#### Name: **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. the current calendar year up through the date of filing? E. Did you hold any reportable positions during the reporting period or in D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the 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 B. Did you, your spouse, or your dependent child purchase, sell, or IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS exceeding \$1,000 during the reporting period? A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS **UNITED STATES HOUSE OF REPRESENTATIVES** three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all reporting period? 2015 FINANCIAL DISCLOSURE STATEMENT b. Make more than \$200 in uneamed income from any reportable REPORT FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? TREST U.S. House of Representatives 2015 Annual (Due: May 16, 2016) Member of or Candidate for **FRANKS** District: State: Yes Sex Ύes Yes Yes Xo 80 AZ Daytime Telephone: (202) 225-4576 × Amendmen Š Z S Z For Use by Members, Officers, $\times$ $\times$ 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? 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? **G.** Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" lieu of paying you for a speech, appearance, or article during the source during the reporting period? . Did any individual or organization make a donation to charity in Form A Employee Officer or , and Employees Employing Office: Date of Termination Termination individual who files more than 30 days late. A \$200 penalty shall be assessed against any Property of Many or a 2016 Martice Use Only) ¥es Yes Ύes Yes Yes Yes Yes × Š 중 중 Š 중 중 Z

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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	BLOCK A							BLOCK B	æ						_				문	BLOCK C								BLOCKD	ô					_	BLOCK E
	Asset and/or income Source					_	/alu	e Q	Value of Asset	e								₹	pe o	悥	Type of Income	_				ş	Amount of Income	호	ā	ome	•			_	Transaction
brod	/	lndic valua	ate v	alue	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	sel at ortha	dose	marke	he rep	oorting e, ple	g peri	ecity	the m	ethod		erate	to S	Check all columns that apply. generate tax-deferred income (su	d inco	apply	For uch as		Foras	heck:	. ₽ S	lone yo	colum	7 g	· 오 기	Defer	asse:	Bloc	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the		Indicate if the asset had
exceedin and (b) income t	g \$1,000 at the end of the reporting period, any other reportable asset or source of hat generated more than \$200 in "unearned"	# used	asse	<u>s</u>	used. If an asset was sold during the reporting period and is included only	duni	ie5 F	Z S	ting	perio	and	, <u>n.</u>	Judec	on J		1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ounts)	idend sted,		che terest	discit.	529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, leven if reinvested, must be disclosed as income.	category of income Dividends, interest, must be disclosed		inter	est, a		iapita iome	<b>1</b> 42 5	appr ns. e	¥ mei	≅. ≅. §.	category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable	_	purchases (P), sales (S), or exchanges (E)
inco Prov		\$ 6 B	mon N	Maste Maste	oecause it generated income, the value should be wone.  *Column M is for assets held by your spouse or dependent child in which you have no interest.	et sis	d by y	Out S	Strou	O De De	pende	nt char	5 5	<del>à</del> ic <del>h</del>		iod.	- <del>2</del> 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	nerate	S P	incon	e du		accounts. generated.	ints.	Ş	<del>2</del>	Check "None" if no income	*	8	псоли	₩.	was earned	ned.		exceeding \$1,000 in the reporting period.
G S		ž	ă	Ž	gi bac										ā	ē							<u>ک</u>	÷∃ Š≚	S to	asse	IS THE	, by y	OL S	pouse	or de	pend	n which you have no interest.		tf only a portion of
\$ <del>5</del> 5	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.		i	i	l	i	i		i	i	i		i	i		i	i	i		i	i		in which you have no interest	γ	J nave	ğ	iteres	ſ					i	중도목	an asset was sold, please indicate as follows: (S (part)).
55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	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.	>	В	C				G	Ξ				_	Z				•						=	<b>w</b>	~ ~	<	<u> </u>		≦	<b>≭</b>	×	<u>×</u>		Leave this column blank if there are no transactions that exceeded
ren prov	For rental and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state.				<del></del>	<del></del>				•																								<u> </u>	
For that busi	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.									<del></del>												· · · · · · · · · · · · · · · · · · ·							<del></del>						
hom inter retin	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.						<u></u>			<u> </u>				·				•				rm Income)			<del></del>								00,000*	-	
box.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" tox.													000,000*								ncome or Far	·····										me over \$1,0		
(LT)	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.			,000,	0.000					-\$5,000,000	-\$25,000,000	1-\$50,000,000	00,000	Asset over \$1,0		<u> </u>			AINS	MBLIND TRUST	RRED	of Income g Partnership I							···				Asset with Inco		
ခုရှိ P Q	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	None	\$1-\$1,000	\$1,001-\$15	\$15,001-\$5	\$50,001-\$1	\$100,001-\$	\$250,001-\$	\$500,001-\$		\$5,000,001	\$25,000,00	Over \$50,0	Spouse/DC	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL G	EXCEPTED	TAX-DEFE		None	\$1-\$200	\$201-\$1,00	\$1.001-\$2,5	\$2,501-\$5,0	\$5,001-\$15	\$15,001-\$5	\$50.001-\$1	\$100,001-\$	\$1,000,001 Over \$5,00		T	S, S(part), or E
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			•	LP 1000 Life Pager	U.S. Patrats For		owned personally.	20 million shares	Trinity Petroleum stake		Placed in Toust	Tristy Petroleum stack	30 Million shares	Providence Trusts	ASSET NAME			BLOCK A Asset and/or Income Source	SCHEDULE A – ASSETS & "UNEARNED INCOME"
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																Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			T FRANKS
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### SCHEDULE D - LIABILITIES

