MAR 18 2016

Page 1 of 6

Name: FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** FILER STATUS X Candidates - Date of Election: U.S. House of Representatives Employing Office: New Officer or Employee New Member of or Candidate for 7 JONES District: State: C 07 Daytime Telephone: For New Members, Candidates, and New Employees FORM B Period Covered: January 1, 2015 to 12(3) 15 Check if Amendment A \$200 penalty shall be assessed against any individual who files more than 30 days late. (Office Use Only) U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENT. 2016 MAR 25 PM 1: 31

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

	S IHAI YOU AKE KEQUIRED IO COMPLETE	NLY THE SCHEDOLE	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE RE
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	CORRESPONDING S	ATTACH THE
Yes No	J. Did you receive compensation of more than \$5,000 from a single Yes source in the current year and two prior years?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No X	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?	Yes No	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?
Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	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 unearned income from any reportable asset during the reporting period?

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

₹	Yes	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	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?

SCHEDULE A -- ASSETS & "UNEARNED INCOME"

	Name:
1	S077
	P
	JONES
	Page 2 of 6

all interest-bearing accounts, total the amount in all interest-bearing accounts, total the amount in all interest-bearing accounts, total the amount in \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property head for investment, provide a complete address or description, e.g. rental property, and a city and state. For an ownership interest in a privately-head business that is not publicly traded, state the name of the business, the nature of its geographic location in Block A. Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period), and any financial interest in, or income derived from, a federal residencest in, or income select the TEIF box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or departed third (DC), or pinity held with anyone (IT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. Simon & Schuster ABCHedge Fund THE LOCATHY ASSET MCA. WE FIGURELITY CONTRAL	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	ed" income during the year. complete names of stocks a use only ticker symbols).	Identify (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; and (b) any other reportable asset or source of income which generated more than \$200 in	Assets and/or Income Sources	Ð
None >	_ 66	jutual fund	for investment or a fair market value the reporting period, asset or source of we than \$200 in	come Sources	BLOCK A
	1	should be "None." 'Column M is for a	icat an as as		
₹ \$1,001-\$15,000 °	1	* * * *	Special Specia		
\$1,001-\$15,000	1	is for			
× \$50,001-\$100,000 m	1	asse	Soid Bearing	<	
\$100,001-\$250,000	1	0 S 8		붍	四
× \$250,001.\$500,000 p]	should be "None." "Column M is for assets held by y child in which you have no interest	Indicate value of asset at close you use a valuation method of please specify the method used if an asset was sold during the individed only because it pen individed only because it pen individual pen indivi	ġ	вгоск в
\$500,001-\$1,000,000]	should be 'None. Stoud be 'None. Column M is for assets held by your spouse or dependen child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it perpendent income the value.	Value of Asset	B
\$1,000,001-\$5,000,000 —]	r spa		ğ	
\$5,000,001-\$25,000,000]	E S			
\$25,000,001-\$50,000,000		or de	narket market		
Oyer \$50,000,000		pend a	s = x ag s = x ag s = x ag		
Spousa/DC Asset over \$1,000,000'					
NONE	_	reinvested, r for assets Check "Non- income during	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Oeferred" column. Dividends, Interest, and capital gains, even if		
→ DIVIDENDS		einvested, must be disclosed a or assets held in taxable : heck "None" if the asset gen noome during the reporting period.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
RENT				Į	
NTEREST		a = £ 5	25 Per 25	Type of Income	<u></u>
CAPITAL GAINS		g = g	ef en et	읔	вгоск с
EXCEPTED/BLIND TRUST	1	taxa taxa asse ting p		8	ô
TAX-DEFERRED	-	t ga	ein v	ğ	
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)				
Nons -		្ត			
× \$1.\$200 =		i i	For assets for wother assets ind and capital galaccounts. Che		
\$201-\$1,000		¥			
\$1,001-\$2,500		sio	Hardin M.		
× \$2,501-\$5,000 <	·	asse	2 a a a		
× \$5,001-\$15,000 ≤ d		र्खे इ	a		
\$15,001-\$50,000		<u>s</u>	7 = 3 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6 ×		
		ğ	TOTAL S		
\$100,001-\$1,000,000 京		r spo	Finoc Finoc	_	
\$1,000,0001-\$5,000,0000		5	S ear	ş	
Over \$5,000,000		9 9	19 to 6	Š	œ
Spouse/DC income over \$1,000,000*	4	Š	Q 4 6 5 5	ē.	BLOCK D
None		dent.	isch Bnera	Amount of Income	õ
\$1.\$200			20 日本 20 日本 20 日 20 日本 20	ŏ	
× \$201-\$1,000		<u>5</u>	dough m	ā	
\$1,001-\$2,500	1	Column XII is for assets held by your spouse or dependent child in which you have no interest	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column, other assets indicate the category of income by checking the appropriate box below. Dividends, it and capital gains, even if reinvested, must be disclosed as income for assets held in accounts. Check "None" if no income was earned or generated.		
\$2,501-\$5,000 < \$2,501-\$15,000		5	box -		1
× \$15,001-\$50,000 ≤ 2	· [ave I	of below the		
\$2,501-\$5,000	: [<u> </u>	Won .		
\$100,001\$1,000,000		teres	# <u>₹</u> 8,		
\$1,000,001-\$5,000,000 ×		۴	ild is ands ands		
Over \$5,000,000			1 1 1 T		
Spouse/DC Income over \$1,000,000°			For al interest taxable		
to the state of th	_		7 \ =	-	

