UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	MAY 06 2016Page 1 of
Name: Robont S. Isner D	Daytime Telephone:	2016 MAY 13 PM 1:36
New Member of or Candidate for State: 10.5. House of Representatives District: 1.1. Candidates – Date of Election:	Check if Amendment	U.S. HUCUE DE REPRESENTATIVES (Office Use Only)
STATUS New Officer or Employee Employing Office:	Period Covered: January 1, 2016 to May 2016 i	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS	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 unearmed 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?	the reporting period Yes \(\begin{aligned} \text{Vo} \\ \text{ate of filing?} \end{aligned}
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?	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?	rangement with an Yes 1 No No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (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?	\$5,000 from a single Yes No No
ATTACH THE CORRI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	INFORMATION - ANSWER <u>BOTH</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 dependent child?	Ethics and certain other "excepted trusts" need not be disclosed. Hav	e you excluded from Yes No V
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent chexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	come, or liabilities of a spouse or dependent child because they meet all three tests for e on Ethics.	three tests for Yes No V

.

• •

SCHEDULE

.E A – ASSETS &	.E A - ASSETS & "UNEARNED INCOME"	Name: Kore	Name: RORERT S. LINER	Page / of
BLOCK A	BLOCK B	BLOCK C	BLOCK D	
or Income Sources	Value of Asset	Type of Income	Amount of Income	70
ssset held for investment or in and with a fair market value yo the end of the reporting period, po	dicate value of asset at close of the reporting period. If ou use a valuation method other than fair market value, lease specify the method used.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may	asset held for investment of indicate value of asset at close of the reporting period. If Check all columns that apply. For accounts For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all and with a fair market value you use a valuation method other than fair market value, that generate tax-deferred income (such as other assets indicate the category of income by checking the appropriate box below. Dividents, interest the edit of the reporting period, please specify the method used. 401(k), IRA, or 529 accounts), you may and capital gains, even if reinvested, must be disclosed as income for assets held in taxable	you may check the "None" column. For all ppropriate box below. Dividends, Interest,

