PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Name: 2016 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES 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? exceeding \$1,000 during the reporting period? A. Did you, your spouse, or your dependent child: reporting period? REPORT FILER STATUS Receive more than \$200 in uneamed income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? XX X House of Representatives Member of the U.S. 2016 Annual (Due: May 15, 2017) State: District: Yes Yes No ž_s Yes X_{es} Daytime Telephone: 107-125- 5 Amendment ŏ For Use by Members, Officers, and Employees 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 fling? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any Form A Employee Officer or **Employing Office** Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. HAND DELIVERE LEGISLATIVE RESOURCE CENTER Office Use Only) OFFICE OF THE ULLEN HOUSE OF REPRESENTATIVES AUG | | PM 3: 4 | Shared Staff Filer Type: (If Applicable) 88 Ύes Yes Ύes Yes Yes Yes Principal Assistant N. 8 0 증 ĕ ž Š ö

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| Inv. Prop III , Detroit MI | Inv.Prop II, Detroit MI | Inv. Prop I, Detroit MI | octrait, MI | SP J+C HOMES LLC, | Cong. Fed. Cr. Union | ABC Hedge Fund X | Examples: | SP. SP Mega Carp. Stock EIF | for bank and other cash accounts, total the amount in all interest-bearing accounts, 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, the 1s not publicly traded, state the name of the business, the nature of its ectivities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); and any financial income during the reporting period); and any financial income source its, 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 its that or your spouse (SP) or dependent child (CC), or jointly held with anyone (JT), in the optional column on the far teft. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. | d as nds |
|----------------------------|-------------------------|-------------------------|-------------|-------------------|----------------------|------------------|------------|-----------------------------|---|--|
| | | | 953 | | 人 | 28.84 | Indefinite | x 製製 製造 | None \$1.51,000 \$1,001-\$15,000 21,5001-\$50,000 \$50,001-\$100,000 m | Valindicate value of asset at do valuation method other than fai used. If an asset was sold during it because it generated income, it "Column M is for assets held by you have no interest. |
| | | | | | | X X | | | \$250,001-\$250,000 | Value of Asset Indicate value of asset at close of the reporting period. If you use a valuation method other than fair merket value, please specify the method it an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which you have no interest. |
| | | | | 300 | | Pathership | | × | DMIDENOS EXCEPTED/BUND TRUST TASSEERSED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | BLOCK C Type of Income a Check all columns that apply. For accounts that agenerate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-beferred" column. Dividends, Interest, and cepital gains, even if reinvested, must be disclosed as income for assets held in travable accounts. Check 'blone' if the hasset generated no income during the reporting period. |
| | | | | | | | | | \$1-\$200 = \$2.01-\$2.000 \$\frac{1}{5}\$ \\ \$1,001-\$2,500 \$\frac{1}{5}\$ \\ \$5,001-\$15,000 \$\frac{1}{5}\$ \\ \$5,001-\$15,000 \$\frac{1}{5}\$ \\ \$50,001-\$100,000 \$\frac{1}{5}\$ \\ \$100,001-\$1,000,000 \$\frac{1}{5}\$ \\ \$1,000,001-\$5,000,000 \$\frac{1}{5}\$ \\ \$2,000-\$1,000,000 \$\frac{1}{5}\$ \\ \$2,000-\$2,000,000 \$\frac{1}{5}\$ \\ \$3,000-\$2,000,000 \$\frac{1}{5}\$ \\ \$3,000-\$2,000 \$\frac{1}{5}\$ \\ \$4,000-\$2,000 \$\frac{1}{5}\$ \\ \$4,000-\$2,000 \$\frac{1}{5}\$ \\ \$5,000-\$2,000 \$\frac{1}{5}\$ \\ \$5, | For assets for which y For assets for which y For may check the "None category of Income Dividends, Interest, must be disclosed accounts, Check No. "Column XII is for ass in which you have no |
| | | | | | | | | S(parl) | | Transaction Indicate if the asset had be asset had w. purchases (b), or it exchanges (E) d. exceeding \$1,000 in the reporting lid period. If only a portion of an asset was sold, please indicate as follower; (S, noart) |

