JUN 23 2016

NITED	JNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of _/
INANCIA	INANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	Control of the second of the s
lame:_	Name: EDWARD MACIN	Daytime Telephone:	2016 JUN 30 AM 11: 06
FILER	New Member of or Candidate for State: FL U.S. House of Representatives District: 4 Candidates – Date of Election: 8-30-16	Check if Amendment	(Office Use Only)
STATUS	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

nt or arrangement with an or in the current calendar Yes No Yes No Years?	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? J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? CHEDULE IF YOU ANSWER "YES"	g., salaries, ore during the Yes No No Source in the current ye any reporting period? ATTACH THE CORRESPONDING SCHEDULE IF YOU ARE	asset 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 reporting period? P. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? ATTACH THE CORRESPONDING SCHEDULE THAT YOU ARE THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
s during the reporting period Yes No 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

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? **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. Yes Yes **₹** 8 **1**3

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: LOWARD

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T 154 N. ROSCOE		0	~	77	-		<u></u>	line and string and state of the string and strin	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols). For all IRAs and other retirement plans (such as	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 "uneamed" income during the year. Provide complete names of stocks and mutual funds	Identify (a) each asset held for investment or production of income and with a fair market value	≱	
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Use additional sheets if more space is required.

Name: EDWARD Page 3

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SCHEDULE C - EARNED INCOME

Name: EDWARD

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. 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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)	Type		Amount
Source (include date of receipt for Horizotalia)	·ype	Current Year to Filing	Preceding Year
	Honorarium	\$0 \$20,000	\$500 \$76,000
EXAMPIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
KRISTAN CLOUB-MALEN, PA (SPOUSE)	SALARY	68,350	43,450
FIRST GAST FISHENG TUC	SALARY	30,000	4,500

SCHEDULE D - LIABILITIES

Name: EDW ARD
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Page S of 7

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. 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 *Column K is for liabilities held solely by your spouse or dependent child.

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SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$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 \$1,900,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/98	Montgage on Rental Property, Dover, DE			,	×							
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2 2	SCHEDIII E E - BOSITIONS													

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 the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

SHEMBR AVE, LLC	OWNER PRES,
ANGIES GROM, LLC	OWNER PRES.
FIRST COAST FISHING, INC	OWNER, PRES,
Name of Organization	Position

SCHEDULE F - AGREEMENTS

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Ī		Name: FOWARD A, MAUTH Page 6 of /
entify the da	entify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a intinuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in ar	e with respect to: future employment; a leave of absence during the period of government service; ernment; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement
N/A	SELF EMPLOYED	ALL BUSTNESSES We 100% AWNED
-		

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, partnership, 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.

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Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
FIRST GAST FISHERS, INC	SALARY, DWNER
ANGIES GROM. LLC	SALARY DWNER

								NOTE NUMBER	FILER NOTES (Optional)
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	:								Name: Edward A. Malin
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