

UNITED STATES HOUSE OF REPRESENTATIVES	For Use by Members, Officers, and Employees	
Name: 13111 PSEY	Daytime Telephone:	A \$200 penalty shall be assessed egalitist any individual who files more than 30 days late.
FILER STATUS Member of or Candidate for State: U.S. House of Representatives District:	Officer or Employing Office:	Office:
REPORT (2015 Annual (Due: May 16, 2015) 1YPE 2016 2017	Amendment Termination Date of Term	Termination Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF TH	THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable esset that was worth more then \$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?	Yes No 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?	ent or arrangement with an Yes No No
ident child purchase, sell, or sel estate in a transaction period?	Yes No 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?	or your dependent child receive any nere than \$375 in value from a single Yes No S
C. Did you or your spouse have "serned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	or your dependent child receive any ves No No sursements for travel totaling more than the source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable hability (more than \$10,000) at any point during the reporting period?	Yes No I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	e a donation to charity in Yes No No
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Ш	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT,	, OR TRUST INFORMATION - ANSWER EACH	CH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answ the Committee on Ethics for further guidence.	ublic Offering during the reporting period? If you answered "yes" to t	vered "yes" to this question, please contact Yes No 🔀
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or dependent child?		not be disclosed. Have you excluded from Yes No X
EXEMPTION - Have you excluded from this report any other assets, "unesmed" income, transactions, or liabilities three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	of a spouse or yo	ur dependent child because they meet all Yes I No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: BILL TOSET

