UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of Co
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	New Employees ( LEGISLATIVE RESOURCE FOR
Name: RICHARD E. ASHOOH Daytime Telephone.	phone. 2	2016 NAY 26 PM 1: 33
New Member of or Candidate for State: NH  U.S. House of Representatives District: O/  Candidates – Date of Election:	Check if Amendment	CS.HDUE OF REPLESIATIVES  (Office Use Only)
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	STIONS	
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?	E. Did you hold any reportable positions during the reporting or in the current calendar year up through the date of filing?	portable positions during the reporting period Yes X No No
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?	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?	arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	SCHEDULE IF YOU ANSWER "YES" ES THAT YOU ARE REQUIRED TO	S" ) COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ON - ANSWER BOTH OF THES	E 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?	other "excepted trusts" need not be disclosed. H	ave you excluded from Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	f a spouse or dependent child because they meet all three tests for	all three tests for Yes No X

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 2

Name: RICHARDE ASHOOH

Tesla Stock	Merch Stock	Amazon Stock	Apple Stock	TO BANK	ABC Hedge Fund	Examples: Simon & Schuster	DC Mega Corp Stock	a detailed discussion of Schedule uirements, please refer to the instruction bookli	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.	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vecation 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 Savings Plan.	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.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.	nor balls and under cash eccounts, 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.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual runds could do not use only ticker symbols).		_	Assets and/or Income Sources	BLOCK A
X	8	4	*	*	×	Indefinite	×	\$250,001 \$500,001 \$1,000,00 \$5,000,00 \$25,000,00 Over \$50	\$50-000 \$100,000 \$250,000 \$500,000 \$1,000,000 \$1,000,000 \$1,\$5,000,000 \$1,\$25,000,000		00*			:			Column in is in assets neid by your spouse or dependently child in which you have no interest.		Indicate value of asset at close of the reporting period. If	Value of Asset	BLOCK B
<b>X</b>	*	8	78	*	Partnership Income	Royalties	×	TAX-DEF	T GAINS ED/BLIND TRUS ERRED		g., Partnership Inco	me or Farm Inco	ome)				generated no income during the reporting period	that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable	Check all columns that apply. For accounts	Type of Income	BLOCK C
X	X	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	3		*	X	× ×	\$1,000,00 Over \$5,1 Spouseff None \$1,5200 \$201,\$1,001.\$ \$2,501.\$ \$5,001.\$ \$15,001.\$ \$100,001 \$1,000,00	2,500 5,000 15,000 550,000 5100,000 \$1,000,000 100,000 C Income over 100 5,000 15,000 850,000 \$1,000,000						Current Year Preceding Year			other assets indicate the category of income by checking the appropriate box below. Dividends, ir and capital gains, even if reinvested, must be disclosed as income for assets held in 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.	For assets for which you checked "Tax-	Amount of Income	BLOCK D

Use additional sheets if more space is required.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: KICHARD ASHOOK

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## SCHEDULE C - EARNED INCOME

Name: Michael F ASHOOLI Page

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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.

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

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.

			LAVER WIND GROUP	BESFORD (REW C/UB	Mckeryn Bridge Foursman	BAE SYSTEMS	SAE SYSTEMS	University of NH	Civil War Roundtable (Oct. 2) Ontario County Board of Education		Source (include date of receipt for honoraria)	
			Comp	Spouse Comp	Sporse Sarany	DEF COMP	SACARY	SALARY	Spouse Speech Spouse Salary	Honorarium Salary	Туре	
			\$ 0	\$0.	\$10,500	\$27,000	80	\$33,000	\$0 N/A	\$0 \$20,000	Current Year to Filing	Ar
			\$5000	\$5000	85000	Sty, our.	\$324,000.	\$ 42,000	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

#### **SCHEDULE D - LIABILITIES**

Name: KICHARD HOOHS Page 5 잌

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 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 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 exceeded \$10,000. (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 \*Column K is for liabilities held solely by your spouse or dependent child.

				SP. DC, JT		
<del>.</del>	4 4	Nel	Example			
	SANK	NelveT	First Bank of Wilmington, DE	Creditor		
		9/12	5/98	Date Liability Incurred MO/YR		
		STUBENT LOAN	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
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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 the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
TRUSTEF	CATHOLIC MEDICAL CONTER MANGESTER NH
7,007	

### SCHEDULE F - AGREEMENTS

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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.

Date	Parties to Agreement	Terms of Agreement
1/14	BAE SYSTEMS	DEF'S COMP - 3 40 PAYOUT
1/15	BAE SUSTEMS	DEC'S (omp - 342 PAYOUT
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# 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. covernment and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government a	and any information considered confidential as a result of a	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
CA	AVER WIND GROUP	STRATERIC COUNSE/

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