Yes No	ise they meet all three	abilities of a spouse or dependent child because they meet all three	EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or li	EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or d
	not be disclosed. Have you excluded from		ittee on Ethics and certain oth ndent child?	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 your dependent child?
5	TH OF THESE QUESTIONS	- ANSWER BOTH OF THESE	JST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO
) COMPLETE	THAT YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ARE	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
le Yes No	n \$5,000 from a sing⊩ }?	1 97 73	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No	or arrangements with	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?	Yes	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?
d Yes V No	ng the reporting periou → date of filing?	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	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?
	,	TIONS	OF THESE QUES:	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penaity shall be assessed against any individual who files more than 30 days late.	A \$200 penalty shi individual who file	Period Covered: January 1, 2014 to December 3, 2014.		New Officer or Employee Employing Office:
(Office Use Only)	HC (Of	Check if Amendment	12	New Member of or Candidate for State:
J.S. FEUSE CF REPRESENTATIONS	9.S. FE)ne: `	_ Daytime Telephone:	Name: Bonnie Marie Watson Coleman
Page 1 of 8 LEGISLATIVE RESPONSE CONT.	7015	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

SCHEDULE A - ASSETS & "UNEARNED INCOM

& "UNEARNED INCOME"
Name: Boww , Marie Wortson (Oleman
Page 2 of 9

\$	Deferred compassion	186 upland and EW 173	599 Church Sourstown	ABC Hedge Fund X	Examples: Simon & Schuster	SP Mega Corp. Stock GF	in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is \$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 homes and vaccation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal interest in, or income derived from, a federal element program, including the Thrift Savings Plan. If you have a privately-fraded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as for(i)) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Asset and/or Income Source Identify (a) each asset held for investment or production of income and with a fair market value accessing \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in 'unearned' income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).
×		×	X	×	Indefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$250,001-\$500,000 \$250,001-\$500,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$5,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 Spouse/DC Asset over \$1,000,000*	> & & & & & & & & & & & & & & & & & & &	Value of Asset Indicate value of asset at dose 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." "Column M is for assets held by your spouse or dependent child in which you have no interest.
X		×	X	Partnership Income	Royaltes	x	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, inferents, and capital gaines, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.
×		*	У.			X S(part)	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$100,001-\$1,000,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 SpouseDC Asset with Income over \$1,000,000*	an asset was sold indicate please indicate a please indicate sold indicates. I will VIII VIII (X X X X XI Leave this column	Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the 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 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.

