UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FOI For New Members, Candi	FORM B For New Members, Candidates, and New Employees	DET 14 2016 Page 1 of SE
Name: Carla Spalding	Daytime Telephon	-	2016 OCT 19 PM 1: 19
New Member of or Candidate for State: Florida V.S. House of Representatives District: 18 Candidates – Date of Election: 11/8/2016		Check if Amendment	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee Employing Office:	Pe	eriod Goyerf6, 309761. 2015	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	S	
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?	X No E. Did y	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting period Yes X 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?	X No F. Do you outside year up	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 fling?	arrangement with an the current calendar Yes No X
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?	X No J. Did y source i	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 🔀
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU ARE	LE IF YOU ANSWER "YES"	S") COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	INFORMATION - AN	ISWER <u>BOTH</u> OF THESE	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?	n Ethics and certain other "except?	pted trusts" need not be disclosed. Ha	ave you excluded from Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent chexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, or liabilities of a spouse o ee on Ethics.	r dependent child because they meet all three tests for	all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Carla Spalding

5<u>8</u>8 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 production of i For an ownership interest in a privately-held busine that is not publicly traded, state the name of it business, the nature of its activities, and (do not use only ticker symbols). rental property," and a city and state. or rental and other real property held for investmen nore than \$1,000 in interest-bearing accounts. he account that exceeds the reporting thresholds. or all IRAs and other retirement plans (such a to1(k) plans) provide the value for each asset held Provide complete names of stocks and mutual fund uneamed" income during the year. equirements, please refer to the instruction booklet ncome source is that of your spouse (SF rependent child (DC), or jointly held with anyone etirement program, including the Thrift Savings Plan eographic location in Block A. nome during the reporting period); and any financial sterest in, or income derived from, a federal xceeding \$1,000 at the end of the reporting period the optional column on the far left. you so choose, you may indicate that an asset come source is that of your spouse (SP) you have a privately-traced fund that is an Except xclude: Your personal residence, including secon vestment Fund, please check the "EIF" box. (b) any other reportable me which generated m Assets and/or Income Sources and vacation homes (unless there was Examples each asset each asset held for investment or income and with a fair market value Simon & Schuster discussion ASIC Hedge Fund Aega Corp Stock BLOCK A nore 렃 than Schedule \$200 6.0 먂 Indicate value of asset at close of the reporting penod, you use a valuation method other than fair market valu None *Column M is for assets held by your spouse or dependent the child in which you have no interest. an asset was sold during the reporting period and included only because it generated income, the validould be "None." lease specify the method used. \$1-\$1,000 œ Indefinite \$1,001-\$15,000 0 \$15,001-\$50-000 0 m × \$50,001-\$100,000 Value of Asset \$100,001-\$250,000 73 べっ BLOCK B 6 \$250,001-\$500,000 × \$500,001-\$1,000,000 I \$1,000.001-\$5,000.000 \$5,000,001-\$25,000,000 ٠. \$25,000,001-\$50,000,000 ᄌ -Over \$50,000,000 valu value, Spouse/DC Asset over \$1,000,000 ≤ check the "Tax-Dividends, interest, Check all columns that apply. For account that generate tax-deferred income (such a NONE even if reinvested, must be disclosed an income for assets held in taxable that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column enerated no DIVIDENDS × RENT Type of Income INTEREST BLOCKC CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED 퓽 Partnership Royalties Inda gains Other Type of Income (Specify, e.g., Partnership Income or Farm Income) Amen trade For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column, other assets indicate the category of income by checking the appropriate box below. Dividends, i and capital gains, even if reinvested, must be disclosed as income for assets held in accounts. Check "None" if no income was samed or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest None \$1-\$200 × = \$201-\$1,000 \$1,001-\$2,500 ₹ Current Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≨ \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × Amount of Income Over \$5,000,000 × BLOCK D Spouse/DC Income over \$1,000,000* ¥ inentrade None \$1-\$200 = \$201-\$1,000 \$1.001-\$2,500 ₹ Preceding Year < \$2,501-\$5,000 ≤ \$5.001-\$15,000 ≨ \$15,001-\$50,000 ≦ \$50.001-\$100,000 ⋝ \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × taxabl Over \$5,000,000 × ğ Spouse/DC Income over \$1,000,000* ≚

Use additional sheets if more space is required.

