B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Name: John LOHYCUS, 2015 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES 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. **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? **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. the current calendar year up through the date of filing? E. Did you hold any reportable positions during the reporting period or in 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 A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS reporting period? exceeding \$1,000 during the reporting period? REPORT TYPE FILER STATUS Make more than \$200 in uneamed 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? X 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for District: State: Yes ×es Yes Ύes Xes No Daytime Telephone: 777- 375- 51から Amendment ੂ | | Š 중 Š For Use by Members, Officers, and Employees ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" 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? 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? H. Did you, your spouse, or your dependent child receive any source during the reporting period? reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? Form A **Employee** Officer or Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late LUCISLATIVE RESOURCE OF MIL 2016 AUGOTHOR UPS CANDO HAND P Yes Ύes Yes Yes Yes Yes Yes × × X 중 Z Z 중 몽 중 X X Х

SCHEDULE C - EARNED INCOME

Name: ICHU CONFERS, Tr.

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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. 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. Examples: ish horhand lead services Keene State
State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Educat Source (include date of receipt for honoraria) Thouse solar Approved Teaching Fee Legislative Pension Type **Amount** \$18,000 \$1,000

SCHEDULE D - LIABILITIES

Name: Tohy Cony US, Tr. Page 3 or 6

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

4-	15	1		DC, JT		
Wellstagottone More sc	#CS	CONOCES, + wol Co, VIICH	Example First Bank of Wilmington, DE	Creditor		
6/13	10 HOS		5/98	Date Liability Incurred MO/YR		
Regional Consona	student Logn	Mona	Mortgage on Rental Property, Dover, DE	Type of Liability		1000-000
				\$10,001- \$15,000	>	
	`	X		\$15,001- \$50,000	В	
X	X			\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	ग	Amount of Liability
				\$1,000,001- \$5,000,000	စ	ability
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	٠	
		1		Over \$1,000,000*		1

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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
7 /4	
, , ,	

SCHEDULE F - AGREEMENTS

Name: JOHN CONFLIX, TO Page 0

Identify 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.

Date	Parties to Agreement	Terms of Agreement
	N/A	

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.

Course		
CCCCC	Description	Value
Example: Mr. Joseph Smith, Arlington, VA Silver Platter (determination of personal friendship received from the Ethics Committee)	received from the Ethics Committee)	\$400
see themselves of reportant doutions to lead com	to kee calcuse tond, attackey	

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: TOMY CONT (M, T) Page 5 or 6

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 the filer.

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	۲	Υ	Z
Exemples: Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	٧	Y	Υ
At Action and Hope	41-11226	Detroit-Butte Cock, Migherat	4	4	7
Institute of the Black Wolld (184) Aprilo-11	Apr. 10-11	Detroit - New York - Detroit	~	~	٢
	1				
Approved but did not have !		Birenide Markade proposition.			
- Progressive Cancus	FL. 5-6	Dara:+、Pr. 1~de 17)c++	*		
	tug. 6-8	Detroit- Tyrea, MS-Detroit			
C&CLI	7	Danit Canta Monica - Datrit			

Conyers 13th District Legal Expense Trust

SCHEDALE A - RECEIPTS

00'000'51 \$		Poriod Period
00.000,21 8		Subtotal - Trios Page
innomA	Date	H. Full Name, Mailing Address and ZIP Code
muomA	Date	G. Full Mame, Mailing Address and ZIP Code
JanomA	<u> </u>	F. Full Name, Mailing Address and ZIP Code
momA	अध्य	E. Full Mame, Mailing Address and ZIP Code
зпиотА	<u>Dafe</u>	D. Full Manne, Mailing Address and ZIP Code
3momA 00.000,2 \$	6/30/2015	C. Full Name, Mailing Address and ZIP Code Political Action Committee of the AAOS 317 Massachusetts Avenue, NE Washington, DC 20002
7mromA 00.000,2 2	2\20\2015 Date	B. Full Name, Mailing Address and ZIP Code Law Offices of Peter G. Angelos, P.C. 100 North Charles Street Baltimore, MD 21201
3muomA 00.000,2 \$		A. Full Vame, Mailing Address and ZIP Code American Association for Justice 777 6th Street, WW, Suite 200 Washington, DC 20001