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, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all 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. IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? 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 B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: 2017 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** reporting period? exceeding \$1,000 during the reporting period? A. Did you, your spouse, or your dependent child: REPORT TYPE end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the STATUS asset during the reporting period? X House of Representatives Member of the U.S 2017 Annual (Due: May 15, 2018) State: District: **§** Yes <u>\$</u> ž ર્જુ <u>×</u> ૪ S C Daytime Telephone: 202-225-4215 Amendment Š **Z** Ž Ş For Use by Members, Officers, and Employees Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any source during the reporting period? year up through the date of filing? Employee Officer or Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. Office Use Only)
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 8 HAY 15 DELIVERED Page 1 of 6 Shared Staff Filer Type: (If Applicable) ž ĕ PH 1: 54 ž ₹**9 3** ž š Principal Assistant

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L- 1		-		Pipa-Array Planes	ABC Hedge Fund X	Examples:	SP. SP Minga Corp. Stock EIF	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. For rential 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 the activities, and its geographic location in Block A. Exclusie: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial income during the reporting period; and any financial income during the reporting period; and any financial income during the reporting period; and that is an exterior than the program, including the Thrift Savings Plan. 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. For a detailed discussion of Schadule A requirements, please refer to the instruction bookler.	(do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(t) plans) provide the value for each asset held in the account that exceeds the exceeding the second of the provided the second of the sec	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable seed or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds	Assets and/or income Sources	# 252 V
	X	*	X	X	×	rdefixite	×	None > \$1-\$1,000 ∞ \$1,001-\$15,000 ∞ \$15,001-\$30,000 ∞ \$50,001-\$100,000 m \$100,001-\$25,000 π \$250,001-\$1,000,000 π \$5,000,001-\$25,000,000 π \$1,000,001-\$25,000,000 π \$25,000,001-\$25,000,000 π \$25,000,001-\$20,000,000 π \$25,000,001-\$20,000,000 π \$25,000,000 π \$25,000,000 π \$25,000,000 π \$25,000,000 π \$25,000,000 π		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: 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.	Value of Asset	B OCK B
	X	X	X		Partnership Income	Royalines		MONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check all columns that apply. For accounts that generate tex-deferred income (such as 401(It), IRA, or 528 accounts), you may check the "Tax-Deferred column. Dividends, Interest, and capital gains, 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.	Type of Income	BI OCK C
		X	X	X	×	×	×	None - \$1,5200 = \$201,\$1,000 = \$1,001,\$2,500 \$2,501,\$5,000 \$5,001,\$15,000 ≤ \$15,001,\$20,000 ≤ \$50,001,\$100,000 ≤ \$100,001,\$10,000,000 × \$1,000,001,\$5,000,000 × Over \$5,000,000 × \$powerDC Asset with income over \$1,000,000* ×	"Column XII is for assets held by your spouse or dependent child in which you have no interest.	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. Dhyberials, inferest, and capital galaxie, even if reinvestand, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.	Amount of Income	PLOCKD.
						:	S(pert)	Leave this column blank if there are no transactions that exceeded \$1,000.	If only a portion of an asset was sold, please indicate as follows: (S (part)).	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.	Transaction	BLOCK

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	<u> </u>											\$5,000,001-\$25,000,000	-		
												\$25,000,001-\$50,000,000	~		
									L			Over \$50,000,000	-		
												Spouse/DC Asset over \$1,000,000*	E		
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<u> </u>												CAPITAL GAINS		BLOCK C	0
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												TAX-DEFERRED)	
												Other Type of Income (Specify: e.g., Partnership Income or Ferm Income)			awle
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<u> </u>	† † †		\top						Г		T	\$1,000,001-\$5,000,000	×		".
 -	$ \cdot $			Γ					1	1	1	Over \$5,000,000	×		Y
			1								Γ	Spouse/DC Asset with Income over \$1,000,000*	¥		<u> </u>
												P 9 Start) or E		BLOCK E	6

SCHEDULE B - TRANSACTIONS

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SCH	Report an	dependent resulted in Exclude to purchase of a portion of	Capital Gathe "capital the capital the capital the capital "Column to Column	SP, DC, JT	æ										,							
SCHEDULE B - TRANSACTIONS	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the	reported period or any evoluty or test property that by you, you make the dependent chief for investment or the production of income, include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless the generated rental income. If only a portion of an easet is sold, please choose "perital sale" as the type of transaction.	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a lax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	Asset	Etample Mega Corp. Stock	Assorbance Property IN WA																
	Ţ		Purchase																			
	/pe of T		Sale			X																,,,
	Type of Transaction		Partial Sale		×										!							
	On I		Exchange																			l
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3	Date	(MO/DAYRI) or Quarterly,	weekly, of sapplicable		3917	8/14/17																
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Page	Transaction	<u>ـ</u>	\$1,000,001-			_							_	_								
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			Over \$1,000,00				-			_				<u> </u>			_			<u> </u>	_	
			(Spouse/DC As		1																	

SCHEDULE D - LIABILITIES

Name: Scott Taylor	
Page1	*

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. 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.

*Column K is for liabilities held solely by your spouse or dependent child.

					SP. DC, JT		
			First	Example		• •	
			First Union Bank Virginia Beach	First Bank of Wilmington, DE	Creditor		
			a/15	5/15	Date Liability Incurred MO/YR		
		00	Martage on Rental Pracerties	Mortgage on Rentel Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	٨	
					\$15,001- \$50,000	σ	
					\$50,001- \$100,000	င	
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	m	moun
			X		\$500,001- \$1,000,000	773	Amount of Liability
					\$1,000,001- \$5,000,000	6	ability
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	٤.	
Ī					Over \$1,000,000* (Spouse/DC Liability)	*	

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.

President/Principal Broker Neptune Associates - Uncompensated	President/Principal Broker
Assurance International, LLC - Uncompensated	Manaser
Assurance Properties, LLC - Uncompensated	Manaser
Name of Organization	Position

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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	Name:	
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	Scott Taylor	
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	Page 6 of 6	
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 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

Source	Date(a)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (V/N)
Government of China (MECCEA)	Aug. 5-11	DC-Bejing, Ohive-DC	٧	Y	Z
Examples: Habbel for Humanity (charity fundrates)	Mar. 3-4	DC-Boston-DC	γ	Υ	٧
Government of Qatar	Dec 30-Jan 2	Dec 30-Jan 2 Kuwait - Doha - Oc	イ	7	2
		- Calabra			