EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. **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? **IPO** – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS UNITED STATES HOUSE OF REPRESENTATIVES IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: REPORT TYPE FILER STATUS end of the reporting period? or b. Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the asset during the reporting period? ALAN GRAYSON X 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Police A Member of or Candidate for District: State: Yes No No N_o X No X S TI a Daytime Telephone: Amendment For Use by Members, Officers, and Employees ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single 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? \$375 in value from a single source during the reporting period? reportable travel or reimbursements for travel totaling more than source during the reporting period? Form A Employee Officer or Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE DECINITIES (**) 2017/6/16-08-04/10: 33 14 129 201 Page 1 of 10 Yes Yes Yes Yes Yes Yes Ύes 중 픙 Š 몽 ĕ S ö X X X X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ALAN GRAYSON

Page 2

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Leave this column blank if there are no transactions that exceeded \$1,000.	¥	×	≦ 🔻	≦	≤	* <	2	*	=	•							Z	-	~		<u> </u>	<u> </u>	'11	т	0	ი	G	>	For bank and other cash accounts, total the amount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	bank and oth ill interest-bea XXX, list every e than \$1,000	For \$5,0	
an asset was sold please indicate as follows: (S (part)).		1	ł	1	ļ [*]	nies	in which you have no interest.	you n	1 1	5			1	1	-			1	1	1	1	-	-	1	1		-		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.	all IRAs and (k) plans) proving that e	\$ 40 To	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"	δο Ω	غے	Ž	<u></u>	꼳		Ī	$\overline{\Sigma}$	꽃	ᆒ	_								;													۱,	'		P
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SCHEDULE B - TRANSACTIONS

Name: ALAN GRAYSON Page 6 | ,육 ิบั

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the	Type of Transaction	Date	Amount of Transaction	
reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a central less. Provide a hief description of an exchange transaction.			G H	<u>-</u>
Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.			0	•
Capital Gaine: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	iel Sale	ck Box if Ca Wonthly, or By weekly, if applicable	000	r \$1,000,000
 Column K is for assets solely held by your spouse or dependent child. 	Sale	Che	\$50, \$100 \$100 \$250 \$250 \$500 \$1,0 \$5,0 \$5,0 \$25, \$50,	Ove
SP, DC, JT Asset	,			
SP Example Mega Corp. Stock	×	X 35/15	×	
a pour sansen rotale	X	メルル	X	
Jane to the	*		×	
North Armean Michel	×	2/(2/8	X	
Royal Nichel	×	1)[ge	X	
	×	21/8/e	×	
	×	8/9/16	×	
STOR S. P. STO ETT	*	1/14/14	×	
Vision steel day of VIX ETT	×	174/16	×	
Barlay Spok 5- 120 YA ETF	×	174/4	×	
Velicin has both 2 VR ETF	×	X 124/K	X	
Booker I was in a VIX CTF	*	1/201/10	X	
wide Various to his Book May ETF	×	12/20/6		
	X	1/.c4·	×	
ISHMIMICE SAFE ETF		41/p/r	X	
Ishan Stroppedide ETF	X .	"/in	X	
Ishan dured two etc	×	1/4/1	×.	
Burneland BOD ETT	X (aux dury)	1/h/1 X	×	
		_		

[&]quot; Stad is less otherwise noted.

Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

3 SP DC JT Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of forcome, include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated reside income. If only a portion of an assert is sold, please choose "partial sale" as the type of transaction. Column K is for assets solely held by your spouse or dependent child τ 48 ALD XIANTERER FURLY • £ Maga Corp. Stock 2 = Asset • **:** X Purchase Type of Transaction Partial Sale × Exchange Name: Check Box if Capital Gain Exceeded \$200 4/240 9/22/16 Blwlt 6/3-16 (MO/DAYR) or Quarterly, Monthly, or Bi-weekly, if applicable Date 3515 \$1,001-\$15,000 > X \$15,001-× 0 \$50,000 \$50,001-\$100,000 o \$100,001-\$250,000 0 Amount of Transaction \$250,001m \$500,000 \$500,001-\$1,000,000 71 \$1,000,001-Page_ ထ \$5,000,000 \$5,000,001-\$25,000,000 I \$25,000,001-\$50,000,000 잋 Over \$50,000,000 ے 6 Over \$1,000,000* (Spouse/DC Asset)

SCHEDULE C - EARNED INCOME

Name: Page 00 으 6

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

types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	e totally prohibited.	te was \$27,225. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
_	Approved Teaching Fee	\$6,000
Examples: Civil War Roundlable (Oct. 2) Contain County Board of Education	Spouse Speech Spouse Salary	\$1,000 \$1,000 N/A
U.S angress (per, wrthetheins, this does not need to be little)	Cinquirmel Salary	*174,000
Med Expert Consulting, Inc.	Spoor Pay	υla
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	c.	
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SCHEDULE D - LIABILITIES

Name: ALAN GRAYS AN

Page of /o

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

৯	<u>\$</u>			SP. DC, JT		
2	J	123	Example			
Freedom May.	TDANIE		First Bank of Wilmington, DE	Creditor		
Ja. 2013	F# 2012	Dec. 201	5/98	Date Liability Incurred MO/YR		
My on 808 Jankunde Terr, Induk	Mayn Lon Balance	AT IN THIS OF WARRY OF THE	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	6	
				\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	
×				\$250,001- \$500,000	m	Amount of Liability
		×		\$500,001- \$1,000,000	71	t of Lia
	X			\$1,000,001- \$5,000,000	Ø	ability
				\$5,000,001- \$25,000,000	æ	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	<u>د</u>	
				Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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: Position any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. Exclude: Positions

Position	Name of Organization
Manage -	Sibulling Mant. Ca
Director.	S. lay like Mustor Find Co
してはなり	Sidy ling timed (Cg) Lote.
Trustee	GAT Tele communications Trust
Trute	Grayon Fundation
Directo	AND To

SCHEDULE D - LIABILITIES

Name: Page_ Ó <u>_</u> 9

period. 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, perent, 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. 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 *Column K is for liabilities held solely by your spouse or dependent child

1				SP.		
			Example		·	
		1,	First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	œ	
				\$50,001- \$100,000	ဂ	
			×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	m	TOUR
				\$500,001- \$1,000,000	773	Amount of Liability
				\$1,000,001- \$5,000,000	۵	ability
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000		
ĺ				Over \$50,000,000	<u>د</u>	
				Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. efficien/Director Officer/Diverset Menher wast Butus D: 10:00 Position of by like Fred Lo 4 0.00 38296 Yola Tic Grayer Carolina Ire United Mubile Teedurlytes. Inc Name of Organization