

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees
 LEGISLATIVE RESOURCE CENTER

FORM B

MAY 11 2018

Page 1 of 1

Name: Cynthia Lynn Axrod Daytime Telephone _____

MAY 16 PM 1:41

U.S. HOUSE OF REPRESENTATIVES
 (Office Use Only)

FILER STATUS <input type="checkbox"/> New Officer or Employee Employing Office: _____	<input checked="" type="checkbox"/> U.S. House of Representatives Candidates - Date of Election: <u>June 5, 2018</u>	State: <u>Idaho</u> District: <u>3</u>	<input type="checkbox"/> Check if Amendment U.S. HOUSE OF REPRESENTATIVES
	<input type="checkbox"/> Staff Filer Type (If Applicable): Shared <input type="checkbox"/> Principal Assistant	Period Covered: January 1, _____ to _____	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

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

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

SCHEDULE F - AGREEMENTS

Name: Gurthale Lynne Anne Page 9 of 11

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
PDT Academy, Wakesha, VT	digital design services
Inspection Certification Associates, Chicago, IL	
OnCourse Learning, Brookfield, WI	
RIN Capital, Farmington Hills, MI	
Agency 5, Farmington Hills, MI	
Living Essentials, Farmington Hills, MI	
Quality Education Group, Lombard, IL	

Use additional sheets if more space is required.

FILER NOTES
(Optional)

Name Gynthia Lynne Stee Page 10 of 11

NOTE NUMBER	NOTES	
#1	Source (Name, City/State)	Description of Duties
continued Schedule of interactions	Stage 2, Farmington Hills, MI	digital design services
	Revus Waker, Farmington Hills, MI	
	Revus Research, Farmington Hills, MI	
	Revus Group PL, Farmington Hills, MI	
	Lifeline Sciences LLC, Farmington Hills, MI	
	Wisconsin Contractors Institute, Pewaukee, WI	
	E Power Marketing, Oshkosh, WI	
	Monastery Hill Bindery, Chicago, IL	
	State of Iowa, Des Moines, IA	consulting services

Use additional sheets if more space is required.

