UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	77777
Name: MICHAEL O'REILLY	Daytime Telephone	2016 MAY 19 PM 1: 33
New Member of or Candidate for State: 1/2 U.S. House of Representatives District: 5 Candidates Date of Election:	Check if Amendment	Mus. House of the clerk Office User Schwatives
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

	CHEDULE IF YOU ANSWER "YES" S THAT YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
is X	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	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?
ves 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	C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes X 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	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?

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 Z X

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.

Yes

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SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: MICHAEL O'REILLY

INVESTOR EQUITY FUND	JPMORGAN GOVT BOND FUND	DEUTSCHE MONEY MARKET	200 WARNING TO THERWIER, FL	1606 CHURCH ROAD BROWN N)		Examples:	SSP, Bridge Corp Stock EFF	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 dity 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 nomes and vacation homes (unless there was rental nomes and vacation homes (unless there was rental nome 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, piease check the "EIF" box. If you so choase, 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 Fequirements, piease 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.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identity (a) each asset held for investment or production of income and with a fair meritet 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 unearned income during the year.	Assets and/or Income Sources	8LOCK A
X	×	×	X	X	×	Indefinite	×	None > \$1-\$1,000 œ \$1,001-\$15,000 c \$15,001-\$50,000 c \$50,001-\$100,000 m \$250,001-\$250,000 m \$250,001-\$1,000,000 c \$500,001-\$1,000,000 m \$5,000,001-\$25,000,000 c \$25,000,001-\$25,000,000 c \$25,000,001-\$25,000,000 m \$25,000,001-\$25,000,000 m \$25,000,000 m \$25,000,000 m \$25,000,000 m		Column M is for assets held by your spouse or dependent child in which you have no interest.		Value of Asset	BLOCK B
X	*	*	X	X	Pertnership	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	period.		Check all columns that generate 401(k), IRA, check the Dividends, I even if reinvinceme for	Type of Income	BLOCK C
	**************************************		×	X	×	×	×	Noise		<u> </u>	the For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all abother assets indicate the category of income by checking the appropriate box below. Dividends, interest, by and capital gaths, even if reinvested, must be disclosed as income for assets held in taxable in accounts. Check "None" if no income was earned or generated.	Amount of Income	BLOCK D

Use additional sheets if more space is required.

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SCHEDULE C - EARNED INCOM

Name: <u>.</u>

EXCLUDE: Military pay (such as National G and filer's spouse, list the source and amoun professional services involving a fiduciary re-List the source, type, and amount of earned Members and employees compensated at or all INCOME LIMITS and PROHIBITED INCO

Source (include d

Examples:

GALLANT CAPITAL A M.I.S.S. SPORTS FXDIRECTDEALER

If then the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer hource for other spouse earned income exceeding \$1,000. See examples below.

Militement programs, and benefits received under the Social Security Act.

ad for Members and senior staff. who limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for

		Am	Amount
(Gib) (Gib)	Туре	Current Year to Filing	Preceding Year
100 ·	Honorarium	\$0	\$500
	Social Speech	\$0	\$1,000
	Spouse Salary	N/A	NA
	SALARY	B	91,713.02
MARKETS	SALARY	29,166	23333
217	SPOUSE SALARY	11,280	8984
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SCHEDULE D - LIABILITIES

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	Name:	
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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. 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.

						OC CO	6 P	6 D	Am	6 P	Amount of Liability
D. J.	Creditor	Date Liability Incurred MO/YR	Type of Liability	and the second s	\$19,903- \$15,000-	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	\$15,001- \$50,000 \$66,001- \$100,000	\$15,001- \$50,000 \$50,003- \$100,000-	\$15,001- \$50,000 \$60,001- \$100,001- \$250,000 \$250,000	\$15,001- \$50,000	\$15,001- \$50,000 \$50,001- \$100,001- \$250,001- \$550,001- \$1,000,000 \$1,000,001- \$1,000,000
Ехетріе	First Bank of Wilmington, DE	5/96	Mortgage on Rental Property, Dover, DE	R	De la companya di santa di san	DE	DE X				
	CHASE BANK	5/2007	5/2007 MOREGAGE ON REMAI PROP	ROP	Rof	ROP					
	CHASE BANK	5/2007	5/2007 EQUITY LINE OF CREDIT ON RENTH	REMM		REMIN	×	×	×	×	×
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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 solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and

Position	Name of Organization
PRESIDENT	HAWKER 900 CORP ('S-CORP')

Name:	
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				Date	Identify the dat continuation or	SCHEDU
			N/A	Parties to Agreement	te, parties to, and general terms of any agreeme nt or arrangement that you haver deferral of payments by a former or current employer other than the U.S. gove	SCHEDULE F - AGREEMENTS
	4			Terms of Agreement	Identify the date, parties 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 deferral 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.	Name: Page of

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, parthership, 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.

government and any internation considered confidential as a result	government and any mornison consented comments a a result of a privilegal relationship to object to the supers mornison makes on consenter of
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
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FILER NOTES (Optional)

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