Name: E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? **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. exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or **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 **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? IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS 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 A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS UNITED STATES HOUSE OF REPRESENTATIVES three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics reporting period exceeding \$1,000 during the reporting period? REPORT FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the b. Make more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period? FINANCIAL DISCLOSURE STATEMENT CHEISMOHEL PANNICE GLASON 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for District: Yes No ×es × X No Yes Yes No Daytime Telephone: Amendment z X 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" I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article 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 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 source during the reporting period? Form A Employee Officer or Employing Office: Termination Date of Termination: ١ individual who files more than 30 days late. U.S. HOUSE OF REPRESENTATIVES A \$200 penalty shall be assessed against any PERISEATIVE RESOURCE OF KIE 2017 FEBOTOCOPHIO POTA) CIM NSIDE WAIL Page 1 of S 2 IN 2017 Yes Ύes Yes No Yes Yes Yes Yes Š 중 Š Š N O Š

X

X

X

X

X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

1 2 2	т-	٤	5 뜻	(JT) For requ	ing box	Q S S E E	9 to \$ 75	4 5 FO	3 55 E E	# 8 5 5	<u>ğ</u> 3	inc ex	8	
T KEY BANK CD	dge Fund	Examples: Simon & Schuster	SP Mega Corp. Stock	andent child (DC), or jointly held with, in the optional column on the far left. a detailed discussion of Sche irrements, please refer to the instruction to	ou have a privately-traded fund that is spited investment Fund, please check the " u so choose, you may indicate that an asse me source is that of your spouse (SP)	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 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.	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 all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	production of income and with a fair market value succeeding \$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 'uneamed' income during the year.	dentify (a) each asset held for investment or	BLOCK A Asset and/or income Source
	×		4	None ∂	ຊ ຊົ "ຖື≌	2 <u>8 8 8 9</u> 5	its ess	49.7E	ल <u>वि</u> ⊒ ≻	<u> </u>				
	-			\$1-\$1,000						i	oum wear	valuatio used. If an au because		
	╂─	<u>a</u>		\$1,001-\$15,000						1	e nois	n met ssetv eitger	¥8 <u>U</u>	
	╂—	Indefinite								ł	-Column m is for assets reto by your spouse or dependent critic in which you have no interest.	valuation method other than fair market value, please specify the method used. used. If an asset was sold during the reporting period and is included only because it generated income, the value should be 'None.' The contract of the contract of the value of the contract description which the contract of the contrac	Indicate value of asset at close of the reporting period. If you use a	
	<u> </u>			\$15,001-\$50,000					•	4	: Sels	her the	sset a	
	╂—	ļ	×	\$50,001-\$100,000 \$100,001-\$250,000					m	-	sid uy	in fair ne the	t clos	BLOCK B
				\$250,001-\$250,000					්	1	you s	marke e repo value	로 (BLOCK B
	ऻ ऀ			\$500,001-\$1,000,00	0	EUROR III MI II			=	1	Section	t value	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Asse Asse
	┢	<u> </u>		\$1,000,001-\$5,000,	000				_	1	9	eriod period d be	計	*
	t-			\$5,000,001-\$25,000	,000		;		ے	ĺ	vender	and None		
	┢			\$25,000,001-\$50,00	0,000					1	g	ecify t	<u>.</u>	
	T			Over \$50,000,000					_	1	3	he me	ğ c	
				Spouse/DC Asset o	rer \$1,000,000*						ğ	only	8 8	
	Γ			NONE							period.	generate 529 acc column. even if for asse	C P R	
			×	DIVIDENDS				•••			d.	rate tracov	¥ ≌	
	<u> </u>			RENT						1	r gen	ax-def unts). Divid inves	<u>8</u>	
	1			INTEREST	14					1	it the asset generated no income period.	generate tax-deferred income (such as 529 accounts), you may check the column. Dividends, interest, and even if reinvested, must be disclor for assets held in taxable accounts.	Check all columns that apply.	BLOCK C
	L _			CAPITAL GAINS						1	3	incon may into must must	hat a	BLOCK C
	ļ _			EXCEPTED/BLIND	TRUST					ļ	COMe	ne (su check rest, be di acco		in co
				TAX-DEFERRED							5		, i	3
	Partnership knoome	Royaties		Other Type of Incom (Specify: e.g., Partn		Farm Income)					ring the reporting	generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gainst even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None"	accounts that	
	Γ			None						in ¥h	enerated. *Column X	may categ Divid must	Fora	
	<u> </u>			\$1-\$200					=	Ğ. Yo	rated.	may check category o Dividends, must be accounts.	ssets	
	<u> </u>	×		\$201-\$1,000					=	u have	is fo	may check the "None category of income Dividends, interest, must be disclosed accounts. Check	or ≸	
\square	 _	<u> </u>	×	\$1,001-\$2,500						, snoin	asse	"None" ncome b nterest, a closed a Check	<u>ਨ</u> 8 :	A
	<u> </u>	ļ		\$2,501-\$5,000 \$5,001-\$15,000						in which you have no interest	ts held	column by chec and ca as inco	i che	BLOCK D
	╂─			\$15,001-\$10,000			·		≤ ≦	1	by ye	n. For a cking the apital garante for if no	ž į	BLOCK D
	 			\$50,901-\$100,000					<u> </u>	1	ş	rall of the a gains for as o inc	Tax-D	D
	╂−	-		\$100,001-\$1,000,00	0		-			1	o esni	ll other as approp ins, eve assets income	eferne.	8
	t-	-		\$1,000,001-\$5,000,	000	<u></u>			×	1	r depe	ssets i	5 5	
	t-			Over \$5,000,000		<u>-</u>			<u>×</u>	1	Jenerated. Column XII is for assets held by your spouse or dependent child	may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or	ock C	
				Spouse/DC Asset w	ith Income over \$	1,000,000*			¥	<u> </u>	child	sted, kable	ě	
			S(part)	P, S, S(part), or E	,				Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)).	In the reporting period. If only a portion of	asset had purchases (P), sales (S), or exchanges (E) exchanges (E) is the edge (\$1,000).	Indicate if the	BLOCK E Transaction

