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| UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees | TECHSLATINE LECONACT CENT |
| Name: Lorence R. Wenke Daytime Telephone: | 64:01 WY 1- AON 9107 |
| New Member of or Candidate for State: U.S. House of Representatives District: 6 Candidates - Date of Election: Check if | (Office Use Only) |
| 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. |
| 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 unearmed income from any reportable asset during the reporting period? **E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? asset during the reporting period? | ng the reporting period 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? F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendary year up through the date of filing? | ortable agreement or arrangement with an ereporting period or in the current calendar Yes No No le of filing? |
| D. Did you, your spouse, or your dependent child have any reportable Yes | pensation of more than \$5,000 from a single Yes No No |
| ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE | S" COMPLETE |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS | E QUESTIONS |
| TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. this report details of such a trust that benefits you, your spouse, or dependent child? | d not be disclosed. Have you excluded from Yes No X |
| 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. | all three tests for Yes No No |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

| Name: |
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| Page 2 |

For all IRAs and other retirement plans (such 401(k) plans) provide the value for each asset hek the account that exceeds the reporting thresholds. For bank and other cash accounts, total the smount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where them is more than \$1,000 in interest-bearing accounts. Provide complete names of stocks and mutual funds (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. or 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 nomes and vacation homes (unless there was renta roome during the reporting period); and any financia tierest in, or income derived from, a federal tierest in. rovide a complete address or directal property," and a city and state. or rental and other real property held for invest come source is that of your spouse (SP) or ependent child (DC), or jointly held with anyone (JT) the optional column on the far left. you so choose, you may indicate that an asset come source is that of your spouse (SP) eographic location in Block A. you have a privately-traded fund that is an Excepte vestment Fund, please check the "EIF" box. tirement program, including the Thrift Savings Plan cclude: Your personal residence, including secon neamed" income during the year. (b) any other reportable asset me which generated more the Assets and/or income Sources detailed discussion of Schedule nents, please refer to the instruction booklet. Simon & Schuster Mega Corp Stock **BC Hedge Fund** BLOCK A description, Q × indicate value of asset at close of the reporting period, iff you use a valuation method other than fair market value, please specify the method used. *Column M is for assets held by your spouse or depended f an asset was sold during the reporting period and is included only because it generated income, the value None hiid in which you have no interest hould be "None." \$1-\$1,000 - 2 œ \$1,001-\$15,000 c \$15,001-\$50,000 O. \$50,001-\$100,000 m Value of Asset × \$100,001-\$250,000 ÷. BLOCK B \$250,001-\$500,000 6 × ± \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 μ., \$5,000,001,\$25,000,000 \$25,000,001-\$50,000,000 * ,-, Over \$50,000,000 · ě . Spouse/DC Asset over \$1,000,000 £ check the Dividends, in Check all columns that apply. that generate tax-deferred inc even if reinvested, must that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. NONE enerated no income × DIVIDENDS 호 RENT Type of Income INTEREST BLOCK C CAPITAL GAINS during the and capital gains EXCEPTED/BLIND TRUST For accounts TAX-DEFERRED 둫 sclosed a (such as taxabl Other Type of Income (Specify: e.g., Partnership Income or Ferm Income) For assets for which you checked "Tax-Deterred" 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 gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. None-"Column XII is for assets held by your spouse or dependent child in which you have no interest. × \$1-\$200 = \$201-\$1,000 ₹ \$1,001-\$2,500 ¥ **Current Year** \$2,501-\$5,000 S × \$5,001-\$15,000 ě \$15,001-\$50,000 ≨ \$50,001-\$100,000 R \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 Amount of Income × Over \$5,000,000 BLOCK D Spouse/DC Income over \$1,000,000 ᆇ None : = \$1-\$200 = \$201-\$1,000 × \$1,001-\$2,500 Z Preceding Year \$2,501-\$5,000 s \$5,001-\$15,000 ≦ \$15,001 \$50,000 ≨ \$50,001-\$100,000 × \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Over \$5,000,000. ≅ Spouse/DC Income over \$1,000,000*

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Lorence Wenja

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| - 1 | ľ | | Ì | <u> </u> | <u> </u> | <u>L.</u> | | | | | | | | | | Spouse/OC Income over \$1,000,000° 💥 | | | |

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Name: Lorence Wenja Page 4 of 7

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.

