tests for Yes No No	spouse or dependent child because they meet all three tests for	arned" income, or liabilities of a Committee on Ethics.	<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
xcluded Yes No No	her "excepted trusts" need not be disclosed. Have you e	mittee on Ethics and certain ot pendent child?	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?
TIONS	- ANSWER <u>BOTH</u> OF THESE QUES	UST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS
LETE	THAT YOU ARE REQUIRED TO COMPLETE	Y THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
	HEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE C
ma yes No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	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?
nt with an Yes No No	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?	Yes No No	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?
ting e of filing? Yes No	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. Receive more than \$200 in uneamed income from any reportable asset during the reporting period?
	TIONS	1 OF THESE QUEST	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1, 2017 A \$200 pe	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee SEmploying Office:
(Office Use Only)	Check if Amendment	21	New Member of or Candidate for State: New Member of Pepresentatives District: 2  FILER Candidates – Date of Election: No. 2016
17 SEP -8 PM 1: 15	1	Daytime Telephono	Name: Example Gregory Boyalian
AU6 30 2017 Page 1 of LEGISLATIVE RESOURCE CENTER	FORM B  For New Members, Candidates, and New Employees  LE		UNITED STATES HOUSE OF REPRESENTATIVES

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

For an ownership interest in a privately-held busin that is not publicly traded, state the name of business, the nature of its activities, and all interest-bearing accounts. If the total is over the second where there \$5,000, list every financial institution where there For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over Provide complete names of stocks and mutual funds (do not use only ticker symbols). or a detailed discussion of Schedule A requirements slease refer to the instruction booklet. ncome during the reporting period); and any financia nterest in, or income derived from, a federa or rental and other real property held for investmen nore than \$1,000 in interest-bearing accounts. he account that exceeds the For all IRAs and other retirement plans (such as 101(k) plans) provide the value for each asset held in production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income omes and vacation homes (unless there was rent eographic location in Block A. ental property," and a city and state. you so choose, you may indicate that an asset come source is that of your spouse (SP) vestment Fund, please check the "EIF" you have a privately-traded fund that is an Excepte stirement program, including the Thrift Savings Plan rovide a comptete pendent child (DC), or jointly held with anyone xclude: Your personal residence, including secon the optional column on the far left entify (a) Assets and/or Income Sources each asset more than Simon & Schuster Mega Corp Stock ABC Hedge Fund BLOCK A its a Kenters reporting thresholds. \$200 or description, ₫ 3. investment 8 9.9. # \*Column M is for assets held by your spouse or depender child in which you have no interest. specify the method used. > ndicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please f an asset was sold during the reporting period notuded only because it generated income, the value \$1-\$1,000 œ \$1,001-\$15,000 O \$15,001-\$50-000 0 ж \$50,001-\$100,000 Value of Asset \$100.001-\$250.000 T **BLOCK B** \$250,001-\$500,000 × Ø \$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 \_ and Spouse/DC Asset over \$1,000,000 Z Check all columns that apply. For account that generate tax-deferred income (such at 401(k), IRA, or 529 accounts), you may be accounted to "Tax Deferred" column and the transferred the "Tax Deferred" column and the transferred to the transf interest, and capital NONE for assets held in taxable accounts. "None" if the asset generated no during the reporting period. invested, must be disclosed as incon ж DIVIDENDS RENT Type of Income INTEREST BLOCK C Name: CAPITAL GAINS olumn. EXCEPTED/BLIND TRUST TAX-DEFERRED Dividends even Partnershi Royalties income Other Type of Income (Specify: e.g., Partnership Income or Farm 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 galms, even if reinvested, must be discbesed 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-\$200 ×  $\delta$ \$201-\$1,000 = ھ \$1,001-\$2,500 ₹ ٧ Current Year \$2,501-\$5,000 × \$5,001-\$15,000 ≤ \$15,001-\$50,000 ≦ \$50,001-\$100,000 ≨ \$100,001-\$1,000,000  $\Xi$ \$1,000,001-\$5,000,000 × Amount of Income Over \$5,000,000 × BLOCK D Spouse/DC Income over \$1,000,000 ≚ \$1-\$200 = × \$201-\$1,000 = \$1,001-\$2,500 ₹ Page Preceding Year \$2,501-\$5,000 < \$5,001-\$15,000 ≤ ≦ \$15,001-\$50,000 × ≦ \$50,001-\$100,000 9 \$100,001-\$1,000,000 ⋝ \$1,000,001-\$5,000,000 × Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000\*

Use additional sheets if more space is required

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### SCHEDULE C - EARNED INCOME

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	11	Name: Don Boyanian
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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 earned income exceeding \$1,000. See examples below.

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 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. 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. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. Examples: Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
State of Maryfand
Civil War Roundtable (Oct. 2)
Ontario County Board of Education Honorarium
Salary
Spouse Speech
Spouse Salary Type **Current Year to Filing Amount** Preceding Year \$76,000 \$1,000 N/A \$500

#### SCHEDULE D - LIABILITIES

Name: Page 잌

exceeded \$10,000. (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 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 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.

		sp, DC, лт		
3	Example		<del></del>	
Ormog Chare	First Bank of Wilmington, DE	Creditor		
	5/98	Date Liability Incurred MO/YR		
(ar learn (Sintern)	Mortgage on Rental Property, Dover, DE	Type of Liability		
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		Over \$1,000,000* (Spouse/DC Liability)	×	

#### **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, fratemal, 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	ported and the callent calculate year. I have an interesting to a superstance of the calculation of the calculations and the calculations and the calculations are a superstance of the calculations and the calculations are calculated by the calculations and the calculations are calculated by the calcula

#### SCHEDULE F - AGREEMENTS

employer. Date

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 Parties to Agreement Name: Terms of Agreement Page 1 으

# 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.

1	
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
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7. 1847)	