APR 29 2016

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UNITED STATES HOUSE OF REPRESENTATIVES	FORM B For New Members, Candidates, and N	FORM B Candidates, and New Employees	25 *I Rd S-AVR 910 6 Lett beliebes ballvited	Page 1 of
Name: VERNON L. POPSINOSIN	Daytime Telephone:	ne:	STATUTE OF KERKLSTATATIVES	NICHVES SICK SICK
New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:		Check if Amendment	(Office U	(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.	assessed against any re than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	OF THESE QUESTI	IONS		
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?	Yes No E	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g period	Yes No
C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No	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?		No T
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No J	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a single	Yes
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ARE	EDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	ST INFORMATION	- ANSWER <u>BOTH</u> OF THES	E QUESTIONS	
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or dependent child?	ee on Ethics and certain other child?		not be disclosed. Have you excluded from	Yes No
EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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.	d" income, or liabilities of a spi imittee on Ethics.	ouse or dependent child because they meel		Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: VERNOW L ROUSINSON Page Z

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رة -	ζ?	*	6	occes.			Ī	If you so choose, you may indicate that an asset on income source is that of your spouse (SP) of dependent child (DC), or jointly held with anyone (JT) in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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 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.	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 funds	Identify (a) each asset held for investment or production of income and with a fair market value 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 unearned income during the year.	Ass	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 1 of

SCHEDULE C - EARNED INCOME

Name: VERWON L. BOSINGS IT Page 5 of 7

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 **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

	Ŧ	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	\$20,000	\$500 0003
Examples: Civil Wer Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
A DALLSON LATE THE STANKE	` *	71.055C	29.832
BRATE BEN CHESEN FOR FRESIDENT	-CONSULTING FFE	•	50661
2006 COMMITTE	CONSALTING FEF		148553
CARSON AMERICA 2016	COWSALTING FEE		35512

SCHEDULE D - LIABILITIES

	Name: PLUCOL	L ROWGEN	Page 6 of 67
orting period by	you, your spouse, or your dep	orting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	nount owed during the reporting
al property incl	uding mortgages on their person	onal residence Exclude: Any mor	al 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 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.

					SP, DC, JT		
			ANON.	Example			
			k.	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	>	
<u>.</u>					\$15,001- \$50,000	œ	
					\$50,001- \$100,000	G	
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	m	nnom
	"				\$500,001- \$1,000,000	711	t of Li
					\$1,000,001- \$5,000,000	۵	Amount of Liability
					\$5,000,001- \$25,000,000	±	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	٤.	
					Over \$1,000,000* (Spouse/DC Liability)	*	

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.

	BOARD MEMBERS " "	BOARD MEMBER HAST TREASURER	Position	
		LEER MATIONAL DRAFT BEN CARSON FOR PRESIDENT	Name of Organization	

SCHEDULE F - AGREEMENTS

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. Name: VERROON L ASDYNETUN Page_ 으

Date	Parties to Agreement	Terms of Agreement
	Fron F	

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.

government and any miorination considered commention as a reson of a privilegen relationship recognized by law. Do not repe	privileged relationship recognized by law. Do not repeat information issued on schedule c.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
2016 CommiTTEE	CAMPAIGN WGT TRAUEL EXPENSES #92811

Use additional sheets if more space is required.