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: 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.

| | 1 | Am | Amount |
|--|---------------|------------------------|----------------------------------|
| Source (include date of receipt for notionalia) | Туре | Current Year to Filing | Preceding Year |
| ABC Trade Association, Baltimore, MD (July 15) | Honorarium | \$0 | \$500 *78.000 |
| Examples: Civil War resident (Oct. 2) Onlario County Road of Education | Spouse Speech | \$0 \$0 N/A | \$1,000 N/A |
| | 7 | ₹. | |
| Michigan Growe Products | Director Fees | 5,000 | 2000 |
| Growe Properties LLC | D:StribAm | \$ L/0,000 | 40,000 |
| Suntrect Greenhouses | Dispolation | 6,685,14 | 0 |
| Weake Greenhouses | Distribution | 102,80 | 8,1500 |
| Family Trust | Fread | 1959Cs | ⁴ 5 23, ⁶⁴ |
| Personal Checking | Integr | 494.98 | 298.61 |
| Werk Greenwoods | Interest | 80,000 | 60, 164, 38 |
| Weyle Properties Mostgage | Inferit | 911,600.03 | \$9, 903.99 |
| Reat Received Personal | Detero Rent | \$80,757.90 | 81,585.50 |
| We wie Greenwer Rent | Rear | ₹° (760.00 | 73, 429°° |
| Social Security Drawe horence Wealle | 5,5 | 00 | 30,520,0 |
| Special Security Drawne Namy Wester | 5:2 | 9,895.00 | 39,196,00 |

SCHEDULE D - LIABILITIES

Name: Lorence Wendle Page 5 of 7

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. 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 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

| င်, ညှိ လို | | Creditor | Date Liability Incurred MO/YR | Type of Liability | 0 | 1- 0 | | 6000 CO | 00- 01- 00 | 00- 01- 00 | 00- 01- 00 | On | 00- 00- 00- 00- 00- 00- 00- 00- 00- 00- | 00- 00- 00- 00- 00- 00- 00- 000- 000- |
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| | Example | First Bank of Wilmington, DE | 5/98 | Mortgage on Rental Property, Dover, DE | | | | | × . | | | | | |
| | - | P | | | | | | | F-10. | F-10. | F-10. | F-10. | F-10. | F-10. |
| | No C | No Crezitors on low | | | | | | | | | | | | |
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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 solety 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 |
|----------------------------|--------------------------------------|
| BE Member Weake Greenhouse | Wenke Greenhouses |
| B& Member | Single Greatives |
| BL Member | Michigan armer Probet |
| Bi Member | BACON (Douperties (Gamer Chaperties) |
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SCHEDULE F - AGREEMENTS

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| OCHROCKET - AGREEMEN O | GREEN | | Name: Lorane Wenke | Page 6 of 7 |
|--|---|--|--|--|
| dentify the date, parties to, ontinuation or deferral of p | dentify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a l continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an | gement that you have wi | ith respect to: future employment; a leave of absence during the period of government service; nent; or continuing participation in an employee welfare or benefit plan maintained by a former employer. | ที่ government service aintained by a former |
| Date | Parties to Agreement | | Terms of Agreement | |
| | | | | |
| | Retres | | | |
| | | | | |
| SCHEDULE J – C | SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE | OF \$5,000 PAIC |) BY ONE SOURCE | |
| eport sources of compensions of any corporation of any corporations and any inform | sation received by you or your business affilion, firm, partnership, or other business enteration considered confidential as a result of a | ation for services provic prise if you directly pro rivileged relationship rev | 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 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. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C. | This includes the names of clients and 5,000. Exclude: Payments by the U.S. C. |
| Source (I | Source (Name and City/State) | | Brief Description of Duties | |
| Exemple: Doe J | Doe Jones & Smith, Hometown, Homestate | | Accounting Services | |
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FILER NOTES (Optional)

NOTE NUMBER NOTES Name: Page____of___1

Use additional sheets if more space is required.

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