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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2014- DEC 31 2016 F	FORM B For use by candidates and new employees	BOURCE CENTS	Page 1 of 1
Name: () Daytime	Daytime Telephone:	2014 MAK Z I TIL ITTO	
		(Office Use Only)	
) for the Representatives er or	Check if Amendment	A <i>\$200 penalty</i> shall be asse against any individual who	assessed who files
In all sections, please type or print clearly in blue or black ink.			
PRELIMINARY INFORMATION — ANSWER EACH OF THESE	E QUESTIONS		
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No II yes, complete and attach Schedule I.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	efore the date r <u>two</u> years? Yes	× ×
It. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes No If yes, complete and attach Schedule II.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes	No.
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No III	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes 🔲	ĕ ⊠
Each question in this part must be answered and the a	and the appropriate schedule attached for	attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	ı	ANSWER EACH 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 benefiting you, your spouse, or a dependent child?	ss and certain other "excepted trusts" need no spouse, or a dependent child?	Yes	N N
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilit because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the C	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	Yes 🔲	₹

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Examples: Franklin County Public Hospital BMY Mellow Disbuestment AGGENT BELL ROZELIE NFL PLAYER RETIREMENT Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act DAC P DIGIER EXCAVATION DA DAN dson XYZ Trade Association, Chicago, IL (Rec'd December 2) Harris County, Texas Public Schools First Bank & Trust, Houston, TX XYZ Corporation, Houston, TX torty them Source (include date of receipt for honoraria) Chiet & Krishe Salary Director's Fee Spouse Salary Honorarium EARWINGS Type **Current Year to Filing** 2080 ® 1,6000 g S S \$6,300 \$400 **Amount Preceding Year** 13 200 % \$28,450 \$1,000 \$3,200 NA

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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<u> </u>	F/		(G)	W	 	Ħ	<u>M</u>		If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; 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 or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	>	ı
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Continuation Sheet (if needed) SCHEDULE II — ASSETS AND "UNEARNED" INCOME g Ţ, SP Asset and/or Income Source **BLOCK A** None 8 \$1 - \$1,000 0 \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Е \$50,001 - \$100,000 ī BLOCK B \$100,001 - \$250,000 ଦ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ٦ \$25,000,001 - \$50,000,000 ス Over \$50,000,000 Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS Type of Income RENT INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) None Name \$1 - \$200 \$201 - \$1,000 IV V VI VIIVIII IX \$1,001 - \$2,500 **Current Year** \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 × × Over \$5,000,000 BLOCK D ¥ Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 **Preceding Year** \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$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*

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount

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SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

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SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature

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SCHEDULE V - AGREEMENTS SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE Example: Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 Identify the date, parties to, and general terms of any agreement or arrangement 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 benrecognized by law. Do not repeat information listed on Schedule I. efit plan maintained by a former employer. Date Doe Jones & Smith, Hometown, Homestate Source (Name and Address) Parties To Accounting services Brief Description of Duties Terms of Agreement Page | | 요 |

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