Page 2

_	-		IU	_	سا	_		누용	37	C 2 5 *	ह (ह==	2337F	975P	783	3 22 7	学太 卫	a 3	53	3 2 7	ā		7
\vdash		جہ			三	\vdash		T.	For a detailed discussion of Schedule requirements, please refer to the restruction books.	If you so choose, you may indicate that income seems is that of your speak dependent died (DC), or jointly haid to (JT), in the optional column on the far left.	7 you have a privately-baded fund that Excepted investment Fund, places check to box.	Exchale: Your personal reaidence, including seconomes and vacables leaves (unless there was remember during the repeating period); and any fleave repeating period; and any fleave remember during the repeating period from, a fleave vibramoral program, including the Thrist Savings Pla	For an ownership internet in a privately-held but that is not publishy traded, state the name learnes, the nature of its activities, as geographic location in Eleck A.	For runtill and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.	For bank and other cash accounts, total the in all interest-bearing seasons. If the stall 55,000, list every financial institution where more than \$1,000 in triannot-bearing accounts	For all IRAs and other retrement plans (such as 401(k) prime) provide the value for each asset hald in the account that exceeds the reporting thresholds.	Provide complete remes of atocks and materi funds (do not use only ticker symbols).	income that generalised more than \$200 in "unsel Income during the year.	modecom of magne succeeding \$1,000 at 11	1	>	ı
ROCK HEDGE FOL	1803 HENSLEY	ROCKUDE, FL	18205- HUNGHAGTON	ROCKLEDGE, FL	1824 S.FISHE		Estate Park	}		3219	<u> </u>	and w	7. 2. 3 7 7 7 3		r bank and other cash accounts, all interest-booking accounts. If ,000, list every financial institute or than \$1,000 in interest-booking		9	11	processor of magning and were a new manner value speeding \$1,000 at the end of the reporting period. If (b) any other reportable season or assures of	3	Asset and/or Income Source	I
ξ.	S	£	20	£	5		Ť	48		9.4	rvo a privately-insided to Invastment Fund, phoses	or the contract of the contrac		× 1 3	3311		₹ 3	7	181	each seek hald for investment	3	I
Œ	Ţ	\$	Ţ	Ţ,	1	à	1	F	is	you may indicate that an a that of your appears (DC), or jointly held with all cohern on the far left.	7	embed naidence, ken hanne (unions reporting period); income derived i m, including the Th				7 3	4 4	E E	7		9	퀽
8	7	4	3,	X.	ķ	ABC Hodge Fund	Sinon E Schwar	Maga Corp. Stad			11	n paidang g parkad g	A TER	111			를 및 등	3		7		COCK A
Ľ,	Ě	D	1	7	11)	Ĭ		ST.	Į.	Indicate that an it year species jointly held with on the far laft.	1 2	1	privately-hadd to state the name its activities, a	1 2 7			. G	3 2	7	4	3	
12	1.	1	3	, ``	346			11	1 1	3.1	dad tal	indedig and my	77	1 t	To a series	3 3	§.	2	a per manage value of special controls of according to the controls of according to the controls of the control of the controls of the controls of the controls of the controls of the control of the control of the controls of the control of the cont	1	Ş	١
l	X		<u>Ł</u>		Ŏ				1 § \$	131	• -		19	3	, and a	74	Ī	Ì			8	1
						×	-	1		1 2 2	4,	11111	771	9.3	191	31		<u> </u>		9		┛
_	_		_	<u> </u>		_	-	+	None						<u> </u>	-	you have no inte		1	à		ı
		-	_			_	_	,	\$1-\$1,000							1	33		9	1		١
		_		<u> </u>		L			\$1,001-\$15	,000						1	1		1	8		١
			X				-	}	\$15,001-\$5	0,000					0	1		Ĭ	3	1		١
			_					×	\$50,001-\$1	00,000						1	3	3		3	5	l
	X				X				\$100,001-\$	250,000					1]	Column M is the sease had by your spouse or dependent child in which you have to interest.	tension was sent carried and taporing period and is necessary or selections it generated income, the value should be "None,"	remaining magnet grant than the market value, please specify the market		Value of Asset	밁
						×			\$250,001-\$	500,000					ဓ		7	9	ā	9	ያ. ≽	BLOCK B
									\$500,001-\$	1,000,000							5	4		3	88 Q	
			L						\$1,000,001	\$5,000,000					-			2		3		l
						L	L	_		\$25 ,000,000						1	naent	3		ě		ı
			<u> </u>	_		L	ļ_	<u> </u>	 	1-\$50,000,000						1	9	į	3	=		1
		_		_			_	-	Over \$90,0								5 \$1	1	3	5		ı
			_	_			Ļ	+-		Asset over \$1,0	000,000	<u> </u>			E	_					_	4
_	X	_				-	L	+	DIVIDENDS							ĺ	if the asset generated reperiod.	even if reinvented, must for assets hald in taxable	genorate law-deferred income (such as \$29 accounts), you may check the solumn. Divisionals, interest, and (Check all columns that apply.		l
	_	_	∇		A		 	×	RENT			··				1	Į	į	- 8 8 9 5 1	=		ı
			Δ				_	+	INTEREST								genen	ij	TAN YEL	Š	4	ı
		-					-	+	CAPITAL G	AINS						ł	1	Į,	. 2 <u>2</u>	ਕ ; ਤੋਂ	ğ,	
			_				\vdash	 -	ļ	/BUND TRUST	 -					ł	3 ₹	‡ <u>1</u>	Tey chec	7	9	BLOCK C
			_			-		+	TAX-DEFE	RRED				·		1	income during	an be diseased		₹	Type of Income	٩
	_				_	3 J			Other Time	of Income							ಡ	~ II			ត	1
	'					Parlmership Income	9	Passallina	Other Type (Specify: e.g	on income 7., Partnership I	ncome or Fa	rm Income)					\$ a	¥ 8	į	CCOM		I
						₹											the reporting	hack None		counts the		ı
	V						-	†	None							37						1
	Δ		-			_	-	╁┈	\$1-\$200							賣	generated. "Column X	7	3 3			
	_						×		\$201-\$1,000)) <u>S</u>	<u>.</u> ₹	1	F 9 3	8		ı
\Box	┪		П		\neg		T	×	\$1,001-\$2,5	00					₹	in which you have no interest.	₹	must be disclosed as insume for accounts. Check "None" if no i		ž,	>	l
						×			\$2,501-\$5,0	00					<		90 3 3	£ .	7	you co	Amount of Income	
			X						\$5,001-\$15,	000					≤	å,	3. F		Įįį	теска	Ž (
					X				\$15,001-\$50	000,000					≨	•	ž	ਰ ਰ		4	¥ ;	BLOCK
	\Box			\Box			_		\$50,001-\$10						≦	,	STOOKS STOOKS	assets income	10	ð	3	
\Box								1	\$100,001-\$1						ᄝ	Ì	ð Q	3 ¥ 3 ₹	column. For all other assets y checking the appropriate	8	4	
\sqcup								-	\$1,000,001						×	•	Suede,	2 3 2 5	* # # 1 8 7	20 20 20 20		
$\mid \downarrow \mid$					_		<u> </u>	-	Over \$5,000			500 0004			<u> </u>		jenerated. Column XII is for assets hald by your spouse or dependent child	in temelate	ndcale II	For searls for which you checked "Tax-Deferred" in Bleck C, you		
		_			4		_	<u>(</u>		Asset with Inco	ne over \$1,0				¥ Talie	# TO M =	<u> </u>	_			_	4
	-							S(pag)	, on						A train		Terre n	Ž	Į.	dica	T	2
				ł			}		P, 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 follows: (S (part)).	in the reporting period.	exchanges (E)	purchases (P).	ndicate if the	Transaction	PI OCK
	ľ								or E						A Security	S soid	a de la companya de l	9 10 10 10	ىي	GP .		7
								٠			_											_