र्ज ऽ	भ	य	اتع	अप			₹,F	<u>\$</u>	\$5,000, list more than \$ For rental arprovide a rental proper For an owne that is not business, it geographic I Exciled: Yo homes and income durif income are linvestment proper in the option of the	For bank.	For all II 401(k) pla the accou	(do not us	Identify (a) production c exceeding \$ and (b) any income who "unearned" in	Ass	
	WELL FA	Buk or	To xual	BANKO	ABC	Examples: Simo	Meg		11,00 and of the state of the s	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over	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).	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.	Assets and/or Income Sources	Ş
G,	Farso	چ		ح	ABC Hedge Fund	Simon & Schuster	Mega Corp Stock	İ	nancial institution mancial institution interest-bear real property a address a address a address of a city and stitute of its in Block A. Onal residency horized derive including the porting perior	accounts	r retirem e value fo s the repo	s of stock /mbols).	et held and with a end of contable wortable wortable wortable wortable wortable wortable	Incon	0
		V. Carlin	N.Carline	of N. laylors	_	24	*		y financial institution where there y financial institution where there of in interest-bearing accounts. On in interest-bearing accounts. On in interest-bearing accounts. On interest in a privately held for investmand a city and state. In interest in a privately-held busin log traded, state the name of nature of its activities, and ion in Block A. Personal residence, including second in Block A. Personal residence, including second in the far bern was religious to the personal residence, and any finan income derived from, a feddam, including the Thrift Savings Pidately-braded fund that is an Except, please check the "EIF" box. 1, your may indicate that an asset is that of your spouse (SP) (DC), or jointly held with anyone (whimm on the far left.	s, total the the total	ent plans or each assorting thres	is and mu	for inves a fair man the reporting the responding the responding the strain in the str	ne Sour	
		!	7	۲	×			9	where there is counts. or investment, cription, e.g., cription, e.g., cription, e.g., cription, e.g., and its less, and its sex rental any financial any financial any financial are was rental are was reptad any financial are was reptad any financial are sex financial and financial are sex financial and financial are sex financial and financial are sex financial are s	amountir Is ove	(such as set held in sholds.	tual funds	investment or air market value reporting period, at or source of than \$200 in	Ces S	
						T		7	None	<u>3 -</u> -					
k								\perp	\$1-\$1,000	03		"Column in is for assets need by your spouse or dependen child in which you have no interest.	indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."		
	×		×	×	\perp	Indefinite		4	\$1,001-\$15,000	C	_	nich)	a value ecify only		
				•	1	_ 		4	\$15,001-\$50-000	-	-1	70U h	uation then became."	_	
	-	1	ļ	╁	-	-	×	\dashv	\$50,001-\$100,000			ave n	sset in methological dispersions	Value of Asset	
	-	<u> </u>			+ <u> </u>	+	1	+	\$100,001-\$250,000 \$250,001-\$500,000	т О		ointe	ming duse	9	
				┼	╁		-	+	\$500,001-\$1,000,000			arest.	other the	Ž	9
	ļ	X	-	+	-	+		+	\$1,000,001-\$5,000,000	=		- <u>S</u>	report that	\$ 9	
		Ė		+-		+		+	\$5,000,001-\$25,000,000	-		Supor	reporting		
		 		 	+	+		1	\$25,000,001-\$50,000,000			ğ	maring peni		
				†	1	1		1	Over \$50,000,000			je per	g perion mket without an iod an the without and the without an		
				1					Spouse/DC Asset over \$1,000,000*	=		iden	riod. If value, and is value		
									NONE			genera period.			
				1			×		DIMIDENDS			accounts. generated period.	gen Gen Gen Gen Gen Gen Gen Gen Gen Gen G		
				1					RENT			- E	Find the form	J	
¥	×	×	४	×		T		T	INTEREST			in Ch	imns tax.4 or t	Type of Income	
				1		Ť		1	CAPITAL GAINS .	_		income during	that defending 129 Tax-E	<u>약</u>	
					1			T	EXCEPTED/BLIND TRUST			durin	apply red in account Defendand	S	ć
	 	†		1	1	†		\top	TAX-DEFERRED			e ÷	noom red ", Fr	Ř	
					Partnership	Royalties			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			accounts. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "ax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable		
		ļ		<u> </u>	<u> </u>			Æ,	None	_			For a		
	7	×	×	A	<u> </u>	ļ.,	×	_	\$1-\$200	=			asset capl capl unts		
		-		<u> </u>	-	_		-	\$201.41,000	#			Males or		
	-	ļ	ļ	 	 			+	\$1,001-\$2,500	7	ဂါ		whice dicated a lains eck."		
	ļ	<u> </u>	<u> </u>		×	×		-1	\$2,501-\$6,000 \$5,001-\$15,000	<u><</u> ≤	Current Year		h you he the he was		
	 			 	Ĥ	+	-	+	\$15,001-\$50,000	<u>-</u>	≝		neld		
				╁──	-	-		╅	\$50,001-\$100,000	=	ĕ		gory gory rein o inco		
	<u> </u>		,		\dagger			+	 , , ,	<u>-</u>	<u> </u>		of in vesto		
				1	T	1		┪	\$1,000,001-\$5,000,000	×			x-Def come ad, n	⋛	
	,							1	Over \$5,000,000	×			or assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. other assets indicate the category of income by checking the appropriate box below. Dividends, indicapital galins, 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.	Amount of Income	
									Spouse/DC Income over \$1,000,000*	¥			d or	핥	Ş
									None	, -			Block king t disci gene dent	亦	ם ביי
		×	×	×	ļ.,			_	\$1-\$200	=			(C,) the all losed rated	Ç	
	20	ļ	<u> </u>	-	<u> </u>	1.	×	4	\$201-\$1,000	=			pprop l as	ā	
	ļ	ļ	ļ	-	-	ļ,.	L	4	\$1,001-\$2,500	₹	굨 [nay or priate inco		
	ļ		ļ	 		<u> </u>		+	\$2,501.\$5,000	<u> </u>	8		box		
		-	<u> </u>	-	×	×		+	\$5,001-\$15,000 \$15,001-\$50,000	≤ ∀ 1	Preceding Year		the belo		
				-	1	+		+	\$19,001-\$100,000 \$50,001-\$100,000	≨ ≦	<u></u>		W. O		
		 	-		1	+		+	\$100,001-\$1,000,000	=	ğ		ne"Ω Nivida 3s ina teres		
					1	1	-	-	\$1,000,001-\$5,000,000	×			olumi ends, id in		
, .			 	 				\dagger		×			n. For all , interest n taxable		

