>\*</sup> This category applies only If the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Reporting Individual's Name	SCHEDULE A continued  Page N													age Number																		
'SHELLY O STONEMAN		(Use only if needed)															of															
Assets and Income		Valuation of Assets at close of reporting period Income: type and amount. If "None (or le checked, no other entry is needed in Block													less :k C	than \$2 for that	D1)" is item.															
BLOCK A	$\dashv$	BLOCK C																														
	- 1	Type Amount														1																
	None (or less than \$1 001)	\$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	Over \$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	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	\$201)									Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Dat (Mo., Yr. Only Honor	Day, .) y if		
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	eporting Individual's Name	OCHEDOLL D																
5	TELLY O'STONEM AN	of																
R	Part I: Transactions  Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any control of the reporting period of the reporting period of the reporting period of any control of the report a transaction involving property used solely as your personal residence, or a transaction solely between control of the report a transaction involving property used solely as your personal residence, or a transaction solely between control of the report at transaction involving property used solely as your personal residence, or a transaction solely between control of the report at transaction involving property used solely as your personal residence, or a transaction solely between control of the report at transaction involving property used solely as your personal residence, or a transaction solely between control of the report at transaction involving property used solely as your personal residence, or a transaction solely between control of the report at transaction involving property used solely as your personal residence, or a transaction solely between control of the report at transaction involving property used solely as your personal residence, or a transaction solely between control of transaction (x).																	
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fu a	eal property, stocks, bonds, commodity itures, and other securities when the mount of the transaction exceeded \$1, aclude transactions that resulted in a legislate transactions are transactions.	Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 - \$50,000	50,001 -	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	ver 1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 -	Over \$50,000,000	Certificate of divestiture	
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P For the for the assument assuments.	art II: Gifts, Reimbur or you, your spouse and dependent ch on, and the value of: (1) gifts (such as od, or entertainment) received from of the travel-related cash reimbursements as \$260. For conflicts analysis, it is he personal friend, agency approval uncuthority, etc. For travel-related gifts an	tangible items, transportation, lodging, one source totaling more than \$260, and received from one source totaling more the do total v	S. Government of the control of the	ernn m re t of t resid	nent; lative heir lence one s	given to your classifier of the second of th	our ag	gency our; ou;	spou or pr of ag	se or ovid ggreg	r deg led a gatin	penc as pe ng gi	lent rsor fts to	child nal h o det	l tota ospit ermi instr	ally tality ine th	at he ons	
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name	SCHEDULE E	JLE B continued only if needed)											Page Number Of					
SHELLY 9 STONEM AW Part I: Transactions	(Use only if	nee	<u>aea</u>	)				_				_			JI		-	
Part I: Transactions																		
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*This category applies only if the underlying by the filer or jointly held by the filer with t	g asset is solely that of the filer's spouse or dependent childre the spouse or dependent children, use the other higher categ	n. If (	he u	nderl	lying asset is as appropriat	eithei e.	held	ı										

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Reporting Individual's Name	S	CHED	ULE C	2				-			Page	Numb	ber of	,	
SHELLY O. STONEMAN   Part I: Liabilities	a mortgage on your personal residence	None [										-			
Report liabilities over \$10,000 owed to any one creditor at any time	unless it is rented out; loans secured by automobiles, household furniture							Catego	t or V	alue (x					
during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date	Interest	Term if	\$10,001 -	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001- \$250,000	\$250,001 - \$500,000	\$500,001 -	Over \$1,000,000*	\$1,000,001.	\$5,000,001 -	\$25,000,001 -	Over
Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	64 64	69 69	-	69 69	69.69	69 69	0 69	64 64	₩ ₩	€5 65	0 6
Examples First District Bank, Washington, DC john Jones, 123 JSt., Washington, DC	Mortgage on rental property, Delaware  Promissory note	1991	10%	on demand	<del> </del> -		×-	+-	+	<del> </del> -	-		<del> </del> -	<u> </u>	┝-
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*This category applies only if the liability is s with the spouse or dependent children, mark	olely that of the filer's spouse or dependent child the other higher categories, as appropriate.	ren. If the l	iability is th	nat of the fi	ler or a	a joint	t liabíl	lity of	the fil	er					
Part II: Agreements or Report your agreements or arrangements employee benefit plan (e.g. pension, 401 tion of payment by a former employer (in	Arrangements  s for: (1) continuing participation in an k, deferred compensation); (2) continua-	of abser	nce; and ( egotiation	4) future	emplo of the	ymei ese ar	nt. Se range	e inst emen	ruction ts or	ons re	egard its.	ing t	he rej	port- None	×
Status and Te	rms of any Agreement or Arrangement							Parti	es					Ţ.	Date
Example Pursuant to partnership agreement, calculated on service performed thro	will receive lump sum payment of capital account & pa ough 1/00.	artnership sh	are	Doe Jones	& Smit	h, Hor	netowi	n, State	•					7.	/85
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Reporting Individual's Name	Page Number														
SHELLY Q. STONEMAN	of														
STIELLY (J. S) MELTIN.															
Report any positions held during the ag sated or not. Positions include but are r	Part I: Positions Held Outside U.S. Government Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, ated or not. Positions include but are not limited to those of an officer, director, rustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit  None  None  Type of Organization  Position Held  From (Mo. Yr.) To (Mo. Yr.)														
Organization (Name		Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)										
Nat'l Assn. of Rock Collectors, NY, NY		Non-profit education	President	6/92	Present										
Examples Doe Jones & Smith, Hometown, State	Doe Jones & Smith, Hometown, State Elaw firm Partner														
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Part II: Compensation Report sources of more than \$5,000 co business affiliation for services provide the reporting period. This includes the corporation, firm, partnership, or othe	mpensation received by you or yo ed directly by you during any one names of clients and customers of	year of you directly provided the services generating a fee or	payment of more than \$5,000.	ion Filer, or dential Cand You	·Vice										
Source (Name an	d Address)	Brid	ef Description of Duties												
Examples Doe Jones & Smith, Hometown, State  Metro University (client of Doe Jones & S	mith), Moneytown, State	Legal services Legal services in connection with university constr	uction												
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