PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS PO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS in the current calendar year up through the date of filing? E. Did you hold any reportable positions during the reporting period or 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: Name: 2016 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES contact the Committee on Ethics for further guidance. 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 B. Did you, your spouse, or your dependent child purchase, sell, or EXEMPTION - Have you excluded from this report any other assets, "uneamed" 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? exchange any securities or reportable real estate in a transaction reporting period? exceeding \$1,000 during the reporting period? REPORT TYPE FILER STATUS b. Receive more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? Richard M. Nolan 2016 Annual (Due: May 15, 2017) House of Representatives Member of the U.S. State: District: ¥98 Yes ਤੂੰ **×** Yes **¥**05 3 Daytime Telephone: Amendment **≥** Ž ž ş Ž For Use by Members, Officers, and Employees ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" 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 reportable travel or relimbursements for travel totaling more than \$375 in value from a single source during the reporting period? 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? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period? reporting period? Form A Employee Officer or Employing Office Date of Termination Termination individual who files more than 30 days late. A \$200 penalty shall be assessed against any HAND Page 1 of 1/2 DELIVERED Hd (Kind) PRIN (48)JO) Staff Filer Type: (If Applicable) Shared COSLATION ESSEN **¥**88 Yes ¥88 8 8 ž 8 X Principal Assistant <u>₹</u> Ž <u>z</u> ₹ <u>z</u> ö 중 X X X

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state of MN-Persion	18A-Roth- moret.		₩	Emily Forst Products	Riverwood Bank	ABC Hedge Fund X	Exemples: Simon & Schuster	SP Maga Corp. Stock ESF	For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	if you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or joinly held with snyone (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 personel residence, including second homes and vecetion homes (unless there was rental income during the reporting period); and any filendal interest in, or income derived from, a federal retirement program, including the Thrift Sevings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the trusiness, 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 benk and other cash soccurris, total the amount in all interest-bearing ecocurits. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	401(k) plans) provide the value for each easet held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols). For all IRAs and other retirement plans (such as	Provide complete names of stocks and mutual funds	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 "unearned" income during the year.	identify (a) each asset held for investment or production of income and with a fair market value	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Richard M. Nolan

Page 3 of

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Page 4 of 10

															None_	SP Example Mega Corp. Stook	SP,DC,JT Asset	Capital Gaths: if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-determed account, and directors the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	Exclude transactions between you, your spouse, or dependent children, or it purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose 'partial sale' as the type of transaction.	ception's period for any security or real indipenty risks by you, you sput sputure, or your dependent child for investment or the production of income, include tensections that resulted in a capital loss. Provide a brief description of an exchange transaction.	Report any purchase, sale, or exphange transactions that exceeded \$1,000 in the recording technique any security or real property held by you want source or your
						-											*	a capital gain in excess of \$200, let in a tax-deferred account, and so dependent child.	, or dependent children, or the salt generated rents income. If se 'partial sale' as the type of	frome, include transactions that the or account of an exchange transaction.	ons that exceeded \$1,000 in the
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SCHEDULE C - EARNED INCOME

than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, its	
orting period.	Page 5 of 10
For a spouse,	o /o

mment) totaling \$200 or more during the reporting period. For a spouse, list below. Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	ated at or above the "senior staff" rate was \$ ary relationship) are totally prohibited.	\$27,495. The 2017 limit is \$27,765.
Source (include date of receipt for honoraria)	Туре	Amount
Keene State State of Man/Rand Clief War Roundtable (Oct. 2) Onlario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$1,000 \$1,8,000 \$1,000 W/A
Mary Nolan LLC	Real Estate Broker	NA

SCHEDULE D - LIABILITIES

Name: Aichard M. Nolan Pa

Page 6 of 10

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 Report liabilities of over \$10,000 cwed 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 real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable). *Column K is for liabilities held solely by your spouse or dependent child.

				-	SP.		
			/	Example			
			none-	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
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					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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature

		none	Position
			Name of Organization

SCHEDULE F - AGREEMENTS

Name: Bichard M. Molan Page 으

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

			1/1/200	Date
			1/2000 myself and the State of Minnesota - continued	Parties to Agreement
		_	ota - continued participation in Pension Plan	Terms of Agreement

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all giffs totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Giffs from relatives, giffs of personal hospitality from an individual, local meels, and giffs 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.

Ехатрю:	
Mr. Joseph Smith, Arlington, VA	Source
glon, VA	9
Silver Platte	
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Silver Pletter (determination of personal friendship received from the Ethics Committee)	
alved from the Ethics	Des
(Committee)	Description
\$400	Value

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Richard
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age 8 of 10
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Identify the source and list travel kinerary, 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.

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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								Mer. 3-4	Aug. 6-11	Date(s)
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								۲	γ	Ledging? (Y/N)
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								¥	N	Family Member Included? (Y/N)

SCHEDULE I -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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	Source	Activity	Date	Amount
Evanda:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2016	\$2,000
Examples.	XYZ Magazine	Article	Aug. 13, 2016	\$500
	none			
		Control Ballion		

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NOTES	NOTE NUMBER