Name: TRENT
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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, 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. 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 \*Column K is for liabilities held solely by your spouse or dependent child.

Creditor  Type of Liability  MO/YR  MO/YR  Mo/YR  Mo/Yage on Rental Property, Dover, DE  TNG Direct Delaware  10/08  Mo/Yage Loan-Gloodale, AZ  Well's Fargo Phoenix, AZ  OS/02  Mo/Yage Loan-Gloodale, AZ				-	_			-	Amoun	Amount of Lia	Amount of Liability	Amount of Liability	Amount of Liability	Amount of Liability
598 10/08 05/02	SP. DC. JT	Creditor	Date Liability Incurred MO/YR	Type of Liability		\$10,001- \$15,000 >	\$15 001-	\$15,001- \$50,000 ©	\$15,001- \$50,000 \$50,001- \$100,000	\$15,001- \$50,000	\$15,001- \$50,000	\$15,001- \$50,000	\$15,001- \$50,000  \$50,001- \$100,001- \$250,000  \$250,001- \$500,000  \$1,000,001- \$1,000,001- \$5,000,000	\$15,001- \$50,000  \$50,001- \$100,000  \$100,001- \$250,000  \$250,001- \$500,000  \$1,000,001- \$1,000,001- \$5,000,000  \$5,000,001- \$25,000,000  \$25,000,001- \$25,000,001- \$25,000,000
05/02	Example First Bank of Wilmingt	ion, DE	5/98	Mortgage on Rental Property. Dover, DE				×	×	×	×	×	×	×
05/02	uG Dire	ct Delaware		Nortgage Loan-Peoria, A.	2	2	2	2	2	2	X			
	lls Far	go Phoenix, Az		Mortgage Loan-Gland	sk, AZ	sk, AZ	ck, AZ	sk, AZ	sk, AZ X	ak, A2 X	ak, A2	ak, AZ	ak, Az	ak, Az
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### 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, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

_	_	_	 _		_
			Board Member	Board Member	Position
			Heartline Ministries	Americans for military Routiness	Name of Organization

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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of S

Identify the source and list travel itinerary, 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.

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							Israel Allies Foundation	Heritage Foundation	coampres. Habitat for Humanity (chartry fundation)	Government of China (MECEA)	Source
						· ·	Aug 5-12	Jan. 28.30	Mar. 3-4	Aug. 6-11	Date(s)
							DC - Tel Aviv - Cairo-Tel Aviv-Oc	DC - Middleburg, VA, - DC	DC-Boston-DC	DC-Beijing, China-DC	City of Departure-Destination-City of Return
							~	Y	٧	γ	Lodging? (Y/N)
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							~	7	Y	z	Family Member Included? (Y/N)