				2040
UNITED STATES HOUSE OF REPRESENTATIVES For No.	FORM B For New Members, Candidates, and	FORM B andidates, and New Employees	AUb U I ZUWige 1	AUb U I ZUMBge 1 of 6
Name: John "bic John" Smith Daytin	Daytime Telephone:		2016 AUG -9 PM 12: 34	PM 12: 34
New Member of or Candidate for State: YN U.S. House of Representatives District: S Candidates – Date of Election:		Check if Amendment	U.S. HJUSE EF REPRESENTATIVE (Office Use Only)	RESEMENTIVE
New Officer or Employee Employing Office:		Period Covered: January 1, <u>1016</u> to <u>1-11-16</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	sessed against any han 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	SE QUESTIOI	NS		
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. Make more than \$200 in unearmed income from any reportable asset during the reporting period?		E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting period Yes date of filing?	z _o
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?		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?	arrangement with an Yes the current calendar	No No
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?		J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	1 \$5,000 from a single Yes	™
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	NDING SCHED	JULE IF YOU ANSWER "YES" AT YOU ARE REQUIRED TO (COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	RMATION - A	NSWER <u>BOTH</u> OF THESE QUESTIONS	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?	and certain other *exc	cepted trusts" need not be disclosed. Ha	ve you excluded from Yes	No No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	r liabilities of a spouse sics.	e or dependent child because they meet all three tests for	all three tests for Yes	No No

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: John "Bib John "Smith

Page A

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SCHEDULE C - EARNED INCOME

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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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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.

	I	Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
\dashv	Honorarium Salary	\$20,000	\$500 \$76,000
EXall I pies. Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Davidson CO. Sheriff Office	Salary	35,600	48,000
Employer MED host	Salany	50,000	85,0∞
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SCHEDULE D - LIABILITIES

Name: John BiG John Swith Page 5 of 16

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 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 exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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DC, JT		Creditor	Incurred MO/YR	Type of Liability	\$10,001	\$15,001- \$50,000	200,003-	\$100,001- \$250,000		\$500,001- \$1,000,000	\$1,000,001 \$6,000,000	\$5,000,001- \$25,000,000	\$25,000,001 \$50,000,000	Over \$50,000,000 Over \$1,000,000 (Spouse/OC) (ability
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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 and two previous years.

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		none	Position	the current calendar year. First-year candidates and new e
			Name of Organization	the current calendar year. First-year candidates and new employees report positions neid in the current calendar year and two previous years.

SCHEDULE F - AGREEMENTS

Name:
" John
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John
"Smith
Page 🖢 6 of

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. 0

		7/25/12	8/11/93	Date
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		કોર્સ:	awidson (b.	Parties to Agreement
		401 K	Pension at letirement	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. To not repeat information listed on Schedule C.

government ar	nd any information considered confidential as a result of a	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
	None	
	- -	