

LEGISLATIVE RESOURCE CENTER

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U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

**UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT**

For New Members, Candidates, and New Employees

**FORM B**

Name: April June Freeman

Daytime Telephone: \_\_\_\_\_

**FILER STATUS**



New Member of or Candidate for U.S. House of Representatives  
State: Florida  
District: 17  
Candidates - Date of Election: November 8, 2016



Check if Amendment



New Officer or Employee  
Employing Office: \_\_\_\_\_

Period Covered: January 1, 2015 to January 1, 2016

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

**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?

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 ☒

**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 ☐ No ☒

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 filing?

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 ☒

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☐ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE 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?

Yes ☐ No ☒

**EXEMPTION** - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

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**Use additional sheets if more space is required.**

