PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT from this report details of such a trust that benefits you, your spouse, or dependent child? **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. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? 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 exceeding \$1,000 during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics **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 TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded reporting period? exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: REPORT 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? Albio SIRES Member of the U.S. House of Representatives 2016 Annual (Due: May 15, 2017) State: District: Yes Yes Yes Yes Yes 80 7 7 Daytime Telephone: 202-225-7919 몽 Amendment S 0 S O Š 중 For Use by Members, Officers, and Employees 7 **G.** Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single 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" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the 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? Employee Officer or Employing Office: Termination Date of Termination: FEETS TANKE SECONDERS OF A \$200 penalty shall be assessed against any individual who files more than 30 days late. HAND DELIVERED & 2017 MAY -(5 mb 4 US: 30) Shared Staff Filer Type: (If Applicable) Yes Yes Yes Yes Yes ¥es Yes Principal Assistant Š S 중 증 S ౭ Š Z Z Q 7 7

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 2 of 8

Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	Transaction
Identify (a) each asset held for investment or Indicate value o production of income and with a fair market value valuation method exceeding \$1.00 at the and of the reporting beniod, used.	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.	a Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred"	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below.	Indicate if the asset had purchases (P).
and (b) any other reportable asset or source of income If an asset was that generated more than \$200 in "unearned" income because it generated uning the year.	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for sessite held by your songe or dependent child in which		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 generated.	sales (S), or exchanges (E) exceeding \$1,000
Provide complete names of stocks and mutual funds you have no interest (do not use only ticker symbols).	west.	asser Sector and thereto available and references between	*Column XII is for assets held by your spouse or dependent child in which you have no interest.	period. If only a portion of
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in				an asset was sold, please indicate as
the account that exceeds the reporting thresholds. A B C	DEFG # - L K C	*	IX DX X IIIV IIV IV V V V III	follows: (S (part)).
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.				Leave this column blank if there are no transactions that exceeded \$1,000.
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 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.				
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 delived from, a federal retirement program, including the Thrift Savings Plan.		· · · · · · · · · · · · · · · · · · ·	1,000,000*	
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	***			
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	00,000 280,000 500,000 4,000,000 \$5,000,000 1,\$50,000,000	MBLIND TRUST	500 ,000 0,000 0,000 00,000 \$5,000,000	
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$5,000,001 \$25,000,00 Ower\$50,0	DIVIDENDS	Over \$5,00 Spouse/DC	P, S, S(part), or E
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Page 3_ of 8

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BLOCK A Assets and/or Income Sources		u.	ASSET NAME						N/N								
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		Spouse/DC Asset over \$1,000,000*			 	H	-	╁╴		+			<u> </u>				
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BLOCK C		EXCEPTED/BLIND TRUST			\top		1	1		寸							T
BLOCK C Type of Income		TAX-DEFERRED					T						_				
v		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)															
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	<u>×</u> ≚	Over \$5,000,000 Spouse/DC Asset with Income over \$1,000,000*	H	+	├	-	-	+		\dashv		<u> </u>	<u> </u>		-		
—	=		$\vdash \vdash$		\vdash		+			\dashv	\vdash						
BLOCK E Transaction		P, S, S(part), or E															

SCHEDULE C -- EARNED INCOME

Albio Sirs

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. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. INCONE LINITS 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 psyments for professional services involving a fiduritary relationship) are totally prohibited. Type Source (include date of receipt for honoraria) Francisco Fr

SCHEDULE D – LIABILITIES

Name: Albid SIRES

Page 6 of 8

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 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 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 owned 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 *Column K is for liabilities heid solely by your spouse or dependent child.

	十			무		SP. DC, JT	
	HOT MYERS, FI - PICE BANK 11/14			West NY, NJ EVERBANK	Example First Bank of Wilmington, DE	Creditor	
	11/11			4/96	5/98	Date Liability Incurred MO/YR	
4	MORTAAGE		4	Mortange	Mortgage on Rental Property, Dover, DE	Type of Liability	
						\$10.001- \$18.000	
						\$15,001- \$50,000	
		* (64 * * * *				\$50,001- \$100,000	
	×				×	\$100,001- \$250,000	>
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						\$25,000,001- \$66,000,000	
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						Over \$50,000,000 ~	

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.

			Position
	1//1		Name of Organization

SCHEDULE F - AGREEMENTS

Name: Albio Sires Page 0

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	employer.
	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
	dentify 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;

Date	Parties to Agreement	Terms of Agreement
	M/H	

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
•		
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W/N		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
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Page 7 of 8

Identify the source and list travel itinerary, 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

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	٧	٧	Z
Examples:	Habitat for Humanity (charity fundralser)	Mar. 3-4	DC-Boston-DC	۲	٧	۲
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	MA					

E S

			N/R			Examples: XYZ Magazine		Source	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA
						Article	Speech	Activity	or of an event to a charitable organizatio	Name: Albid SIRES
		9		9		Aug. 13, 2016	Feb 2 2016	Date	n in lieu of paying an hono	S Page_
						\$500	000 0%	Amount	rarium to you. A separate	of S