		14 16 16 V
RESENTATIVES	FORM B FORM B For New Members Candidates and New Employees	Page 1 of 0 LEGISLATIVE RESOURCE CENTER
		2016 MAY 19 AH 11:29
Name: Uschael Eggidon Daytime Telephone:	phone:_	U.S. HOUSE OF THE CLERK
New Member of or Candidate for State: CR U.S. House of Representatives District: 1C Candidates – Date of Election: CR	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Employing Office:	Period Covered: January 1, <u>2ο\6</u> to <u>61\51\6</u> .	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS	ESTIONS	
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 No No No No No No No No N	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period 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?	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?	arrangement with an Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No S
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	SCHEDULE IF YOU ANSWER "YES" ES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	ON - ANSWER <u>BOTH</u> OF THES	TH OF THESE QUESTIONS
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
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.	of a spouse or dependent child because they meet	all three tests for Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Wichael Fagulan Page 2 of 8

State Facil Soring S SE) Took Homsed Lagge CAD	M Eggwan Shakey Roylest	Foodlan Alward Fart	Eggwan Bee Fase	ABC Hedge Fund X	Examples: Simon & Schuster	SP. EIF DC, Mega Corp Slock	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. For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state. 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. Exclude: Your personal residence, including second hornes and vacation homes (unless there was rental income during the reporting period); and any filancial interest in, or income derived from a federal retirement program, including the Thrift Savings Plan. If you have a privately-haded fund that is an Excepted investment Fund, please check the "Elf" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A Fequirements, please refer to the instruction booklet.	the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only toker symbols). For all IRAs and other retrement plans (such as 401 kt plans) provide the value for each asset held in	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 unearmed income during the year	Assets and/or Income Sources	BLOCK A
X X	*	X	×	×	Indefinite	X	Nore > \$1-\$1,000 □ \$1,001-\$15,000 □ \$16,001-\$50-000 □ \$50,001-\$100,000 □ \$100,001-\$250,000 □ \$250,001-\$500,000 □ \$500,001-\$1,000,000 □ \$50,000,01-\$5,000,000 □ \$525,000,001-\$50,000,000 □ \$25,000,001-\$50,000,000 □ \$50		Chulmn M is for assets neid by your spouse or dependent 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 generated income, the value should be "None".	Value of Asset	вгоск в
× «				Partnership Income	Royalles	*	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/IBLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		accounts. Check "None if the asset generated no income during the reporting period.	at apply. For accepted income (subbaccounts), you accounts), you x-Deferred occupital and capital and capital as held in ta	Type of Income	BLOCK C
× ×	*	×	*	×	×	×	\$100.001-\$1,000.000	Current Year Preceding Year	63 E. C.	Is For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all so other assets indicate the category of income by checking the appropriate box below. Dividends, interest. 'Y and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. 3 *Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D

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 103 LTG			T 16 72	Exed b	Lage Ca	جها العسرك	Eudebt France	SEI Tou Advantaged Incine had	1 Intermediate fund	KI FINESHALLINKOTS FORM	Si International Squita Fund	SFI Ten Harperd Small 118 of Food	ASSET NAME EF		Assets and/or Income Sources	
	×	~	*	4	The second secon		11 12 12 12 12 12 12 12 12 12 12 12 12 1	×	X 1		X	×	71	None \$1-\$1,000 □ \$1,001-\$15,006 □ \$15,001-\$15,000 □ \$50,001-\$100,000 □ \$100,001-\$250,000 □ \$250,001-\$500,000 □ \$1,000,001-\$250,000 □ \$1,000,001-\$25,000,000 □ \$50,000,001-\$25,000,000 □ \$50,000,001-\$25,000,000 □ \$50,000,001-\$25,000,000 □ \$50,000,001-\$25,000,000 □ \$50,000,001-\$50,000,000	Value of Asset	CFC CCC
		4	-6	*		6		*	X	*	X	*		Spouse/DC Asset over \$1,009 000* NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify e.g., Partuership Income or Farm Income)	Type of Income	
		*		*		*	×	Κ	X	×	×	X		None	Amoun	
		*	*	*	*	*	8	×	×	×	*	K		Spouse/DC Income over \$1,000,000* ≦	Amount of Income	

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

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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) 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.

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.

professional services frequently a numberal y retaind iship) are today profitting an inventibets and service same	n stati.		
	Tuin)	Am	Amount
Source (include date of receipt for nonorana)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Civil War Roundtable (Oct. 2)	Spouse Speech	\$20.000 \$0	\$1,000
Ontano County Board of Education	Spouse Salary	N/A	N/A
Eggman Bee + Almond Faxes	Self/Faire Income	37,600	64,000
Delta District	Spouse Salery	Z- -	ZIA
	ر		
		7,000	
The state of the s			

SCHEDULE D - LIABILITIES

Name: Workarl Eggklan
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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 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, 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.

		D.,		
		SP DC.JT		
Dan	Example			
Dank of fluency	First Bank of Wilmington. DE	Creditor		
uc a	gton. DE			
2/16	5/98	Date Liability Incurred MO/YR		
2/16 Revolving Charge Account X	Mortgage on Rental Property. Dover. DE	Type of Liability		
×		\$10,001- \$15,000	≫	
		\$15,001- \$50.000	5 23	
		\$50,001- \$100,000	0	
	×	\$100,001- \$250,000	U	
		\$250,001- \$500,000	m	Amount of Liability
		\$500,001- \$1,000,000	rı	of Li
		\$1,000,001- \$5,000,000	6	ability
		\$5.000,001- \$25,000,000	л	
		\$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, 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 relander year and two previous years.

The current calendar year. First-year candidates and new e	the current caterioar year. First-year candidates and new emptoyees report positions neigh the current caterioar year and two previous years.
Position	Name of Organization
None	

SCHEDULE F - AGREEMENTS

ب	Name: Mychael Faguar	
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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	Terms of Agreement
	Mone	

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.

government and any information considered contribution as a result of a privilegen relationship recognized by law. Do not repeat in	riviegeo relationship recognized by law. Do not repeat inhomitation isseed on ochequie c.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Steven Marshall Turlock, CM	Pallmation Services
David Katpatrak Trybat, CA	Pallination Services
Scholoforms Frespo, CA	Pollmation Services
Rose Settement Ceres, CA	Pallination Services
Lagoric Repertes 17 Stockton, CA	Pollination Services
Caton Gards Ceres, CA	
Turner forms Turlock ,(A)	Pollmation Services

SCHEDULE F - AGREEMENTS

f any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	Name: Nuchael Eggluon Page / of 8	3	

		Name: Muchael Eggluon Page / of 8
Identify the da continuation o	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a continuation or deferral of payments by a former or current employer other than the U.S. government: or continuing participation in an	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	Terms of Agreement

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.

government and any information considered confidential as a result of a pr	до сентення ана виз пионнавил солоченае оставания в ричведен главиналир городнест ву вм. по пот геревт пионнавин паве он эспечие с.
Source (Name and City/State)	Brief Description of Duties
Example. Doe Jones & Smith, Hometown, Homestate	Accounting Services
Willeuse Garry Hughson, CA	Pollmation Securces
	Pollmaton Services

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	1							NOTE NUMBER
						18 113 owner of trust	Value listed is full value of Esquan Sharby Roy Frest, Condidate	NOTES