



Filing ID #10013250

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Mr. Steven Archer  
**Status:** Congressional Candidate  
**State/District:** RI02

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2016  
**Filing Date:** 07/6/2016

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
AAP, INC, 100% Interest  LOCATION: WARWICK, RI, US DESCRIPTION: personal income minus business expenses		\$100,001 - \$250,000	Dividends	\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Fidelity Roth IRA 1 ⇒ aapl 160819C97.54  DESCRIPTION: swing trade option contracts		\$1 - \$1,000	Tax-Deferred		
Fidelity Roth IRA 1 ⇒ Apple Inc. (AAPL)		\$5,000,001 - \$25,000,000	Tax-Deferred		
Fidelity Roth IRA 1 ⇒ TWTR170120C15  DESCRIPTION: swing trade option contracts		\$1,001 - \$15,000	Tax-Deferred		
Fidelity Roth IRA 1 ⇒ Fidelity Roth IRA 2 ⇒ Apple Inc. (AAPL)		\$1,001 - \$15,000	Tax-Deferred		
Fidelity Roth IRA 1 ⇒ Fidelity Roth IRA 2 ⇒ Fidelity IRA ⇒ AAPL160819C95		\$1,001 - \$15,000	Tax-Deferred		

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
DESCRIPTION: swing trade option contracts					
Fidelity Roth IRA 1 ⇒ Fidelity Roth IRA 2 ⇒ Fidelity IRA ⇒ Interactive Broakers SEP IRA ⇒ Cash		Over \$50,000,000	Tax-Deferred		

\* Asset class details available at the bottom of this form.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
woman&Infants Hospital	spouse salary	N/A	N/A

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Bank Of America	March 2015	balance transfer	\$15,001 - \$50,000

SCHEDULE E: POSITIONS

Position	Name of Organization
president	AAP, INC.

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
March 2004	AAP INC and Nationwide Anesthesia Services, Inc.	AAP, Inc. contracts to Nationwide Anesthesia Services, Inc. to provide all phases of anesthesia care to various contracted medical facilities.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Source (Name and Address)	Brief Description of Duties
NATIONWIDE ANESTHESIA SERVICES, INC. (SANDERSVILLE, GU, US)	providing all phases of anesthesia care

SCHEDULE A ASSET CLASS DETAILS

- Fidelity Roth IRA 1
- Fidelity Roth IRA 1 ⇒ Fidelity Roth IRA 2
- Fidelity Roth IRA 1 ⇒ Fidelity Roth IRA 2 ⇒ Fidelity IRA
- Fidelity Roth IRA 1 ⇒ Fidelity Roth IRA 2 ⇒ Fidelity IRA ⇒ Interactive Broakers SEP IRA

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**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 benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Mr. Steven Archer , 07/6/2016