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Page 3 of 10

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| | | | | | | | MI. Ed. Trust | 529 Plan with | Fails, SD | Bank, Sloux | p bept. Stores Nat'l | Inv. | P Inv. Prop. A, Detroit MI | ASSET NAME | | BLOCK A Assets and/or Income Sources |
| | | | | | | | | | | _ | | | | 쯲 | | |
| | | | | ** | | | | | | *** | く機能 | | | | None > \$135,000 \$1,001-\$15,000 \$1 | |
| 霾 | | | | | | | | | Acart | 徽 | | | | | \$15.000 1.5100,000 m | Val |
| | | | | | | | Altopolis. | | | | | | | | \$250,001-\$500,000 C | BLOCK B Value of Asset |
| | | | | | | | | | | | | | | Lim.s. | \$1,000,001-\$5,000,000 | * |
| | | 41 | | | | | | | | | | F-0' A 1 | | ************************************** | Spouse/OC Asset over \$1,000,000° g | |
| | | | | | | | | | | | | | | | DIVIDENDS | |
| | | | | | | | | | | | | | N. Sada | | INTEREST EXCEPTED/BLIND TRUST | BLOCK C Type of Income |
| 3.00 | | 1 1130 | | | ing. | | | | | | Candiled | | | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | come |
| | | *** | | | * | | | | #1. | | 繁 | | | | i fighteria. | |
| | | * | 蘇 | | 3 | | ą. | | 1,710 | ç v | | V. | À | | \$1-\$200 = \$1,001-\$2,500 < | |
| | | | | <u> </u> | | | | | | | <u> </u> | | , <u>†</u> | | \$5,001-\$15,000 ≤ | BLOCK D |
| | X | | | | | | | | 100 | | | | | | \$15,001,\$50,000 \(\sum_{\text{s}}\) \(\sum_{\t | f Income |
| 25. 25. | . · · | | | | , 15 th | | 2.8 | | | | 120 | | | | \$1,000,001-\$5,000,000 × Comi \$5,000,000 × Spouse/DC Asset with Income over \$1,000,000' \(\sum_{\text{constant}} \) | |
| | | | | | | | | | | | | | | | P. S. S(part), or E | Transaction |

SCHEDULE B - TRANSACTIONS

Name: John Conyers, JR. Page 4 of 10

| Date Sale Date | | | | | | | | | | | | | | | | SP Inv. Prop. B, Detroit MI | SP Inv. Prop. A, Detroit MI | Sp Exemple Mega Corp. Stock | | Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. **Column K is for assets solely held by your spouse or dependent child. | resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction. | Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that is |
|--|--|-------|-------------------|---|--------------|------|-------|--|----------|------|----|-----|------|---------------|--------|-----------------------------|-----------------------------|--|---|--|--|---|
| Section Date | TO THE PARTY OF TH | | | | | | | | | | | | | | | | | The state of the s | | Sale | | Type of Transaction |
| Amount of Transaction Amount of Transaction \$100.001- \$200,000 \$500,000- \$1,000,000- \$1,000,000- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,000- Over \$50,000,000 Over \$50,000,000 | | | | | | | | | | | | | | | | | | × | | \$200 | | eded |
| Amount of Transaction \$ 100.001- \$220,000 | | | | | | | | | | | | | | | | 2016 | 2016 | 3/9/16 | | weekly, if applicable | (MOIDAYR) or Quarterly, | Date |
| \$1,00,001- \$20,007- \$20,000- \$300,000- \$1,000,000- \$1,000,000- \$1,000,000- \$25,000- \$25,000- \$25,000- \$25,000- \$25,000- \$25,000- \$25,000- \$25,000- \$ | | | | | *** | | | | 建 | 0.00 | | | | | | | | l | | \$15,001- \$50,000 | | |
| \$25,000,000 ± \$25,000,001 - \$50,000,000 - Over \$50,000,000 | | | 334 | • | | | | | | | | | | Charles . | 11925 | | - | | | \$100,001- \$250,000 | 6 | . |
| \$25,000,000 ± \$25,000,001 - \$50,000,000 - Over \$50,000,000 | 3 (154) 7 (81) | 100 M | | | | | | 3.45 3.45 3.45 3.45 3.45 3.45 3.45 3.45 | | No. | 30 | | e de | | | | | | | \$500,001- | | ount of 1 |
| \$25,000,000 ± \$25,000,001 - \$50,000,000 - Over \$50,000,000 | | 7 | - 3 - 3 - 3 | | 757 7 7 1 | 1.35 | 24 TL | | | | | 331 | | | | | 130 | (Ep. 35) | | \$1,000,001- \$5,000,000 | A 19 8 1 | ransacti |
| Over \$50,000,000 | | | | | | | | | | | | | | | | | (a (°) | | | \$5,000,001- \$25,000,000 | | |
| | | | , | | | | | | | | | | | 131 A. 515 |)) | 1 | | | : | \$25,000,001- \$50,000,000 | | |
| (SpouseIDC Asset) × | | | | | | | | | | | | | | | | | | | | Over \$1,000,00 | ······································ | |