					4	হ		4	4			ð	į	보 당,왕					
GREENS ROBE (Softrales, Co.	wine Property, Luc	Com Usen and wall	COTY VIBN Aportune LIL	N. Eugen Barbara LLC	315 MUCTE. Dray GSI MC	WISE INVESTMENT	(Weec Forx (Trucks)	IT Charles Schunk (Indus)		WELLS FARCO IRA	OFENHEIMER ICA	openhemer IRA	ASSET NAME EIF				Assets and/or Income Sources	BLOCK A
	*														None	>			
		Г				1					٠,				\$1-\$1,000	100	1		
						Y					1				\$1,001-\$15,000	C	1		
×		N	×			1	†						1		\$15,001-\$50,000	0			
							<u> </u>		×				×	1	\$50,001-\$100,000	ш		<u><</u>	
				70		1						X			\$100,001-\$250,000	7)		ᇎ	<u></u>
			1	<u> </u>	Y							1		1	\$250,001-\$500,000	6		<u>ç</u>	BLOCK B
			*		1	1	ļ				†		1		\$500,001-\$1,000,000	=		Value of Asset	6
		<u> </u>	1		İ.,	\vdash		*				1	1		\$1,000,001-\$5,000,000	_	1	set	
			1		1	\vdash	\vdash	Ė		-	 	 	1		\$5,000,001-\$25,000,000	ے	1		
			1	<u> </u>		\vdash	1			 	1		1		\$25,000,001-\$50,000,000		1		
			†			\vdash		-	1	 	1	1	1		Over \$50,000,000	_	1		
		İ				 		-			1	1-			Spouse/DC Asset over \$1,000,000*	Z	1		
Y	X						1						1		NONE		1		
	- -	<u> </u>	\dagger	-	-	├─	-	 		 	1	+-	+		DIVIDENDS		1		
		7	*	×	8	╁		ļ			ļ	1	+		RENT		1	_	
					-	1-	1	<u> </u>		<u> </u>	ļ	 	 				4	둫	
			ļ		ļ	 			-4	<u> </u>		ļ	 		INTEREST		-	Q	<u> </u>
			<u> </u>		<u> </u>	-		×	*	ļ <u>.</u>	<u> </u>	ļ	1		CAPITAL GAINS		4	Type of Income	BLOCK C
				ļ	<u> </u>						ļ				EXCEPTED/BLIND TRUST			Ö	O
												×	×		TAX-DEFERRED		_	9	
															Other Type of Income (Specify: e.g., Partnership Income or Farm Income)				
7	Y	¥	×		1	7	1	*				×	Y		None -	·T			
						<u> </u>			>				1		\$1-\$200 =	1			
			1	1			1				1				\$201-\$1,000				
					त्र								1		\$1,001-\$2,500	•			
											1				\$2,501-\$5,900 <	<u>ι</u> 5	1		
													1		\$5,001-\$15,000 	-1∄			
									7		1				\$15,081-\$50,000	ΠĒ			
						1							1		\$50,001-\$100,000	Current Year			i
						\Box							1		\$100,001-\$1,060,000 5				
					1	1									\$1,000,001-\$5,000,000			Ŋ	
															Over \$5,000,000 ≥			ē	
				Ī.,											Spouse/DC Income over \$1,000,000* ≥			Ĭ	6
8	·Y		1,		1		1					¥	75		None	T		=	BLOCK D
									×						\$1-\$200 =	1		ខ្ល	•
													1		\$201-\$1,000 =			Amount of Income	
						×			-						\$1,001-\$2,500],			
					×	Ť					l				\$2,501-\$5,080	ĬŠ			
]			\$5,001-\$15,000 <u></u>	: <u>]ĕ</u>			
	1.	*	×	•			-	*							\$15,001-\$50,000	B			
	1	Ĭ						-							\$50,001-\$100,000 <u></u>				
									1			1			\$100,001-\$1,000,000	٦			
	· · · ·														\$1,000,001-\$5,000,000 >	7			
			1	1		1						1	1		· Over \$5,000,000 ≥	٤.			
		1	+	1	1	1	 	† 	†	L .	 	† 	+	1 1	C DC #4 000 000\$, 1	1		

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 2 of

Spouse/DC Income over \$1,000,000*

SCHEDULE C - EARNED INCOME

Name: Zolat 1, Isc	
Page 3 of 4	

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.

				NATE Predment Tried	Karen Isner	But Inc PE	GREENBORO CONTRACTING COCT	Exal II DIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	ABC Trade Association, Baltimore, MD (July 15) State of Maryland	Source (include date of receipt for Horiotaria)	Course (include date of receipt for honorogia)
				Rom / Esh & Com.	Social Scourth	Consulto	SIDI/AURA WOOT	Spouse Speech Spouse Salary	Honorarium Salary	rype	Tuna
				1010.81	2078	1530	22700	\$0 N/A	\$0 \$20,000	Current Year to Filing	
				0	812 y	725	82650	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

SCHEDULE D - LIABILITIES

Name: Rosent S. Two

Page 4 of 5

exceeded \$10,000. 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 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 (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.

			77		SP. DC, JT		
			Buk	Example			
	The second secon		ST Bok of N. Coulm	First Bank of Wilmington, DE	Creditor		
		,	5/2008	5/98	Date Liability Incurred MO/YR		
			5/2008 my on Renkil Prop. 1	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	5	
					\$50,001- \$100,000	c	
			×	×	\$100,001- \$250,000	0	A
					\$250,001- \$500,000	m	moun
					\$500,001- \$1,000,000	п	Amount of Liability
					\$1,000,001- \$5,000,000	ဓ	ability
					\$5,000,001- \$25,000,000	π	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	-	
					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.

Position	Name of Organization
Pet 4 (30%)	Sout Elm Devokument Grund
Profes (33.3%)	North Enger Partners IT, LLC
Partner (37 :50%)	Wine Prouhe LLC
Pertoner (15%)	City Viou Apartine & LCC / City View Commortal LCC
Part (4501)	Hillst Parking LCC

SCHEDU

	Terms of Agreement	Datios to Agreement
of government service; sintained by a former employer.	e with respect to: future employment, a leave of absence during the period of government service; employer 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 employmen continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in
Page S of S	Name: Robert 5 Inc	SCHEDULE F - AGREEMENTS

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.

(
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services