For New Members, Candidates, and New Employees FORM B LECOL ACIVE RESPUBLIC COMP SEP 15 2016 Page 1 of 8

FINANCIAL DISCLOSURE STATEMENT

UNITED STATES HOUSE OF REPRESENTATIVES

| Name: Shau of Brown New Member of or Canolidate for State: VA U.S. House of Representatives District: 2 ND Canolidates - Date of Election: NOV, 8, 3016 | Check if | 2016 SEP 21 AM II: 04 OFFICE OF THE CLEAK U.S. HOUSE OF REFRESCHTATIVES (Office Use Only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| New Officer or Employee Employing Office: | Period Covered: January 1, <u>2016</u> to <u>JUNC 13, 2016</u> | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS | TIONS | |
| 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? | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | ng the reporting period Yes No |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No Perporting period? | 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? | arrangement with an Yes No |
| D. Did you, your spouse, or your dependent child have any reportable Yes No No | Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | n \$5,000 from a single Yes No |
| ATTACH THE CORRESPONDING SCHEDULE IF YOU AN | HEDULE IF YOU ANSWER "YES" | S" |
| THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE | THAT YOU ARE REQUIRED TO |) COMPLETE |
| | | |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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? Yes **≥**

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.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Shaun Brown

Page 2

| | | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | Judy mut Aggram ent | ABC Hedge Fund X | Examples: | SP, Mega Corp Stock EIF | more than \$1,000 in inherest-bearing accounts. For rental and other real properly held for investment, provide a complete address or description, e.g., rental properly," 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 income during the reporting period), and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-braded 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 spouses (SP) or dependent chald (IXC), or piritly held with anyone (JT), in the optional column on the fair left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. | 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). | income which generated more than \$200 in uneamed income during the year. | (a) each asset held for investment on of income and with a fair market value \$1,000 at the end of the reporting pen | Assets and/or income Sources | |
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| | | | | | | Indefinite | | None \$1-\$1,000 \$1,001-\$15,000 | > 6# C | | child in which you have no interest. | If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." | 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. | | |
| | | | - <u>-</u> | | | - 8 - | × | \$15,001-\$50-000 \$50,001-\$100,000 \$100,001-\$250,000 | - E | 1 | or assets n | as sold du because i | of asset at uation meth the method | Valu | , |
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| | - | | <u></u> | × | _ | ╀ | × | NONE DIVIDENOS | | - | penerated seriod. | ividen ven if | Check all columns that apply. For that generate tax-deferred income 401(k), IRA, or 529 accounts). | | |
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| | | | | | Partnership Income | Royalies | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | | scounts. Check "None" if the asset senerated no income during the reporting seriod. | creck the hardenest and capital gains, Dividents, interest, and capital gains, even if relievested, must be disclosed as income for assets held in taxable | Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA or 529 accounts), you may | | |
| | | | | * | | | | None | | | | *Column X | For assets for other assets and capital | | |
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| lacksquare | Ш | | | | _ | \perp | <u> </u> | Over \$5,000,000 | × | | | scounts. Check 'None' if no income was earned or generaled. Column XII is for assets held by your spouse or dependent child in which you have no interest. | r which you checked "Tax-Deferred" in Block C, you may check the "None" column indicate the category of income by checking the appropriate box below. Dividends, gains, even if reinvested, must be disclosed as income for assets held in | Amount of Income | |
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 3 of 8

SCHEDULE C - EARNED INCOME

| List the acutino, type, and amount of earned income from any source (other than the filler current employment by the U.S. povernment) locating 2000 or more during the reporting period. For both the filter acutine filler income secreting \$1,000. See examples observ. EXCLUDE. Millar yea (quick) as widness (quick) and or Revening pay), feeting eliterating programs, and benefits received under the Social Secretivary Act. Miniops and employment the Social Secretivary Act. Miniops and employment the Social Secretivary Act. Miniops and employment the Social Secretivary Act. Source (Include date of receipt for honoraria) Type Current Year to Filling Preceding Secretivary (Secretivary Control of Secretivary Control of Secretivary Act. Amount Locating Secretivary (Secretivary Control of Secretivary Act.) Source Secretivary (Secretivary Act.) Source Secretivary (|
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SCHEDULE D - LIABILITIES

Name: Page 5 잌

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 exceeded \$10,000. 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 *Column K is for liabilities held solely by your spouse or dependent child.

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| | | (| $\mathcal{I}(\mathcal{I}(\mathcal{I}))$ | 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 | > | |
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| | | | | | \$500,001- \$1,000,000 | 71 | Amount of Liability |
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| | | | | | \$5,000,001- \$25,000,000 | = | |
| | | | | | \$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

| Development Corporation |
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| | | —————————————————————————————————————— | Date | dentify the date, partie continuation or deferral | SCHEDULE F | , |
|--|------|----------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---|
| | 7 MM | | Parties to Agreement | s to, and general terms of any agreement or arrangement that you have of payments by a former or current employer other than the U.S. goven | SCHEDULE F - AGREEMENTS | |
| | | | Terms of Agreement | 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; 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: Shayon Brown Page 6 of 8 | |

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 |
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| Example: | Doe Jones & Smith, Hometown, Homestate | Accounting Services |
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Name: Shown Brown

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