		,	DELIVERED	Page 1 of 3
UNITED STATES HOUSE OF REPRESENTATIVES	***************************************	For Use by Members, Officers, and Employees	CM 2017 FEB -9 AM 10: 59	110: 59
			1 \ Office Use Only)  OFFICE OF THE C	CLERK CLERK
Name: Tim brokeroup	_ Daytime Telepho	Daytime Telephone: <u>6a0 みらうめろ</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	yainst any ays late.
FILER Member of or Candidate for State:  STATUS  Member of or Candidate for State:  U.S. House of Representatives District:	1/5	Officer or Employing Office:	, <b>(2</b>	
REPORT 2015 Annual (Due: May 16, 2016)	Amendment	Termination  Date of Termination:	nination: <u>( -                                  </u>	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	HESE QUESTIONS			
A. Did you, your spouse, or your dependent child: <ul> <li>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or</li> <li>b. Make more than \$200 in uneamed income from any reportable asset during the reporting period?</li> </ul>	Yes V 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?	r arrangement with an Yes No	
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	child receive any Yes 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?	Yes	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?	child receive any Yes No li totaling more than Yes No e reporting period?	Ç
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	No.	I. 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?	ization make a donation to charity in the Yes No	ţ
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	E CORR	ESPONDING SCHEDULE IF YOU ANSWER "YES"	R "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	T, OR TRUST INFO	- ANSW	ER EACH OF THESE QUESTIONS	
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.	Public Offering during the repo	orting period? If you answered "yes" to this q	Yes	No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not this report details of such a trust that benefits you, your spouse, or dependent child?	ttee on Ethics and certain other child?		be disclosed. Have you excluded from Yes N	<u>C</u>
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 three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ned" income, transactions, or li	labilities of a spouse or your dependent child los.	Yes	<b>8</b>

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Uer.	Honewand	,	7.	,	\$5		Енапріче:		For a detailed discussion of Schedule requirements, please rafer to the instruction booklet	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.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "Elf" box.	1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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.	For rental and other real properly held for investment, provide a complete address or description, e.g., rental property," and a city and state.	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 more than \$1,000 in interest-bearing accounts.	For all IRAs and other relienment plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	and (b) any other reportable asset or source of income that generated more than \$200 in "uneamed" income during the year.	identify (a) each asset held for investment or production of income and with a fair market visius accepting 15 (00) at the end of the reporting period.	Asset and/or Income Source		901117011
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						ncome	- November			of income						1	ag the		Check all columns that apply. For account generate tax-deferred income (such as 401(k), 529 accounts), you may check the "Tax-De			
l						e ersanç		R.	(Specify: e	.g., Partnership	income or Fi	arm Income)					if the asset generated no income during the reporting period.	a gains, income the None	unts that c), iRA or Deferred			
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			<del> </del> -			1	†	<b>†</b>	Spouse/O(	Asset with Inco	orne over \$1,	.000,000°			<u> </u>		î chilid	O Batterd.	ate the	,		잋
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Ī								٥	P, S, S(part), or E						Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)).	in the reporting period. If only a portion	sales (S), or exchanges (E) exceeding \$1,000	asset had purchases (P).	Transaction	BLOCK E	1 2
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					•		<b>S</b>					2.5	None > \$1:\$1,000 ₩ \$1:\$1,000 ₩ \$1:001-\$15,000 ♥ \$1:001-\$15,000 ♥ \$50,001-\$100,000 ♥ \$250,001-\$250,000 ♥ \$250,001-\$25,000,000 ₩ \$1,000,001-\$25,000,000 ₩ \$25,000,000 ₩ \$25,000,001-\$25,000,000 ₩ \$25,000,000 ₩ \$25,000,000 ₩ \$25,000,000 ₩ \$25,000,000 ₩ \$25,000,000 ₩ \$25,000,000 ₩	Value of Asset
								\ \					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
				<b>S</b>									None       —         \$1-\$200       —         \$201-\$1,000       —         \$1,001-\$2,500          \$2,901-\$5,000          \$5,001-\$16,000       ≤         \$16,001-\$6,000       ≤         \$100,001-\$1,000,000       ≤         \$1,000,001-\$5,000,000       ×         Cver \$5,000,000       ≤         Spouse/DC Asset with income over \$1,000,000*       ≤	Amount of Income
													P, s, s(part), or E	Transaction

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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## **SCHEDULE B - TRANSACTIONS**

Name: Page 4

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## SCHEDULE C - EARNED INCOME

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raine the Brown	<b>~</b>	- 48a
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 a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	nment) totaling \$200 or more during the elow.	reporting period. For a spouse, list
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: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain the property of the security of the	Social Security Act. Isated at or above the "senior staff" rate	was \$27,225. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
Keene Slate	Approved Teaching Fee	\$6,000
EXAMPLES: Chail War Roundtable (Oct. 2)  Chilatio County Board of Education	Spouse Salary	\$16,000 \$1,000 N/A
None		

#### SCHEDULE D - LIABILITIES

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Name:
Page 6 of
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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.

#### 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 onlitical entities (such as political parties and campaign or an any religious, social, fraternal, or onlitical entities (such as political parties and campaign or an any religious, social, fraternal, or onlitical entities (such as political parties and campaign).

tield in any religious, social, italiental, or political entities (sc	ried in any religious, social, material, or pointizal entities (such as pointizal parties and campaigh organizations); and positions solely of an honorary nature.
Position	Name of Organization
Partner	Kem-0:1 2LC

### **SCHEDULE F - AGREEMENTS**

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Date	Parties to Agreement	Terms of Agreement
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#### SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
None		
		·

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:	
Page & of 9	

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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# SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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Name:	
Page 9 of 9	

ist the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	sor of an event to a charitable organ	ization in lieu of paying an	honorarium to you. A
Source	Activity	Date	Amount
Association of American Associations, Washington, DC  XYZ Magazine	Speech Article	Feb, 2, 2015 Aug. 13, 2015	\$2,000 \$500
Marce .			