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SCHEDULE A – ASSETS	& "UNEARNED INCOME"	Name: D/G	Spaldins Page 3 of 8
BLOCK A Assets and/or Income Sources	BLOCK B	BLOCK C	BLOCK D
			Current Year Preceding Year
	A 00 00 00 00 00 00 00 00 00 00 00 00 00		IA A A B II I IX X X
	ρ	pecify, e.g.	\$1,600,000
	None \$1-\$1 000 \$1,001-\$15 000 \$15,001-\$50 000 \$50,001-\$100,000 \$250,001-\$100,000 \$500,001-\$250,000 \$500,001-\$5,000,000 \$5,000,001-\$5,000,000 \$25,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUS TAX-DEFERRED Other Type of Income (Spe Parinership Income or Farr	None \$1-\$200 \$201-\$1 000 \$1.001-\$2 500 \$2.501-\$5,000 \$5,001-\$15,000 \$55,001-\$15,000 \$15,001-\$10,000 \$100,001-\$1,000,000 \$001-\$5,000,000 \$001-\$1,000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000 \$1000000 \$100000000
SP, DC, ASSET NAME EIF JT	F		

SCHEDULE C - EARNED INCO

Name: (W/a Stald/17) Page # of 8
any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.
for Reserve nav.) federal relicement programs, and henefits received under the Social Security Act

List the source, type, and amount of earned incorand filer's spouse, list the source and amount of **EXCLUDE**: Military pay (such as National Guard or Reserve pay), for

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.	d income may apply to you after you follow to said income may apply to you after you follow to safe.	u are on House payroll. The 2013 in types of income (notably honora	5 limit on outside earned income for ria, director's fees, and payments for
	•	Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honoranum	038	\$500 \$500
Examples: Civil War Roundtable (Oct. 2) Onlano Counly Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Kusins (RH)	Salan	6400	36000
Teachine (college)	Tulay	6300	11260

SCHEDULE D - LIABILITIES

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 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 Name: Page <u>'</u>으

exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

	<u> </u>	SP. DC. JT		
4 2 3	Example			
Book Santarder	First Bank of Wilmington, DE	Creditor		
	5/98	Date Liability Incurred MO/YR		
Car Student loan	Mortgage on Rental Property, Dover, DE	Type of Liability		
		\$10,001- \$15,000	Α	
XX		\$15,001- \$50,000	8	
X		\$50,001- \$100,000	C	
	×	\$100,001- \$250,000	0	_
		\$250.001- \$500,000	m	Amount of Liability
		\$500,001- \$1,000,000	71	of Lia
		\$1,000,001- \$5,000,000	G	bility
		\$5,000,001- \$25,000,000	<u>.</u>	
		\$25,000,001- \$50,000,000		
· .	1	Over \$50,000.000	۲.	

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.

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1 0 Taxe: / (indefine)	
Enter Speeding & Spating Toponet and levely	apaler
Name of Organization	Position
une current caterioar year. First-year candidates and new employees report positions here in the current caterioar year and two previous years.	the current calendar year. First-year candidates and new o

SCHEDULE F - AG

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 in	SCHEDULE F – AGREEMENTS
 ve with respect to: future employment/a leave of absence during the period of government service; ernment, or continuing participation in an employee welfare or benefit plan maintained by a former employer.	Name: Cardo Salating Page 6 of 3

Date Parties to Agreement lerms 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.

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

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							NOTES

Name: Carla Adding Page Yot_

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