

FINANCIAL Name:	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Name: James V, James Of Candidate for State: C.A U.S. House of Representatives District: 2.C.	FORM B For New Members, Candidates, a Paytime Telephone:	Page 1 of 7 2015 DEC -7 PM I2: It 0 15.11-9-18 57 17 18: It 18:
FILER	or State: District:		9
STATUS	New Officer or Employee Employing Office:	Period Covered: January 1, 2015 to Jeanny 1, 2016	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMIN	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUESTIONS	
A. Did you, you a. Own any re end of the b. Make more asset durir	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 unearned 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?	ing the reporting period Yes No

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQ	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANS	D. Did you, your spouse, or your dependent child have any reportable (No Ves 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 Preporting period?	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 unearned income from any reportable asset during the reporting period?
S THAT YOU ARE REQUIRED TO COMPLETE	المور وعمر المحالية "HEDULE IF YOU ANSWER "YES"	J. Did you receive compensation of more than \$5,000 from a single ves No No	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or depende tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be this report details of such a trust that benefits you, your spouse, or your dependent child?
ctions, or liabilities of a spouse or dependent child because they meet all three Lethics.	certain other "excepted trusts" need not be disclosed. Have you excluded from
Yes No 🔀	Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: awtha Page 앜

누었음 For a detailed discussion of Schedule requirements, please refer to the instruction booklet 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 all IRAs and other retirement plans (such 401(k) plans) provide the value for each asset held Provide complete names of stocks and mutual funds (do not use only ticker symbols). ncome during the reporting period); and any financial needs in, or income derived from, a federate exclude: Your personal residence, including secon tomes and vacation homes (unless there was rent or an ownership interest in a privately-held busin he account that exceeds the reporting thresholds. production of income and with a fair market value sxceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of ncome which generated more than \$200 in you so choose, you may indicate that an asset come source is that of your spouse (SP) copendent child (DC), or jointly held with enyone (JT) the optional column on the far left. you have a privately-traded fund that is an Except nestment Fund, please check the "EIF" box. etirement program, including the Thrift Savings Plan hat is not publicly traded, neamed" income during the year. bank and other cash occounts, total the amount interest-bearing accounts. If the total is ov Assets and/or Income Sources terest-bearing accounts. If the total is over the control of the counts of the counts of the counts. (a) each asset held for investment Simon & Schuster Mega Corp Stock its activities, and of 묶 × "Column M is for assets held by your spouse or depends child in which you have no interest. Indicate value of asset at close of the reporting period. It you use a valuation method other than fair market value please specify the method used. f an asset was sold during the reporting period and is included only because it generated income, the value duded only be nould be "None." \$1-\$1,000 a \$1,001-\$15,000 \$15,001-\$50-000 0 \$50,001-\$100,000 Value of Asset × ш \$100,001-\$250,000 П BLOCK B \$250,001-\$500,000 G \$500,001-\$1,000,000 Ŧ \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 _ Over \$50,000,000 _ Spouse/DC Asset over \$1,000,000 Z in that generate tax-deterred income (such as of 401k), IRA, 529 accounts), you may check a third income (such as of the "Tax-Deferred" column. Dividents, as the "Tax-Deferred" column. Development of the third income of third Check all columns that apply. For accounts NONE ncome during the reporting period. × DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) 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. 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 samed or generated. 'Column XII is for assets held by your spouse or dependent child in which you have no interest × \$1-\$200 = 1 \$201-\$1,000 ፷ \$1,001-\$2,500 ₹ < Current Year \$2,501-\$5,000 <u>≤</u> \$5,001-\$15,000 \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Amount of Income × Over \$5,000,000 BLOCKD × Spouse/DC Income over \$1,000,000 None \$1-\$200 = = \$201-\$1,000 ⋜ \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 ≤ × \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 ≅ \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × ≚ Over \$5,000,000 Spouse/DC Income over \$1,000,000* ×

Use additional sheets if more space is required

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: James V, Pourte

SCHEDULE C - EARNED INCOME

Name:
James V.
Paralle
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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.

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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
Civil War Roundtable (Oct. 2) Onlario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Monivery County (re)	Salary	118,000	126,000
State of California (spouse)	Salary	169,000	181,000
	C		

SCHEDULE D - LIABILITIES

Name: James V, Pantle

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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 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.

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			Nohat	Example				9,000.
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					Over \$50,000,000	۴.		
					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,

Course remises	Trustec Ui	Bard Member Ro	Board Marshey (co	Board Member Va	Position
Newhould Sprinkeck Center	University of California Saura Cruz	Rancho Cicto	Contract Cours Vetvans Covetory Foundation	Veterans Transition Center	Name of Organization

SCHEDULE F - AGREEMENTS

Name: James V. Paruta

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			Date	Identify the dat continuation or
10			Parties to Agreement	e, parties to, and general terms of any <u>agreement or arrangement t</u> hat you have deferral of payments by a former or current employer other than the U.S. gove
			Terms of Agreement	Identify the date, parties to, and general terms of any <u>agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deterral 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.</u>

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
Monter County District Attorney's Office Prosecutor	Plasemia

FILER NOTES (Optional)

Name: Page_ | 약

NOTE NUMBER NOTES

Name: James V. Paretta

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						Brand Member - Monton, Bay National Marian Sanctury Advisory Commutate	Board Mendon - Montery Pennisha College Citizens Bond Oversigh Committee	NOTES