Use additional sheets if more space is required.

		•												呈	무용		
														FIDELITY			Assets an
														y Fassoom	ASSET NAME		BLOCK A Assets and/or Income Sources
									<u></u>					د	異		9
_	-										-	 				None >	
	-				-									 		\$1-\$1,000 œ	
			_			-		ļ	-		ļ	 -	├-				
	_			<u> </u>	₩-	<u> </u>			1	-	-	₩	 				
	_				ļ	ļ		<u> </u>	 		-		<u> </u>	<u> </u>		\$15,001-\$50,000	
	_[<u> </u>	ļ	ļ			ļ	ļ		ļ		ļ	ļ		\$50,001-\$100,000 m	- ≦
			<u></u>	L								ļ	<u> </u>			\$100,001-\$250,000	BLOCK B
																\$250,001-\$500,000 ග	ue of As
											L					\$500,001-\$1,000,000 #	A 25.
																\$1,000,001-\$5,000,000 —	ě
													1			\$5,000,001-\$25,000,000	
1					1	_	_				1	\vdash	1			\$25,000,001-\$50,000,000	
											 	† ·		1		Over \$50,000,000	
			 			 					 	 	╁╌	 		Spouse/DC Asset over \$1,000,000*	
-												 	 	\vdash		NONE	
						-						-	-	-			
												ļ	<u> </u>	<u> </u>		DIVIDENDS	
											l					RENT	₹
																INTEREST	8 .
					 	 							<u> </u>	†		CAPITAL GAINS	BLOCK C
									 				 	 		EXCEPTED/BLIND TRUST	an S
	-		-					 					<u> </u>	\ 			9
				<u> </u>								ļ	ļ,	×		TAX-DEFERRED	•
																Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
				İ										X		None —	
																\$1-\$200 =	
																\$201-\$1,000 ==	
														-		\$1,001-\$2,500 <	
							-	<u> </u>	 				\vdash	 		\$2,501-\$5,000 < 2	
+							-		 	_		\vdash	\vdash	 		\$5,001-\$15,000 ≤ 6	
-+	\dashv	_	 -		-	 	-	\vdash	 		-	 	+-	+	1	\$15,001-\$50,000 ≦	
-+	\dashv		 		├─	\vdash	<u> </u>	 	-			\vdash	\vdash	\vdash	ļi	\$2,501-\$5,000 < Current Y	
-	-				 					-		\vdash	\vdash	├-		\$100,001-\$1,000,000 🔀	
	\dashv		-	 	 	1	-						\vdash	\vdash		\$1,000,001-\$5,000,000 ×	>
			ļ		├ ─	ļ	<u> </u>	<u> </u>	 	 -		-	-	├	-		3
					 			 	_	1	-	-		 	 	Over \$5,000,000 ≚	<u> </u>
	_			ļ			1					1	₩	_		Spouse/DC Income over \$1,000,000° ≚	Int of In
				<u> </u>	ļ	ļ	<u> </u>	_	L	<u> </u>	ļ	 	<u> </u>	×	_	None —	
				L	ļ				L				<u> </u>	<u> </u>		\$1-\$200 ===	Amount of Income
			L	<u> </u>		ļ		<u> </u>				_	_	Ļ	L	\$201-\$1,000 Œ	₹ 7
								L					<u></u>	<u> </u>	.	\$1,001-\$2,500	
				L									<u> </u>	<u> </u>		\$2,501-\$5,000 < 6	
																\$5,001-\$15,000 \(\leq \frac{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tint{\text{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tint{\tint{\tinit{\text{\text{\text{\text{\text{\text{\text{\tinit{\tett{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit{\text{\text{\text{\tinit{\texitile}}\tint{\text{\text{\text{\tinit{\text{\text{\text{\text{\text{\tinit{\ticl{\tinit{\text{\tinit}}\text{\text{\text{\text{\text{\text{\tert{\text{\tinithtet{\text{\texi}\tinithtet{\tinit}\tint{\text{\tilit}}\tint{\text{\tinit}\text{\tint{\text{\tinit\tint{\tin	
		_														\$15,001-\$50,000 ≦ G	
												Г				\$2,501-\$5,000	
	_			 	1					1		Т	\top			\$100,001-\$1,000,000 😾	
			 	 		 	 					 	 	1		\$1,000,001-\$5,000,000 ×	
	-	<u> </u>			\vdash	 	 	-	 -	+-			+-	 		Over \$5,000,000	
+				 	 	 	 -	\vdash	-		 	 	+	+	-	Spouse/DC Income over \$1,000,000*	
1			L		1	1	1		1	l .	1	1				chorosexpo sicrilia osa. \$1'non'non. 📅	

