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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	For New Members, Ca	<b>FORM B</b> For New Members, Candidates, and New Employees	MAY 18 2016 Page 1. Take AT WE RESUMD TO OF THE	MAY 18 2016 Page 1 of A
Name: Beverly A. Goldstein	Daytime Telephone:_		2016 MAY 24	2016 MAY 24 AM 11: 05
New Member of or Candidate for State: OH I  U.S. House of Representatives District: D-1  Candidates – Date of Election: //-8-20/4	6,17	Check if Amendment	(Office	(Office Use Only)
New Officer or Employee  Employing Office:		Period Coylered: January 1, 2015 to 5/16 110	A \$200 penalty shall be assessed against an individual who files more than 30 days late.	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	F THESE QUESTIO	SNS		
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 E. C	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?		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 Yes reporting period?	No F. D outs	F. 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?		Yes No
D. Did you, your spouse, or your dependent child have any reportable     Yes liability (more than \$10,000) at any point during the reporting period?	No J. D	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a single	Yes
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU ARE	DULE IF YOU ANSWER "YES" IAT YOU ARE REQUIRED TO	S" ) COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	INFORMATION -	ANSWER <u>BOTH</u> OF THESI	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 dependent child?	on Ethics and certain other "e	xcepted trusts" need not be disclosed. Ha		Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent che exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spoutee on Ethics.	se or dependent child because they meet all three tests for		Yes No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE A – ASSETS	ASSETS & "UNEARNED INCOME"	Name: Sever	ly A. Goldstein	Page A of 8
BLOCK A	вгоскв	BLOCKC	BLOCK D	
sets and/or Income Sources	Value of Asset		Amount of Income	come
<ul> <li>(a) each asset held for investment on of income and with a fair market val or \$1,000 at the end of the reporting perior</li> </ul>	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.	when that apply. For a tax-deferred income of the tax-deferred income of tax-deferred income.	For assets for which you checked "Tax-Deferred" in Block C, you may check the "N other assets indicate the category of income by checking the appropriate box below. and capital gains, even if reinvested, must be disclosed as income for ass	C, you may check the "None" column, he appropriate box below. Dividends, i osed as income for assets held in
and (b) any other reportable asset or source of income which generated more than \$200 in unearned income during the year.	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	check the "Tax-Deferred"  Dividends, interest, and capital  even if reinvested, must be disck	accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest	interest.
Provide complete names of stocks and mutual funds (do not use only ticker symbols).		accounts. Check "None" if the asset generated no income during the reporting		
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.		period.	-	
ફ ⊋	A 60 C		Current Year	Preceding Year
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.	, , , , , , , , , , , , , , , , , , ,	me)		
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.		a or Farm Inco		\$ \$ 7 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
our personal residence, including vacation homes (unless therence); and are the reporting period); and are	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ership Incom		
retirement program, Including the Thrift Savings Plan.		.g., Par	* 2 * 000°	· * * * * * * * * * * * * * * * * * * *
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	000	*		\$ 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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.	5,000 6,000 00,000	D/BLIND TRU	500 500 5,000 5,000	0,000
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$1,000,00 \$5,000,00 \$25,000,0 Over \$50,	TAX-DEFI	\$1,000,00 Over \$5,8 Spouse/D	\$1,001-\$2 \$2,501-\$5 \$5,001-\$1 \$15,001-\$ \$50,001-\$ \$1,000,001
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### SCHEDULE C - EARNED INCOME

Name: JOB 1-1 Page\_

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. governhent) 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.

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

Course (include date of receipt for homograpic)	Typo		Amount
Source (include date of receipt for notionalia)	Туре	Current Year to Filing	Preceding Year
	Honorarium	0\$	\$500 \$78 000
EXAMPles: Civil War Roundtable (Oct. 2) Onlario County Board of Education ,	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
eGeneration Foundation (SP)	Consulting.	1	\$30,000
Mema Weina	Had Wal	101	9,450
Builder Emperium (SP)	Left Work	\$15,475	101
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#### SCHEDULE D - LIABILITIES

Name: Beverly A. Goldstein	Page 6 of 8
me during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	unt owed during the reporting
es secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence	age on your personal residence
biles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	s you are personally liable); and
from or your spouse. Deport a problem change account (i.e. great gard) only if the halance at the close of the reporting period	the close of the reporting period

Report liabilities of over \$10,000 owed to any one creditor at any tin period. New Members: Members are required to report all liabilities. 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. (unless you rent it out or are a Member); loans secured by automot

						_					SP. DC, JT		
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										Example			
										First Bank of Wilmington, DE	Creditor		
										5/98	Date Liability Incurred MO/YR		
										Mortgage on Rental Property, Dover, DE	Type of Liability		
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#### **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 calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position Name of Organization  \( \int O \int \infty \infty \)  \( \int O \int \infty \infty \)  \( \int O \infty \infty \)  \( \int O \infty \infty \)  \( \int O \infty \infty \)  \( \int O \infty \infty \)  \( \int O \infty \infty \)  \( \int O \infty \infty \)  \( \int O \infty \infty \)  \( \int O \infty \infty \)  \( \int O \infty \infty \)  \( \int O \infty \infty \)  \( \int O \infty \infty \)  \( \int O \infty \infty \)  \( \int O \infty \infty \)  \( \int O \infty \infty \)  \( \int O \infty \int \infty \)  \( \int O \infty \infty \infty \)  \( \int O \infty \infty \infty \)  \( \int O \infty \infty \infty \infty \infty  \text{infty}   \text{infty}  \text{infty}  \text{infty}  \text{infty}  \text{infty}  \text{infty}  inft	the culterit calernal year. First-year candidates and new employees report positions trend in the culterit calernal year and	i <b>ipio jees</b> report postuoris riela iri die carreira elicinari year ana <u>tare</u> previous years.
SNON	Position	Name of Organization
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			Date	Identify the date, par continuation or defer	SCHEDULE
		200NS	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation is	SCHEDULE F – AGREEMENTS
			Terms of Agreement	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.	Name: BEVERTY A. GOLDSLEIN Page 7 or 8

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