## EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all 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? IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. the current calendar year up through the date of filing? E. Did you hold any reportable positions during the reporting period or in D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER FACH OF THESE QUESTIONS 2015 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics IPO AND EXCLUSION OF SPOUSE, reporting period? exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction Name: REPORT FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the b. Make more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period? STEPHEN LEE $\overline{\mathsf{X}}$ Member of or Candidate for 2015 Annual (Due: May 16, 2016) U.S. House of Representatives FINITION DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS District: State: 7 ž X ž X Yes <u>š</u> Yes Daytime Telephone: メクナース プン・メ ツソ Amendment Z S. 7 8 20 For Use by Members, Officers, and Employees X $\times$ H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period? 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? Employee Officer or Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. 2016 JUAPTIGE YAT PIPEYS 2 DELIVER OF 3 Yes Yes Yes 숋 Yes 줉 588 중 ᇂ 중 중 증 중 중 X X X X

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┡┼┼	_ -		JISTEPHEN +	$\vdash$		.,,,	For a detailed discussion of Schedule requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with amyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is Excepted investment Fund, please check the "t box.	Exclude: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., fental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retirement plans (such as 401(t) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	income that generated more than \$200 in "unearhed" income during the year.  Provide complete names of slocks and mutual funds (do not use only ticker symbols).	beating (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period.	
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						(hed)S	P, S,						Leave this colubiank if there and transactions that exceeded \$1,000.	an asset was sold. please indicate as follows: (S (part)).	exchar exceed in the r period.	asser purc	ᇐ
						"	S, S(part), or E						Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold please indicate as foliows: (S (part)).	sales (3), or exchanges (E) exchanges (E) exceeding \$1,000 in the reporting period.	indicate if the asset had purchases (P).	BLOCK E
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## **SCHEDULE D - LIABILITIES**

Name: StepHen Lee FINCHER

Page 3 of 3

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. 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 to 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.

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	11-12		1 :	5/98	Date Liability Incurred MO/YR					
OC .	11-12 RESIDENCE UASHINGEN	RESIDENCE HALLS TN	MONTHAGE IN PERMONAL	Mortgage on Renkal Property, Dover, DE	Type of Liability					
		<u> </u>	}		\$10,001- \$15,000	>				
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					Over \$50,000,000	ı.				
					Over \$1,000,900* (Spouse/DC Liability)	*				

## **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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 honorary nature.

			Position
		STEPHEN " LYNN FINCHER FARM	Name of Organization