SCHEDULE A - ASSETS & "UNEARNED INCOME"

JOST R. JONES

Page 3 of 6

SCHEDULE C - EARNED INCOME

Name:
$S_{\omega\pi}$
R. JONES
Page 4 of 6

ļ		됴	
ì	조	\$ +	
į	ers	8	
	g	ă	
	esn	Ģ,	
	, 5	ģ	
	₹	9	
•	So	a	
•	Š	ğ	
	e e	2	
	g	é	
	죓	Ħ	
)	莱	<u>≙</u> .	
	ə,		
,	7	æ ≓	
	욹	즼	
	Ž	any	
	ø	Š	
	and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000.	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government)	
•	일	Š	
	Ϋ́	Τer	
:	8	냚	
	ş	3	
	ē	e ≅	
	ᅙ	er's	
	현	ŝ	
	ğ	ren	
	Se	9	
	ear	흏	
	8	Ħ	
	죵.	₹	
	훓	₹	
•	9	e	
	ĕ	S	
	悥	ğ	
•	经	3	
	8	쯢	
•	ç	ਛ	
	8		
	×	ğ,	
	흋	8	
	Š	9	
	Š	힣	
	-	<u>6</u>	
		₹.	
		듗	
		ğ	
		ğ	
		ng T	
		ÆŽ.	
		8	
		iod. For both the	
		ģ	
			
		હ ≅	
		<u>ā</u>	

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. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

		7	
Course (include date of receipt for homograpia)	Two	Am	Amount
Gource (ilicitute date of lecelpt for Horioralia)	ı ype	Current Year to Filing	Preceding Year
Ц	Honorarium	\$0	\$500
Examples: Sale of waryland Civil War Roundtable (Oct. 2)	Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Ontario County Board of Education	Spouse Salary	NA	AW
			57
SACKAMENTO COUNTY	SACTRY	115,443.01	101, 787
PLACER HILLS SCHOOL DIST.	SAUR SALARY	2/4	Q
LOS PLOS COMMUNITY COLLEGE DIST.	SALARY	668.37	1299.66
C.S.J. HUMBOUST	SALARY	3.360.00	2520.00
		,	1

SCHEDULE D - LIABILITIES

Name:
San
7
TONES
Page 5 of 6

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 fiabilities 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.

リス	니 보	¥ ¥		کر. با کر: با		
	0	₹	Example			
SALAMENT CALOIT WIND	CHASE	NATIONSTAR MTG.	First Bank of Wilmington, DE	Creditor		
4/13	2/11	4/92	5/98	Date Liability Incurred MO/YR	·	
PERS. WAN	CRIOT CARD	4/92 mile: REWIAL, ANTHORICA	Mortgage on Rental Property, Dover, DE	Type of Liability		, , , , , , , , , , , , , , , , , , , ,
X				\$10,001- \$15,000	>	
	X			\$15,001- \$50,000	æ	
				\$50,001- \$100,000	G	
		X	×	\$100,001- \$250,000		
				\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	71	t of Li
				\$1,000,001- \$5,000,000	6	bility
				\$5,000,001- \$25,000,000	=	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	۴.	
				Over \$1,000,000* (Spouse/DC Liability)	*	

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.

the culter calcinal year. First year calculates and new	are current calcingaryear. Filestyear calculates employees report positions retain the current calcings years,
Position	Name of Organization
N/W	

SCHEDULE F - AGREEMENTS

greement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	
you ha	
ve with	
respect to; fu	Name:
ture emp	χ
loyment;	SCOTT R. JONES
a leave	אַ
of absen	H
ce during	<u>ک</u>
g the peri	N N
od of gc	70
vemmer	Page 6 of 6
nt service	<u>9</u>
*	0

Date	Parties to Agreement	Terms of Agreement
	W/W	

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
Ехатрів:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	N/A	
	,	