FINANCIAL DISCLOSURE STATEMENT  For New Members,	FORM B For New Members, Candidates, and New Employees	2016 APR 26 JAM IO: 13
Name: Ray Moved RRoth, Daytime Telephone.	ne.	S.S. HOUTER AND THE STATE OF TH
Dew Member of or Candidate for State: 1071.46 U.S. House of Representatives District: 2  Candidates - Date of Election:	Check if Amendment	(Office Use Only)
New Officer or Employee  Employing Office:	Period Covered: January 1,to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	ONS	
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? 91 b. Make more than \$200 in uneamed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions duri or in the current calendar year up through th	lable positions during the reporting period Yes No No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No Perporting period?	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?	or arrangements with Yes X No No
D. Did you, your spouse, or your dependent child have any reportable  Yes  No  No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a single Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	HEDULE IF YOU ANSWER "YE! THAT YOU ARE REQUIRED TO	NSWER "YES"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	- ANSWER BOTH OF THES	E 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?	* "excepted trusts" need not be disclosed. H	have you excluded from Yes No 🖂
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or deptests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	abilities of a spouse or dependent child beca	pendent child because they meet all three Yes . No X

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INCOME"
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- ASSETS &
SCHEDULE A

Name: Regression R Pot Jr Page 2 or 6

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orly lid	Tropics compres names of social and minus funds (do lick use only licker symbols).		Country M is for assets held by your spo child in which you have no injerest.	Mary Tark		A VOLT	pouse or dep		ř		= 0 = 0	the second	seet general ng period.	nerated no. d.	"														_
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and other complex perty, an	For ternal and other real property hald for investment provide a complete address or description, e.g. transferoproperty, and a city and state.			-	4.5									. (0	·		· · · · · ·					<u> </u>							
of public in the residual of t	For in community interest in a physioly-held business that is not publicly tedeo, state the name of the basiness, the neture of its activities, and its propriatric location in Block A.	<b>Q 0.8</b>		<u>.</u>			·						<del></del>	moori analy so									<del>.</del>						
ude: Your per se and vacado me during the r set in, or in ment program.	usie: Your personal residence, including secont se and vecation homes (unless there was next an duffing the reporting period); and any financia set in, or income derived from, a federa ment program; including the Thirli Seviges Pean.	7112				<del></del>					, t			arriconi diffrantini	<u> </u>										<u> </u>				
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

## SCHEDULE C - EARNED INCOME

Name: ROYMOND R ROYL V Page It of CO

INCOME LIMITS and PROHERTED 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 \$26,855. The 2015 limit is \$27,225. In addition, certain types of income (notably honcraria, director's fees, and payments for privessional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. Lift the source, type, and amount of samed 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.

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Source (include date of receipt for honoraria)	ADC Track Assembliation Publishmen LTC (1-18-45)		Christic County Board of Education	KOTH FERMS INC.	Sugar Cane Caisers Copperative of FC	Roth Forms Inc	Poth Farms Inc.	roulik Ins 6.					

### SCHEDULE C - EARNED INCOME

Name: Raymones RRoth W Page H of Co

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 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 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.

		71415	Amount 7579
Source (include date of receipt for honoraria)	Туре	er to Filing	
ABC Trade Association, Baltimore, MD (July 16)	Honorarium	88	\$500
Examples: Ord War Roundable (Oct. 2) Order County Beard of Education	Social Speech	\$20,000 \$0	\$76,000 \$1,000
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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 are required to report all flabilities accured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you 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 solety by your spouse or dependent child.

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			NCC.	\$	Prou	Example			
SCHEDULE E - POSITIONS			Prushential LIC Ins		roudental Like Ins	First Bank of Wilmington, DE	Creditor		
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].	, {						Over \$1,000,000* (Spouse/DC Liability)	*	

#### CHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, pertner, proprietor, representative, employee, or consultant of any corporation, firm, pertnership, 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 calendar year. Figstlygar candidates and new employees report positions held in the reporting period and the current calendar year.

Position	Name of Organization	
Director	<b>~</b> •	
Director	51 150 7 5 4 7	
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hanaging member	Ray Heritage ILC	
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#### 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; continuing participation in an employee welfare or benefit plan maintained by a former employer. Name: Kayland Riloth / Page Cor L gnammed participation in Terms of Agreement Myself + Souther Black we can likelns 6. Parties to Agreement Date

# 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 targ prior years. This includes the names of clients and clastomers of any comporation, firm, pertnership, or other business enterprise if you directly provided the services generaling 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 first reposit http://www.document.com/

	Source (Name and City/State)	Brief Description of Duties	
Elempte:	Doe Jones & Smith, Hometown, Homestate	Accounting Services	,

se additional sheets if more space is required.

#### SCHEDULE F - AGREEMENTS

Name: Raymond Riloth Ir Page to or 6

Identify the da	ite, parties to, and general terms of any agreement or amang r deferral of payments by a former or current employer othe	Identify the date, parties to, and general terms of any agreement or amangement 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
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SCHEDU	SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE	F \$5,000 PAID BY ONE SOURCE
Report source customers of government a	es of compensation received by you or your business affiliany corporation, firm, partnership, or other business enter and any information considered confidential as a result of a p	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
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FILER NOTES (Optional)

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