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UNITED STATES HOUSE OF REPRESENTATIVES		FORM B	APR 2/ 2016	Page 1 of
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and	andidates, and New Employees	TERSTATIAE UZGONOE CP.O.	53
1 2 2 2 2 2	•		2016 MAY -3 AM 10: 56	6
	Daytime Telephone	9		
New Member of or Candidate for State: S. U.S. House of Representatives District: Le Candidates – Date of Election: November 8	3,2016	Check if Amendment	(Office Use Only))nly)
New Officer or Employee Employing Office:		Period Covered: January 1,to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	ssed against any n 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	F THESE QUESTIONS	SNC		
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?	No E. D	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	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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?	No F. D outs year	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?	arrangement with an Yes	₹ <u>X</u>
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?	No J. D	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	₹ <u>X</u>
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR	HE SCHEDULES TH	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	INFORMATION - /	ANSWER <u>BOTH</u> OF THESE QUESTIONS	E QUESTIONS	
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "ead?	xcepted trusts" need not be disclosed. Have you excluded from	ave you excluded from Yes	No
EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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.	ncome, or liabilities of a spout tee on Ethics.	se or dependent child because they meet	all three tests for Yes	No X

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	BLOCK A	Assets and/or Income Sources				ASSET NAME	Nove)	ONly Asset is	CUZ DIMORY	Residence	11 # 200	Auto # 2 2000						
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	8	988	Ξ.	:	\$500,001-\$1,000,000	 		-	-	!		_			_				ļ
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Name:	BL O	<u> </u>	\dashv		CAPITAL GAINS						 		7						·v=
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l I		Type of Income			TAX-DEFERRED				-		-					+			, , ,
aura Sterlina				e.g., ome)	Other Type of Income (Specify: e.g., Partnership Income or Farm Income														
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	BLOCK D	Amount of Income	П		None		1	1			T	+-		1	+		_		
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 					Spouse/DC Income over \$1,000,000		+	+	+	\vdash	+	+-			+	+			
A)				 -					-		1								

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

	The Hot Italian	Bottomline Yacht Co.	Bobs Tax Service	ABC Hedge Fund X	Examples:	SP, EIF DC, Mega Corp Stock	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 rental 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 its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacetion homes (urless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. 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 Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols).	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 asset or source of income which generated more than \$200 in "uneamed" income during the year.	Assets and/or Income Sources	BLOCK A
	* * * * * * * * * *	3 4	水		Indefinite	×	None > \$1-\$1,000 ∞ \$1,001-\$15,000 ○ \$15,001-\$50-000 □ \$50,001-\$100,000 m \$100,001-\$250,000 m		child in which you have no interest.	Indicate value of asset at dose of the reporting you use a valuation method other than fair may please specify the method used. If an asset was sold during the reporting per included only because it generated income, should be "None."	Value	BL
				×			\$250,001-\$500,000		Child in which you have no interest.	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."	Value of Asset	всоск в
				Partnership Income	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		generated no income during the reporting period.	Check all columns that apply that generate tax-deferred inc 401(k). IRA, or 529 accounche(k). IRA Tax-Deferred Dividends, interest, and ceven if reinvested, must be income for assets, held	Type of Income	BLOCK C
	*	***	×	nership X	illes ×	×	None		witing Section 1997	punts For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all has other assets indicate the category of income by checking the appropriate box below. Dividends, interest, may and capital gains, even if reinvested, must be disclosed as income for assets held in taxable umn. accounts. Check "None" if no income was earned or generated. d as "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D

SCHEDULE C - EARNED INCOME

Z	Name: Laura Sterling	Page of 67 W
the filer's current employ	the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer for other spouse parmed income exceeding \$1,000. See examples below.	uring the reporting period. For both the filer

List the source, type, and amount of earned income from any source (other than the filer's current employment be and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income filer's spouse, list the source and amount of any honoraria.

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. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
_	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 \$0 N/A	\$1,000 N/A
Bobs Tax Service	jacome	8500	20,000
Bottomline Yacht Co/Yacht Sucs	income	11,000	20,000
The Hot Italian	income	φ	3500

SCHEDULE D - LIABILITIES

Name: Lawa Sterling

Page \$5 of \$100

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

					SP. DC, JT		
			Şe	Ехатрю			
			See AHAdred	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
	And the second s			Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001~ \$15,000	>	
					\$15,001- \$50,000	œ	
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					\$25,000,001- \$50,000,000	-	
					Over \$50,000,000	٠	
					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, 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 amplitudes report positions held in the current calendar year and two previous years.

Position Name of Organization None	the culterit calcinal year. They sai callalases and her sin	nic culicin calcinal year. Firstyear calminates and new employees report positions including calcinal year and two previous years.
Noxe	Position	Name of Organization
	Nove	

SC

	NONE
Date Parties to Agreement Terms of Agreement	Parties to Agreement None
	NONE

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

Name: Laura Sterling

Page of \$1.

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

2016 MAY -3 AM 10: 57

Indicate Your Status: (Select One) Dear Madam Clerk:

Over \$5,000 Threshold Not Exceeded This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

Withdrawal
 of Candidacy

This	is to no	tily you	1 that under th	e laws of the	he state o	t			 	
I with	ndrew r	nv cano	didacy for the	U.S. House	e of Repr	esen	ıtative	s on		
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[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type): Laura Sterling

State: South Carolina District: Le

Date: 4 27 2014

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601