	- 1		_											l	ㅋ႙뚖	<u> </u>		
	+						ļ. —							_	37.0		≽	
					l												Assets and/or Income Sources	
							ļ		1		'	1		 			ជី	
																	and	
						l					1		ŀ		SS		Į,	B
] .] ,] ,	ļ] .] ,	ļ	}] .	1 2		호	BLOCK A
															ASSET NAME		ğ	>
	- 1												j		"		ĕ	
																	ည်	
														ŀ			2	
-+	\dashv		-		-			ļ	<u> </u>				-		_		ű	
															Ę		-11"	
<u> </u>	4					L	: 						<u> </u>			None >	4	
	_															\$1-\$1,000	_	
						L										\$1,001-\$15,000		
	[\$15,001-\$50,000	1	
																\$50,001-\$100,000 m	≲	
																\$100,001-\$250,000	Value of Asset	四
	7											[\$250,001-\$500,000 മ] 🙇	BLOCK B
	1											<u> </u>				\$500,001-\$1,000,000 ±	8	B
								<u> </u>								\$1,000,001-\$5,000,000 —	Se se	
	\dashv															\$5,000,001-\$25,000,000	1	
-	-+			-			 						 			\$25,000,001-\$50,000,000	1	
\Box	-													-		Over \$50,000,000	-	
	-	-	-	-	-	-	-		-	-	-			-	-	Spouse/DC Asset over \$1,000,000° ±	-	
	\dashv				-		-						-				+	
							L									NONE	_	
						ļ							<u> </u>			DIVIDENDS		
							ļ									RENT	. 7	
					1]		NTEREST	8	
	_															CAPITAL GAINS	Type of Income	BLOCK C
	\dashv				ļ —		-	 	 				 			EXCEPTED/BLIND TRUST	- ₹	Š
-	\dashv													-		TAX-DEFERRED	- I j	
	\dashv											 	 			TANDET ETNED	- "	
																Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
							i									Partnership income or Parm income;		
																None —		
	L															\$1-\$200 =		
																\$201-\$1,000 =		
																\$1,001-\$2,500	ŀ	
																\$2,501-\$5,000 <	· [
																\$5,001-\$15,000 ≤		
							ļ .									\$15,001-\$50,000 ≦	ĺ	
					1				· · · ·							\$2,501-\$5,000 < C \$5,001-\$15,000 ≤ C \$15,001-\$50,000 ≦ C \$50,001-\$100,000 ≦ C		
	1				T -					,						\$100,001-\$1,000,000 👨	ł	
																\$1,000,001-\$5,000,000 ×	. ≥	
	\neg												<u> </u>			Oyer \$5,000,000 ≚	Amount of Income	
			_			\vdash						<u> </u>				Spouse/DC Income over \$1,000,000° ≚	1	BLOCK D
	+				 							 				None -	1 ≗	Š
	+			_	-		 	 	 			 -	\vdash	-		\$1-\$200 =	lncı	D
$\vdash +$			-		 	 	 	\vdash	-		-	 	 			\$201-\$1,000 =		
	 +				\vdash	-								-		\$1,001,\$2,500 =		
4 I	-+	-			 		 								\vdash	\$2,501-\$5,000 < 0	1	
					 		Ь						 			\$5,001-\$15,000 ≤		
	\dashv						 	ļ				-	\vdash			\$15,001-\$50,000 ≦		
	\dashv					ı	l	I		L		<u> </u>		_		Analon Levolong 👼 😉	1	
						\vdash	\vdash				I	ı				\$50 004 \$100 000 C	1	
												ļ				\$50,001-\$100,000	1	
																\$100,001-\$1,000,000 😾		
																\$1,000,001-\$5,000,000 ×		
																\$100,001-\$1,000,000		

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Bonnie Marie Watson (Dla Muy Page 3 of 8

SCHEDULE C - EARNED INCOME

Name: Bonnie Marie libitan Coloman
Page 4 of §

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 samed 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 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.

				E-MET Recety	American Bookst	2nd BAPTIST Church	Police Pension Fund.	ST. Frances stospital	EXAIT PIES. Civil War Roundtable (Oct. 2) Ontario County Board of Education	ABC Trade Association, Baltimore, MD (July 15) State of Maryland	cource (iliciade date of receipt for florioraria)	
			1	SpanceSalar	Speculon	Sprule Saloly	s pouse salorly	Spank Solvy	Spouse Speech Spouse Salary	Honorarium Salary	Туре	4
		,		NIA	NIB	NA	NIA	NA	\$0 N/A	\$0 \$20,000	Current Year to Filing	Am
									\$1,000 N/A	\$76,000 \$76,000	Preceding Year	Amount

SCHEDULE D - LIABILITIES

Name: Bonnie Marie Wassan Coleman	
Page 5 of 8	

(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. 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.

							l			ĺ			ı
							Amou	Amount of Liability	iability				1
		Date		*		C D	ra	'n	6	2	-	J	
SP, DC, JT	Creditor	Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000 \$15,001-	\$50,000 \$50,000 \$50,001-	\$100,000 \$100,001-	\$250,000 \$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000*
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE			×							
d	PNC BANK	3/2005	Mortgage 185 classe R	antil									
<u> </u>	s Perso	8/2012	MTD- Primar Residence	9									ŀ
	Ö	•											
						-							ı İ
													1

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.

	/
New Jusey STATE Legislator	STATE Legislator
Name of Organization	Position ,

SCHEDULE F - AGREEMENTS

. .

Name: Bonnie Manie Water Coleman Page to of 8

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
10/67	NT STATE PENSION	self And State of NJ Pension of case 50
•		

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.

goron mon gr	a ally illicities of colored collective as a reserver a	устанняли ана ану вноинваета солнаства во в гозино а ризпедва втанополир госернала до так. Во постаров вноинвает поставлен выск от селения с.
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

::

						03.	06	NOTE NUMBER
						Par Bank - markage an Rantal Property	mostrage current on Residence Pagenty 18/Claplin	NOTES

							NOTE NUMBER
							NOTES
			,				