SCHEDULE C - EARNED INCOME

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| | EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act | the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. | 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 a spouse, list | |
|--|---|--|--|--|
|--|---|--|--|--|

| INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. | ad at or above the "senior staff" rate was § y relationship) are totally prohibited. | \$27,495. The 2017 limit is \$27,765. |
|---|--|---------------------------------------|
| Source (include date of receipt for honoraria) | Туре | Amount |
| | Approved Teaching Fee | \$6,000 |
| EXAMPLES: Civil War Roundlable (Oct. 2) Onlario County Board of Education | Spouse Speech Spouse Salary | \$1,000 N/A |
| Neighborhood Legal Services | Spouse Salary | N/A |
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Name: John Conyers, Jr. Page 6 of 10

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. 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 hald solely by your spouse or dependent child.

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|----------------------------------|-----------|---------------------------|--------------------------|-----------------------|--|--|---|
| | | Wells | AC S | cong | Example | <u> </u> | 1 |
| | • | Fargo Home Mort. | | congr. Fed. cr. union | First Bank of Wümington, DE | Creditor | |
| | | 6/13 | 1990's | 12/12 | 5/98 | Date Liability Incurred MO/YR | |
| | residence | 6/13 Mortgage on personal | Late 1990'S Student loan | Person al | Mortgage on Rental Property, Dover, DE | ^T ype of Liability | |
| | | i i | | | | (0.001- 15.000) | |
| | | | | X | | \$15,001- \$50,000 | |
| i i | | | b | | | 10,000) | |
| | | | · • | | × | \$100,001- \$250,000 | |
| | | 4 | inali | | | \$50,001 \$500,000 \$1,000,000 \$1,000,001 \$5,000,000 | |
| | | | | | | \$500,001- \$1,000,000 | l |
| | | | | | | \$1,000,001- \$5,000,000 | |
| | | | | | | \$5,000,001- \$25,000,000 ± | ١ |
| 4.00 (1.00 (1.00 (1.00) | | 197 | | 1 | | \$25,000,001- \$50,000,000 | |
| | | | | 4 | | Over \$50,000,000 - | |
| | l · | ł , | 1 ` ` * | l ` } | | Over \$1,000,000* | 1 |

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:

Doctrions hald in any religious social fraternal or political antitias (such as political partias and comparizations): and positions social fraternal or political antitias (such as political partias and comparizations):

| · · · · | | 1 | _ | | _ |
|-------------|------|-----|---|----------------------|--|
| | | N/A | | Position | Positions neig in any religious, social, traternal, or political en |
| | | | | Name of Organization | Positions neigi in any religious, social, tratemat, or political entities (such as political parties airu campagh organizationis), airu positions socialy or an inditionaly hardres. |

SCHEDULE F - AGREEMENTS

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 Name: John Conyers, JR. Page <u>,</u> 0

| employer. | | |
|-----------|----------------------|--------------------|
| Date | Parties to Agreement | Terms of Agreement |
| | N/A | |
| | | |
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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 meals, 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 disclosure 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, Arlington, VA | Silver Platter (determination of personal friendship received from the Ethics Committee) | \$400 |
| N/A | | |
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: John Convers, JR Page_ $|\infty|$ 으,

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Identify the source and list travel itinerary, 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 filer.

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| | | | - | | N/A | |
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| ٧ | ≺ . | ~ | DC-Boston-DC | Mar. 3-4 | res. Habitat for Humanity (chanity fundraiser) | nxempres. |
| z | ٧ | γ | DC-Beijing, China-DC | Aug. 8-11 | Government of Chiea (MECEA) | |
| Family Member Included? (YIN) | Food? (Y/N) | Lodging? (Y/N) | City of Departure-Destination-City of Return | Date(s) | Source | |
| | | | | | | |

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: John Conyers, JR. Page 9 of 10

| List the source, activity (i.e., speech, 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 honorarium to you. A separate confidential list of charities receiving such payments must be filled directly with the Committee on Ethics. Source | Activity Speech Article | Date Feb. 2, 2016 Aug. 13, 2016 | rium to you. A separat |
|--|-------------------------|---------------------------------|------------------------|
| N/A | | | |
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Name: John Convers, Jr. | Pag

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| | | | | | | | | NOTE NUMBER |
|--|--|--|--|--|---|---|--|----------------|
| | | | | | approved, but I ultimately did not take the trip. | Myrtle Beach, S.C. from January 18-19, 2016 was | Trip sponsored by the Progressive National Baptist convention in | NOTES |