								5	5	5	5	5	5		4	5 8		
								Rocklen LE TO	ROCKLESS OF GROWF I	Posexto Stock	COMMUNIC	WELLS THOUGH THE	SUNTRUST BANK	CAPE CANNUAR ALIFL	806MYSTIC DR #310	ABBET		Asset and/or Income Source
								REMAIN STOCK	ROUP I STOCK	STOCK	ommunit educatios cu.	THO DEX	BANK	ASY-LEL	DR #310		·	ncome Source
		<u> </u>	L		↓			^	^		<u>u.</u>			<u> </u>		4		
																	None	
									X	X							\$1-\$1 <u>,</u> 000	
		-			†			İ		T	X		X				\$1,001-\$15,000	
	-	1	┢╌		+	+			_	<u> </u>		V	-	-	\vdash		\$15,001-\$50,000 p	
				1	+	+	┼						1				\$50,001-\$100,000 m	_
	\vdash		┝		+	+			<u> </u>			-	-	╁	V		\$100,001-\$250,000	Value of Asset
			┝	╁	+-	-	 					-					\$250,001-\$500,000 a	lue of Ass
	⊢		┢	╁	+	 		-	ļ			<u> </u>		-			\$500,001-\$1,000,000 ±	}
	-	┢	\vdash	-	+		\vdash			-		-		_			\$1,000,001-\$5,000,000	2
	-	 	-	-	+	<u> </u>	-	!	_			\vdash		┢			\$5,000,001-\$25,000,000	
		<u> </u>		┼	+	1	-	-				\vdash	<u> </u>				\$25,000,001-\$50,000,000	
	-	1	 	╁┈	╁╴	╁	┢	•						┢╌			Over \$50,000,000	
		-	-	╁	+	+	├		-	-		\vdash					Spouse/DC Asset over \$1,000,000*	
	-	-	-	+	┿							_					NONE	
	\vdash	ļ —	-	1	+-	+	├				_						DIVIDEND\$	
	-		-	┢	╁	-	┝	\vdash	\vdash			-		-			RENT	
		 	ļ	-	╀	-				ļ	X		X	ļ	\wedge		INTEREST	.=
	_	<u> </u>	\vdash	1	+		-			.	\triangle						CAPITAL GAINS	₹ <u>;</u>
		ـــ	<u> </u>	_	+-	-	-										EXCEPTED/BLIND TRUST	pe of Inco
	-	 		\vdash	╁	-	\vdash										TAX-DEFERRED	Type of Income
		Ĺ															INVOID CITALD	3
																	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
						İ		X	X	X							None	
-				t	+	1	 										\$1-\$200 =	
											X	X	X				\$201-\$1,000	
-	 	 		T	T	 						*	L,				\$1,001-\$2,500 =	_
_			r		T												\$2,501-\$5,000 <	, mo
		<u> </u>	<u> </u>	<u> </u>	1	†											\$5,001-\$15,000 ≤	Amount of Income
					T										\overline{X}		\$15,001-\$50,000 <u>≤</u>	unt of Inc
					T				\vdash	L							\$50,001-\$100,000	700
			\vdash		H	\vdash	-						\vdash				\$100,001-\$1,000,000	30
				1	+			\vdash									\$1,000,001-\$5,000,000 ×	
			\vdash	\vdash	\vdash	-	-			\vdash							Over \$5,000,000	
			_	-	\vdash	\vdash		Н		Ш				Ш			Spouse/DC Asset with Income over \$1,000,000°	
					-													
		1															F. S. S(part), or E	Transaction
																	*	ransaction
					1												or m	g r

