

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

Name: Thomas Nelson

Daytime Telephone: _____

FILER STATUS

☒ New Member of or Candidate for U.S. House of Representatives
State: Wisconsin District: 08
Candidates - Date of Election: November, 8 2016

☐ New Officer or Employee
Employing Office: _____

☐ Check if Amendment

Period Covered: January 1, _____ to _____

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

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

2016 MAY 18 AM 11:52

LEGISLATIVE RESOURCE CENTER

MAY 13 2016

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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. Make 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 checked="" type="checkbox"/> No <input 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. Do 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 checked="" type="checkbox"/> No <input 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 type="checkbox"/> No <input checked="" 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

<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>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.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
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BLOCK A Asset used for Income Source	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income (before net of a family trust)
None	None	DIVIDENDS	None
		RENT	
		INTEREST	
		CAPITAL GAINS	
		EXCEPTED/BLIND TRUST	
		TAX-DEFERRED	
		Other Type of Income	
		None	
		\$1 - \$100	
		\$101 - \$1,000	
		\$1,001 - \$2,500	
		\$2,501 - \$5,000	
		\$5,001 - \$10,000	
		\$10,001 - \$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 Income over \$1,000,000	
		None	
		\$1 - \$200	
		\$201 - \$1,000	
		\$1,001 - \$2,500	
		\$2,501 - \$5,000	
		\$5,001 - \$10,000	
		\$10,001 - \$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 Income over \$1,000,000	

SCHEDULE D – LIABILITIES

Name: _____

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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	B	C	D	E	F	G	H	I	J	K
				\$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	\$25,000,001-\$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				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
See Attachment	

SCHEDULE F – AGREEMENTS

Name:

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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
	Self & State of Wisconsin	Continued participation in Wisconsin Retirement System

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:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

SCHEDULE E - POSITIONS

NAME: THOMAS NELSON

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Position	Name of Organization
Member	Woodrow Wilson School Alumni Board
Member	Loaves & Fishes Food Pantry
Commissioner	East Central Regional Planning Commission
Member & Chair	Bay Area Workforce Development Board
Member	Fox Valley Technical College Board of Trustees
Member	Outagamie County Criminal Justice Coordinating Council
Member	Outagamie County Local Emergency Planning Committee
Member	Weight of the Fox Valley Leadership Team
Member	Wisconsin County Executives and Administrators Association
Member	Appleton Noon Rotary