SCHEDULE C - EARNED INCOME

Name: CHASTAPIKE P. 6450N

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 the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. wife - May To GIBSON STRATON VA (USW) Wife - MARY TO GIBSON EMPILE STORE COLLEGE (ABJULY PLAFEROL) INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act Examples: Keene State
State of Maryland
Civil War Roundtable (Oct. 2)
Contario County Board of Education Source (include date of receipt for honoraria) Spouse Squary Spare Sundy Approved Teaching Fee
Legislative Pension
Spouse Speech
Spouse Salary Type Amount

SCHEDULE D - LIABILITIES

Name: CHAISTONEL P. 61BODN Page_

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. rent it out or are a Member); toans 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 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 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

		4		SP, DC, JT		
		Wens	Example		*****	
		Wenz Lineo	First Bank of Wilmington, DE	Creditor		
		Au6 Zoo9	5/98	Date Liability Incurred MO/YR	,	
		AUG ZOOP MONTGAGE (HOME)	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>-	
				\$15,001- \$50,000	o	
				\$50,001- \$100,000	c	1
ĺ			×	\$100,001- \$250,000	9	
		X		\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	TI	t of Li
Ī				\$1,000,001- \$5,000,000	6	Amount of Liability
				\$5,000,001- \$25,000,000	Ι	1
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	۰	
				Over \$1,000,000* (Spouse/DC Liability)	*	

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.

	_			_
			BOAGO MEMPER (VOLUNTEEL-NO By)	Position
			SPL: NGBLOOK - INTER	Name of Organization

SCHEDULE F - AGREEMENTS

Name: CHRISTOPHER P. 6450N Page

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.

NEGOTIFICATION TO THE PUBLISHING	JAN 2017 WILLIAMS COLLECE		Twe dost ASHEARE ROWAINE COMPANY	Date Parties to Agreement
ANTICIPATE SIGNING A CONTRACT TO FURNISH A BOOK EMMY IN 2017.	I will seave as A Visiting Professof Beauming in Jan 2017	+ Maives are projected and prime no prover Trom it.	THEY PUBLISHED AY BOOK, SECURIAL THE STATE IN ZOOR.	Terms of Agreement

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