PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: 2016 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: 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. 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, "unearned" 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. 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? reporting period? exceeding \$1,000 during the reporting period? REPORT TYPE FILER STATUS Receive more than \$200 in unearmed income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or X 2016 Annual (Due: May 15, 2017) Member of the U.S. House of Representatives State: District: Yes Yes Mo Yes Yes Yes 5 X Daytime Telephone: Amendment 8 8 중 ₹ Š 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 filing? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any source during the reporting period? 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. San Translation of Care DELIVERED 1 of __ (Office Use Only) Shared Staff Filer Type: (If Applicable) Ύes Yes ĭes Yes Ύes Yes Yes Principal Assistant X ᇂ 중 중 Š 중 중 ĕ

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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ralrect	AT+T	For Koonces	Emis Agidass Faring	Corsicana, TY	Loan do Vick; Birtor	ABC Hedge Fund X	Examples: Simon & Schuster	SP Mega Corp. Stock Elf	properly, and a city and state the result of the properly, and a city and state the reame of the 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 vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Sevings Plan. If you have a privately-traded fund that is an Excapted 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.	the account that exceeds the reporting thresholds. 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, to rental and other real property held for investment.	BLOCK A Assets and/or Income Sources 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 that generated more than \$200 in tunearned income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all RPAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in.
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:									\$1-\$1,000	0	Indicate value of as valuation method oit used. If an asset was sol because it generated "Column M is for ass you have no interest.
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		\vdash	~			-	*	-	\$15,001.\$50,000	6	BLOCK B Value of Asset 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 "Yone." *Column M is for assets held by your spouse or dependent child in which you have no interest.
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									Spouse/DC Asset over \$1,000,000*	*	
		<u> </u>			×	<u> </u>			NONE		BLOCK C Type of Incc Check all columns that apply, generate tax-deferred income (su 529 accounts), you may check 529 accounts), by the decidence obtain. Dividends, interest, and if reinvested, must be discole seasets held in taxable accounts asset generated no income during
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$ _ $				_		Ш			Over \$5,000,000	8	BLOCK D Amount of Income Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Birddends, interest, and capital gains, even if reinvested, birddends, interest, and capital gains, even if reinvested, accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.
	_		_	_	_			(0	Spouse/DC Asset with Income over \$1,000,000*	<u> </u>	
								S(part)	P, S, S(part), or E	rollows: (S (part)). Leave this column blank if there are no transactions that exceeded \$1,000.	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exchanges (E) in the reporting period, in the reporting period, in the reporting period, please indicate as

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SCHEDULE D - LIABILITIES

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orling period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting berty including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless or spouse) including the reporting the reporti
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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. Members: Members are required to report all liabilities secured by reat 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		
	Chors	Example			
	WhiteBook of Rice	First Bank of Wilmington, DE	Creditor		
	1/15	5/98	Date Liability Incurred MO/YR		
Property Emistry	Material on restain	Mortgage on Rental Property, Dover, DE	Type of Liability		
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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, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

			Position
			Name of
			Name of Organization

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:	
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Identify the source and list travel titnerary, 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.

the filer. **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

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Source	Data(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Government of Crima (MECEA)	Aug. 6-11	DC-Bejáng, China-DC	۲	Y	Z
	Mar. 3-4		* *	~	~
Congressional Institute	Jan 18-15	Oc-Baltimac - OC	۲	~	Z
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