UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	JAN 30 2016 Page 1 of 6 LEGISLATIVE RESOURCE CENTER
Name: DONALD P LARSON	Daytime Telephone:	U.S. HOUSE OF THE CLEEK
New Member of or Candidate for State: Oh:• U.S. House of Representatives District: U.o. Candidates – Date of Election:	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1, 2019 to Dec 21	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUESTIONS	
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?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	rring the reporting period Yes No he date of filing?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No Pr. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	or arrangements with Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes Illability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	nan \$5,000 from a single Yes No No
ATTACH THE CORI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ES" O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	I INFORMATION - ANSWER BOTH OF THE	<u>OTH</u> 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 your dependent child?	on Ethics and certain other "excepted trusts" need not be disclosed. it child?	Have you excluded from Yes 🔲 No 🔀
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	or liabilities of a spouse or	dependent child because they meet all three Yes No 🔀

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

production of income and with a fair market value wasceeding \$1,000 at the end of the reporting period plant of by any other reportable asset or source of income which generated more than the productions. or an ownership interest in a privately-heid busin hat is not publicly traded, state the name of usairiess, the nature of its activities, and or all IRAs and other retirement plans (such 101(k) plans) provide the value for each asset hel-he account that exceeds the reporting thresholds. Provide complete names of stocks and mutual fund do not use only ticker symbols). ruvide a complete address or description, ental property," and a city and state. or rental and other real property held for investm rovide a complete address or description, # interest-bearing accounts. If the total 5,000, ket every financial institution where tone than \$1,000 in interest-bearing accounts. or bank and other cash accounts, total the amount you so choose, you may indicate that an asset o come source is that of your spouse (SP) o psendent child (DC), or jointly hald with anyone (JT) the optional column on the far left. you here a privately-traded fund that is an Excep vestment Fund, please check the "EIF" box. cetade: Your personal residence, including secon mnes and vecation homes (unless there was rents come during the reporting period); and sary financis jerset in, or income derived from, a federa jerset in, or income derived from, a federa ographic location in Block A. ement program, including the Thrift Savings Assets and/or income Sources Citizens New Federal Craftile First Marit Back detailed tailed discussion of Schedule please refer to the instruction booklet Simon & Schuster Mega Corp Stock ABC Hedge Fund **BLOCK A** Bank × Indicate value of asset at close of the reporting period. you use a valuation method other than fair market value please specify the method used. None > Column M is for assets held by your spouse or depends shilld in which you have no interest. f an asset was sold during the reporting period and included only because it generated income, the value build be None. \$1.\$1,000 \$1,001-\$15,000 c \$15,001,\$50,000 ø × \$50,001-\$100,000 m Value of Asset \$100,001 \$250,000 च BLOCK B × \$250,001-\$500,000 ø \$500,000,\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ے ۔ \$25,000,001-\$50,000,000 _ Over \$50,000,000 F Spouse/DC Asset over \$1,000,000* E in that generate tax-deferred income (auch as display, IRA, 529 eccurris), you may check a Tax-Cheferred column. Dividends, after Tax-Cheferred capital gains, even if us a column and the display as income from assets held in taxable accounts. The column and the display of the column and the display of the column and the Check all columns that apply. roome during the reporting period × DIVIDENDS RENT Type of income INTEREST Name: BLOCKC CAPITAL GAINS **EXCEPTED/BLIND TRUST** BNALD ŊĄ. TAX-DEFERRED For accoun For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For other assets indicate the category of income by checking the appropriate box below. Dividends, Intercand and capital gating, even if referrested, must be disclosed as income for assets held in taxa accounts. Check "None" if no income was earned or generated. Column XII is for aseets held by your spouse or dependent child in which you have no interest \$1-\$200 × X (LARSOW Ψą. 12 = \$201-\$1,000 \$1,001-\$2,500 ₹ **Current Year** \$2,504,\$5,000 \$5,001-\$15,000 S \$15,001 \$50,000 ≨ \$50,001-\$100,000 Z \$100,001 \$1,000,000 \$1,000,001-\$5,000,000 Amount of Income × Over \$5,000,000 **BLOCK D** Spouse/DC Income over \$1,000,000 ¥ ヾ \$1-\$200 \$201-\$1,000 × = Page \$1,001-\$2,500 2 Preceding Year \$2,501-\$5,000 N \$5,001-\$15,000 s * \$15,001.\$50,000 W SERE ≦ \$50,001-\$100,000 잌 \$100,001-\$1,000,000 8 b \$1,000,001-\$5,000,000 Over \$5,000,000 × Fore Spouse/DC Income over \$1,000,000

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

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st 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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiductary relationship) are totally prohibited for Members and senior staff.

					MCF 6/6/21 Services	L	Examples: State of Maryland	ABC Trade Association, Baltimore, MD (July 15)	Godice (iliciade date of fecalpt for florioralia)	Source (include date of receipt for honoraria)
					Self Employment	Spouse Selary	Special Specia	Honorarium	ı ypa	Type
					58,658	NA	\$20,000 \$n	\$0	Current Year to Filing	
					80,516	N/A	\$76,000 \$1 000	\$500	Preceding Year	Amount

SCHEDULE D - LIABILITIES

Name:	
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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. 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

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	52.2	4981	#H4	Example		
,	Student Langer	USPA Federal Surveys Any	PHU Mortges C	First Bank of Wiknington, DE	Creditor	
				5/98	Date Liability Incurred MO/YR	
	Soundar Laons	2" Mostyaze on Ring	Nowing to state on	Mortgage on Rental Property, Dover, DE	Type of Liability	
					\$10,001- \$15,000	Activity of the second
		X			\$15,001- \$50,000	
	X		K		\$50.000 \$300.000	
				×	\$100,001- \$250,000	
					\$250,001	Amount of Liability
					\$500,001- \$1,000,000	of L
	erty Krift K				\$1,000,004- \$5,000,000	ability
					\$5,000,001- \$25,000,000	
	1. 198 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				\$25,000.001 \$50,000.001	Picker and a second
		gora	recog	la de la constanta de la const	Over \$50,000,000 •	
		_i		fiar a	Over \$1,000,000*	74

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
Execusive Olicector	e beneration Foundation
Exacusive Orner	· Generation Economic Development Corporation
President 1100	alt Regitor
Truste &	British American Chamber of Commerce

SCHEDULE F - AGREEMENTS

Name:	
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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.	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;	
fit plan maintained by a former employer.	e period of government service;	

			Date
			Parties to Agreement
			Terms of Agreement

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
obenevation Foundation, charlagot	Executive Management
Teleo Pros Inc Chyoland OH	IT consulting Database Achitecture
Imperial Metal cleveland, Oll	.
Brien + Kyles Landscape Lorain OH IT	Losse tring , Carabase

FILER NOTES (Optional)

Name: Page 6 of 6

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							Schedule J	
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							inclusive	
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							schedule	NOTES
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CAMPAIGN NOTICE JAN 30 2016 REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

EGISLATIVE RESOURCE GENTS

THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND PATED.

PLEASE COMPLETE BOTH PAGES AND RETURN TO THE OFFICE OF THE CLERKAT THE MAILING ADDRESS BELOW.

Name (Please Print or Type): Donald P. Larson

Daytime Telephone: 440 606 6174

State: Ohio

(THIS PAGE WILL NOT BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601