

UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

Name: ALAN GRAYSON Daytime Telephone: _____

LEGISLATIVE RESOURCE CENTER
2017 MAY - 8:30 AM - 3:30 PM
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> ^{Member} Member of or Candidate for U.S. House of Representatives	State: <u>FL</u> District: <u>9</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
	<input type="checkbox"/> 2015 Annual (Due: May 16, 2016)	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination	Date of Termination: <u>1/3/17</u>
REPORT TYPE				

PRELIMINARY INFORMATION - ANSWER EACH OF 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? <u>or</u> b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Page 2 of 10

Use additional sheets if more space is required.

* find values otherwise noted

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **ALAN GELAND**

Page **3** of **10**

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction				
SP, DC, JT	ASSET NAME	None	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E		
	Fig Leasing																																					
	Restaurant Brands																																					
	First Food Industries																																					
	TD Am Cash																																					
	IO Cal - Int. Balance																																					
	VMS Ventures																																					
	Devlin Denis																																					
	ACH Net																																					
	K's A Net																																					
	AMG T - book																																					
	Grayson Realty - book																																					
	GLC NC - book																																					
	38296 Yoken - book																																					
	WMTI - book																																					
	Bayline Fund Amer 6 - book																																					
	Bayline Fund 60 - book																																					

* ACQUIRED BY WALT NICKEL - NORTH AMERICA MCE

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

ALAN GAZA YSOB

Page 4 of 10

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income													BLOCK E Transaction	
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
	Shylline Fund Interest																																			
	Cayman Loan																																			
	YMC Cash																																			
	Regurus Cash																																			
	Summit Cash																																			
	Merrill Lynch Cash																																			
	IDT of B																																			
	Genie Energy																																			
	Chesapeake ETC																																			
	" SPTD Ind. ETP																																			
	" Loyd 2000 ETP																																			
	Amgen Vix ETP																																			
	Cemig																																			
	Vanguard Total Intl Mkts ETP																																			
	Vanguard Div Intl ETP																																			
	PowerShares EQG ETP																																			

SCHEDULE B - TRANSACTIONS

Name: Alan Golderson

Page 6 of 10

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the 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.

Capital Gains: 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-deferred account, and disclose the capital gain income on Schedule A.

* Column K is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MM/DD/YYYY) or Quarterly, Monthly, or Bi- weekly, if applicable	Amount of Transaction										
		Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP	Example Mega Corp. Stock			X		X	3/5/15		X									
	Collector Universe Stock		X			X	1/26/16				X							
	Fidelity		X				1/26/16		X									
	North American Michel		X				2/5/16		X									
	Royal Michel		X				2/5/16		X									
		X				2/8/16		X									
		X				2/9/16		X									
	SPDC S.P. 570 ETF		X				1/4/16							X				
	Videby Share July 26 VIX ETF		X				1/4/16					X						
	Borley Spot S.P. 570 VIX ETF		X				1/4/16				X							
	Videby New July 26 VIX ETF			X			1/26/16				X							
	Borley Spot S.P. 570 VIX ETF		X				1/26/16					X						
	W/DC Vanguard Intl Bond Mkt ETF		X				12/20/16						X					
		X				1/30/16				X							
	Therum SEC SAFE ETF			X			1/4/16							X				
	SPDC S.P. 570 S&P 500 ETF		X				1/4/16							X				
	IF Share Russell 2000 ETF		X				1/4/16							X				
	Borley Spot S.P. 570 VIX ETF		X				1/4/16							X				

* SPDC is listed as SPDC otherwise noted.

Use additional sheets if more space is required.

Page 7 of 10

Capital Gains: 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-deferred account, and disclose the capital gain income on Schedule A.

SP, DC, JT

Asset

Mega Corp. Stock

	Purchase
	Sale
	Partial Sale
	Exchange

Check Box if Capital Gain Exceeded \$200

Type of Transaction

Date _____

Amount of Transaction

whereby, it
applicable

\$1,001- \$15,000	A
\$15,001- \$50,000	B
\$50,001- \$100,000	C
\$100,001- \$250,000	D
\$250,001- \$500,000	E
\$500,001- \$1,000,000	F
\$1,000,001- \$5,000,000	G
\$5,000,001- \$25,000,000	H
\$25,000,001- \$50,000,000	I
Over \$50,000,000	J
Over \$1,000,000* (Source: FIC, Asset)	K

[illegible]

Page 8 of 10

INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

Use additional sheets if more space is required

SCHEDULE D - LIABILITIES

Name: **Alan Garrison**

Page **9** of **10**

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. **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	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example	5/98	Mortgage on Rental Property, Dover, DE				X							
	Wells Fargo	Dec. 2005	Mtg on 619 Oak Rd. 14 01, PA						X					
	TD Am 113	Feb 2012	Mtgn Loan Balance							X				
	JP Morgan	Jan. 2013	Mtgn on 808 Independence Trce, Indpls, IN					X						

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	Name of Organization
Manager	St. Ignace Assn. Co
Director	St. Ignace Assn. Fund LP
Director	St. Ignace Fund (G) Ltd.
Trustee	St. Ignace Telecommunications Trust
Trustee	Gaynor Foundation
Director	Am Tr

SCHEDULE D - LIABILITIES

Name:

Page 10 of 10

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. 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	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/88	Mortgage on Rental Property, Dover, DE				X							

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	Name of Organization
Officer/Director	Cryen Consulting Inc.
Officer/Director	38296 Yukon Inc.
Member	United Mobile Technologies Inc.
Officer/Direct	Etc &
Limited Partner	Aglythe Fund LP