UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and Ne	New Employees LEGISLATIVE RESOURCE CENTS:	LEGISLATIVE RESOURCE CENTS:
Name: Dr. Damian Stone	Daytime Telephone:	2016 FEB - 1 PM 1:35	PM 1: 35
New Member of or Candidate for State: **Fle U.S. House of Representatives District: **2 Candidates - Date of Election: **2016**	Check if Amendment	W.S. HEUSE OF REFRESENTATIVES (Office Use Only)	PRESENTATIVES Ise Only)
New Officer or Employee Employing Office:	Period Covered: January 1 to	nuary 1 A \$200 penalty shall be assessed against any individual who files more than 30 days late.	assessed against any e than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUESTIONS		
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?	No E. Did you hold any report or in the current calendar	E. Did you hold any reportable positions during the reporting period Ye or in the current calendar year up through the date of filing?	Yes ON
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. Did you have any repo an outside entity during the calendar year up through	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compessource in the current year	J. Did you receive compensation of more than \$5,000 from a single Yes source in the current year and two prior years?	No V
ATTACH THE CORF	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	NSWER "YES" REQUIRED TO COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	I INFORMATION - ANSWER BOT	OTH 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 your dependent child?	on Ethics and certain other "excepted trusts" need it child?		Yes ON V
EXEMPTION – Have you excluded from this report any other assets, "unearmed" income, transactions, 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.	income, transactions, or liabilities of a spouse or de committee on Ethics.		Yes No 🚺

SCHEDULE A - ASSETS & "UNEARNED INCOME"

For all IRAs and other retirement plans (such 401(k) plans) provide the value for each asset hele the account that exceeds the reporting thresholds. rental property," and a city and state. all interest-bearing accounts. If the total \$5,000, list every financial institution where the strength of the For bank and other cash accounts, total the amount Provide complete names of stocks and mutual funds do not use only ticker symbols). or an ownership interest in a privately-held busine you have a privately-traded fund that Is an Except westment Fund, please check the "EIF" box. terest in, or income derived from, a feder eographic location in Block A. uneamed" income during the year. you so choose, you may indicate that an associate source is that of your spouse (SP spendent child (DC), or jointly held with anyone stirement program, including the Thrift Savings Plan cclude: Your personal residence, including secon ceeding \$1,000 at the end of the reporting period is not publicly traded, rental and other real property held for investn 90 Assets and/or Income Sources optional column on the far left remy and vacation homes (unless there was Examples â detailed The Limble Co ch generated my each asset ailed discussion of Schedule please refer to the instruction booklet Simon & Schuster ABC Hadge Fund Mega Corp Stock BLOCK A Fragar ts activitients a fair market value for investment description. name ð \$200 (SP) 필요 there 皇 × child in which you have no interest Indicate value of asset at close of the reporting period. It you use a valuation method other than fair market value, None > If an asset was sold during the reporting period and included only because it generated income, the val you use a valuation method other than please specify the method used. *Column M is for assets held by your spouse or depende hould be "None." \$1-\$1,000 œ \$1,001-\$15,000 ဂ \$15,001-\$50-000 o × \$50,001-\$100,000 m Value of Asset П \$100.001-\$250.000 BLOCK B 6 \$250,001-\$500,000 \$500,001-\$1,000,000 r \$1,000,001-\$5,000,000 ے \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 $\overline{}$ Over \$50,000,000 _ Spouse/DC Asset over \$1,000,000 ĸ that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income Check all columns that apply. For account NONE starest, and capital gains, even I × DIVIDENDS RENT Type of Income INTEREST Name: BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED 7 Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) Damian For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" columbra sasets indicate the category of income by checking the appropriate box below. Dividend and capital gaints, even if reinvested, must be disclosed as income for assets held accounts. Check 'None' if no income was samed or generated. Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-\$200 = × \$201-\$1,000 ≢ \$1,001-\$2,500 ₹ Stare ٧ Current Year \$2,501-\$5,000 ≤ × \$5,001-\$15,000 ≨ \$15,001-\$50,000 ≦ \$50,001-\$100,000 ᆽ \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Amount of Income Over \$5,000,000 × BLOCK D Spouse/DC Income over \$1,000,000 ≚ None \$1-\$200 = \$201-\$1,000 = × Page. ₹ \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ × \$15,001-\$50,000 ≦ \$50,001-\$100,000 으 vidends, intere \$100,001-\$1,000,000 ᆽ \$1,000,001-\$5,000,000 × in taxabi Over \$5,000,000 × For all Spouse/DC income over \$1,000,000*

additional sheets if more space is required

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SCHEDULE C - EARNED INCOME

Name: Dr. Jamian くするし Page_

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. professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. 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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for Examples: Enrich Amount Maspora Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
State of Maryland
Civil War Roundtable (Oct. 2) Ontario County Board of Education tampo thurse Type A 44.000.00 Current Year to Filing \$20,000 \$0 ΝΆ Amount 2 38,000,00 **Preceding Year** \$76,000 \$1,000

SCHEDULE D - LIABILITIES

exceeded \$10,000.

*Column K is for liabilities held solely by your spouse or dependent child

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 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 (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 Name: Dr. Damian Ston Page_

						SP. DC, JT		
Alles	BBY	68.7	BBY	Berr	Example			
From	Base	Bull	Bank	Bull	First Bank of Wilmington, DE	Creditor		
			-	12/12	5/98	Incurred MO/YR	Date	
Aso Leave	Allo Leau	mas / sem	Auto Loan	- Johnson	Mortgage on Rental Property, Dover, DE	Type of Liability		
						\$10,001- \$15,000	>	
		_				\$15,001-		
X	X	X	X			\$50,000		
X	X	X	X				ი	
X	×	X	X	X	×	\$50,000 \$50,001-		A
X	×	X		X	×	\$50,000 \$50,001- \$100,000 \$100,001-	n	Amount
X	×	X		X	×	\$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001-	0	Amount of Lia
X	X	X		X	×	\$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000	c o	Amount of Liability
X	<i>x</i>	<i>x</i>		X	×	\$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000	rn Tr	Amount of Liability
X	×	<i>x</i>		X	×	\$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000 \$1,000,001- \$5,000,000 \$5,000,001-	C D III	Amount of Liability
X	<i>x</i>	<i>x</i>		X	×	\$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,000 \$5,000,000 \$5,000,000	C D III	Amount of 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

	Nowe	Position	the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.
		Name of Organization	ositions neid in the current calendar year and two previous years.

SCHEDULE F - AGREEMENTS 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 Name: Dr. Jamian Terms of Agreement Stone Page_

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
lane	
No	