UNITED STATES HOUSE OF REPRESENTATIVES For Use by M.	Form A For Use by Members, Officers, and Employees	TEGISLATIVE RESOURCE CENTY. 2016 AUG 18 AM 10: 09 MC
		U.S. HEUSE OF REPRESENTATIVES
Name: 1 WM/K - JU/W/H Daytime Telephone:	ne:	A \$200 penalty shall be seessed against any individual who files more than 30 days late.
FILER Member of or Candidate for State: (1)	Officer or Employing Office: Employee	
TYPE 2015 Annual (Due: May 16, 2018) — Amendment	Termination Date of Termination:	n minadon:
PRELIMBIARY 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 oand of the reportable period? <a \$200="" (e.g.,="" 19<="" distributions)="" during="" haracraria,="" href="https://example.com/emails-state-noise-s</th><th>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?</th><th>r strangement with an Yes No No</th></tr><tr><th>dent child purchase, sell, or Yes No No</th><th>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?</th><th>child receive any Yes Ho Ho</th></tr><tr><th>C. Did you or your opouse have " income="" ira="" market="" more="" no.="" of="" or="" pension="" salaries,="" samed"="" th="" the="" yee=""><th>Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more that \$375 in value from a single source during the reporting period?</th><th>our dependent child receive any ments for travel totaling more than Yes No No No. 12.00 No. 12.0</th>	Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more that \$375 in value from a single source during the reporting period?	our dependent child receive any ments for travel totaling more than Yes No No No. 12.00 No. 12.0
D. Did you, your spouse, or your dependent child have any reportable Yee	I. Did any individual or organization make a donation to charity in itsu of paying you for a speech, appearance, or article during the reporting period?	donation to charity in Yee Ho No
E. Did you hold any reportable positions during the reporting period or in Yes	ATTACH THE CORRESPONDIN	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	MATION - ANSWER EACH	OF THESE QUESTIONS
#FO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered the Committee on Ethics for further guidance.	ting period? If you answered "yes" to this q	"yes" to this question, please contact Yes 🔲 No 🔣
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 repert details of such a trust that benefits you, your spouse, or dependent child?	"excepted trusts" need not be disclosed. H	have you excluded from Yes . No .
EXCENTION - 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 treds for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	billies of a spouse or your dependent child s.	because they meet sill Yes No K

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE B - TRANSACTIONS

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SCHEDULE C - EARNED INCOME

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the source and amount of any honorants; list only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Milliary pey (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. BECOME: LIMITS and PROMINITED 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 types of income (notably henorants, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	elow. Social Security Act. Sacial Security Act. sated at or above the "senior staff" rate totally prohibited.	was \$27,225. In addition, certain
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SCHEDULE D - LIABILITIES

g the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting at properly including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you re, or appliances; liabilities of a business in which you own an interest (unless you are personally liabile; and liabilities owed to	Name: FRANK GUINTA
eant owed during the reporting ur personal residence (unless you nelly liable); and liabilities owed to	Page 7 of

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. If enhance: 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 sutomobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabile); and liabilities owed to you by a spouse or file child, perent, or sibling of you or your spouse. Report a revelving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

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កិ ន្ទ ង	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000 \$15,001-	\$50,000 \$50,001-	\$190,000 \$100,001-	\$250,000 \$250,001-	\$600,000 \$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	Over \$1,000,000*
	Enterprise First Bank of Wilmington, DE	5496	Martgage on Runtal Property, Dover, DE				×					1	
4	SIMMI BANK	P0/8	MADRAGE IT POUNTAGEST		_	∠		-	\dashv	_			- 1
Y	ST. Whou C Book	3/06	Wholease 221 CRESTWONAS				1	_	_				
Sp.	NAVIENT	3104	School Cons		*								
	NHHEAR	1/00	School land		メ								
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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, accial, fraternal, or political entities (sur	held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization
A. A	

SCHEDULE F - AGREEMENTS

is of any agreement or arrangement that you have with	TS TS
is of any agreement or arrangement that you have with respect to: Adure employment: a leave of absence during the period of covernment t	Hame: TRANK GUINTA
of covernment service.	Page

Identify the di continuation o	ate, parties to, and general terms of any agreement or arrangement that you hav or defents of payments by a former or current employer other than the U.S. gove	Identify the date, perfect 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 defental 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 employer.
Date	Parties to Agreement	Terms of Agreement
	$N \mathcal{O}$	

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 meets, 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 decibeurs 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, Adingson, VA	Silver Platter (determination of personal Mandahly received from the Ethics Committee)	\$400
NA		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

	NTS
Name TRANC (70101)	1
Page 7 of	3

Identify the source and list travel litherany, 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 fler.

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	Beuros	Date(s)	City of Departure-Destination-City of Return	Lodging? (Yan)	Food? (YRQ)	Family Blomber beduated? (Y/R)
	Grammant of China (MECEA)	Aug 5-11	DC-Bujing, China-DC	*	∢	×
	Habitat for Humanity (charty fundamen)	Mar. 3-4	DC-Buston-DC	*	*	٧
	NIA					
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SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name
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N/ O
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List the source, activity (i.e., speach, 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 honoratium to you. A separate confidential list of charitable inclining such payments must be filled directly with the Committee on Etikas. Source Sour