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 3 of 10

SCH

SCHEDULE B - TRANSACTIONS				Name:	+-)	SIL PE	<u> </u>	1				Page		of_	9	
Ropert any partriass, sale, or eachings transactions that expended \$1,000 in the repetitor period of any sessifiv or real executive had by visit, value seems or year	Туре	Type of Transaction	ction		Date				Ą	Amount of		Transaction	ĭ			
or investment or the production of income. Insistate feet, Provide a brief description of an extension statement of your personal residence, unless it generated of your personal residence, unless it generated to				í Gain	(MODAVR) or	>	€	o	D	m		o	Ξ	•	-	*
Capital Gains: if a sales transmitten resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a transmittered account, and disclose the capital gain income on Schoole A. *Column K is for seasts salely hald by your spouse or depandent child.	Purchase	Sale Partial Sale	Exchange .	Check Box if Capit Exceeded \$200	Monthly, of Bi- wooldy, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Asset)
SP, DC, JT Assert		•														
gp Exemple Maga Corp. Steck		×		×	35/15		×									
MINE																
		-														
		-														
		-														
						!										
			<u> </u>													

SCHEDULE C - EARNED INCOME

Name: QUYOSET	
Page S of (()	

List the source, type, and amount of samed income from any source (other then the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse samed 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.

Types of income (no	INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside service for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	seted at or above the "senior staff rate totally prohibited.	was \$27,225. In addition, certain
	Source (include date of receipt for honoraria)	Туре	Amount
HVIIII DE	State of Manyland	Approved Teaching Fee Legislative Pension	\$6,000 \$18,000
Cxempico.	Civil War Reundiable (Oct. 2) Ontanio County Reand of Education	Speuse Speech Speuse Salary	\$1,000 N/A
STATE (STATE OF FLORIDA	LEGISLARUE PENSON	16,756

SCHEDULE D - LIABILITIES

Name: TALL TOSET
Page of 10

Report liabilities of over \$10,000 awad 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 are required to report all flabilities 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); barns secured by adomobites, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabilities); and liabilities owed to you by a spouse or the child, parent, or string of you or your spouse. Report a revolving charge account (i.e., credit card) only if the belance at the close of the reporting period exceeded \$10,000.

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

	コ		5. 4 5. 4		
	384HD	Example			
	JE.	First Bank of Wilmington, DE	Creditor		
	5006 Happy	5/848	Date Liability Incurred MO/YR		
	MONTHER ON HISTOR POWERTY	Mertgage on Ranfal Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000		
			\$50,001- \$100,000	c	
	X	×	\$100,001- \$250,000	0	
			\$250,001- \$500,000	m	mour
			\$500,001- \$1,000,000	п	t of L
			\$1,000,001- \$5,000,000	6	Amount of Liability
			\$5,000,001- \$25,000,000	Ι,	
			\$25,000,001- \$50,000,000	-	
			Over \$50,000,000	<u>-</u>	
			Over \$1,000,000* (Spouse/DC Llability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calender year as an officer, director, trustee of an organization, pertuer, preprietor, 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 had in any mitchess, consultant or political antition and the partition of any mitchess.

Front III only roughous, society, illeganter, or possessed environes (et	Treat if only recept process, increase, or process (when we present persons or company) and positions seemly increase, increase, increase,
Position	Name of Organization
HOLESPENI	HOSEY & CO. TREASONS - A FLORIGH CORPORATION
PRESIDENT	ROWLESTE THE THE CORP A FLORIDA CORPORATION

SCHEDULE F - AGREEMENTS

Name: WILL TOSE!	5
Page 1 of	

Identify the date, perities to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the peried of government service; continuation or deferral of payments by a former or carrent employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

		12-3468	Date
		17-3468 STATE OF FLORIDA AND HE	Parties to Agreement
		CONTINUED PRORIPATION IN BENDETIENT SYSTEM	Terms of Agr ee ment

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlengton, VA	Säver Platter (determination of personal friendship received from the Ethios Committee)	\$400
JWO W	r(
1			

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
W F
toset

Page
잌
5

Identify the source and list travel lithereny, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Dete(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Foed? (Y/N)	Family Mamber Included? (Y/N)
	Government of Chine (MECSA)	Aug. 6-11	ОС-Вејўну, Сініта-ОС	۲	۲	z
Dengas	Habbal for Hartently (charity fundament)	Mer. 3-4	DC-Boellon-DC	Y	Υ	~
NONE	E					
				:		

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: 13,LL TOSE
Page 9 of 10

			- age	9
ist the source eperate confi	ist the source, activity (<i>i.e.</i> , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to appearate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	ponsor of an event to a charitable organ	a charitable organization in lieu of paying an honorarium to you. A	honorarium to you. A
	Source	Activity	Date	Amount
xamples:	Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2015 Aug. 13, 2015	\$2,000 \$500
HONE				

Page 15 of 16

	·						NONE	NOTE NUMBER
				To regard		į	Liberty Pr. Bar	
					:			
								NOTES
							r F	
	i					,		