	AUG 22 2017	
UNITED STATES HOUSE OF REPRESENTATIVES FORM B Period covered: January 1, 202 - July 31 2013 For use by candidates and new employees	LEGISLATIVE RESOURCE OF A PER CONTROL OF THE CONTRO	2: 01
	U.S. HOUSE OF REPRESENTATIVES	TATIVES
Name: FASD JOSEPH Simon Je M.D. Daytime Telephone:	(Office Use Only)	
Candidate for the State: CA Date of 11-04-14 Check if House of Representatives District: Election: 11-04-14 Amendment	A \$200 penalty shall be assessed against any individual who files	assessed who files
Status New officer or Employing Office:		
In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	fore the date was years?	S S
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes UNO With an outside entity? If yes, complete and attach Schedule V. If yes, complete and attach Schedule V.	ngement Yes	<u>\$</u>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes III Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule III.	5,000 from Yes 🖵	<u>₹</u>
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	ach "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF	SWER EACH OF THESE QUESTIONS	S
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 benefiting you, your spouse, or a dependent child?	be Yes	N _S
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, 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.	endent child Yes	다 ®

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name FRED JOSEPH Simm JR. M.D.

Page _ 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. 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 Basarya pay) fadoral retirament programs, and hanofite received under the Section Action.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	eceived under the Social (Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Source (include date of lecelpt for honoralia)	ype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
-	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Connect THE DOCS EMCINISMS CA	STIPEND	52,300	105,000
RIEDTALA MEDICAL LEGAL CONSULTANTS, FLORIDA	CONSULTENT RU	74,000	118,800
PRACTICE DEVILLOPMENT STRATEGIES - INSULANCE	medicar fees	234,000	677,000
Reciepts - Son Degu, ca-			
Colombo Physicians Bullomb Colombo CA	pent reciepis	12,000	29.600
SNEEL+ WILMER LLP LAS VEGITS, N	consultant fee,	a	13, 900
			i e de la companya de

						JΤ	Ŋ,	SP,	ing accordant the the incordant the please in the please i	Ž.	that nes	fer For	For plan	(do	of it the mop		
Wells Faren Aces	US BANILORP	audem stock	FORD MOTOR STOCK	Gestion Misses Bonos	Rental Home	1st Bank of	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	income during the reporting period); any deposits total- ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or depen- dent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a defailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	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.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	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 ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or Income Source	BLOCK A
& Curamma a	ø	7	Tock	Bonas	COGLIMATOD, CA	1st Bank of Paducah, KY accounts	chuster	o. Stock	intess in the was remained; any deposits total- il checking or savings interest in, or income ent program, including licate that an asset or spouse (SP) or depen- with your spouse (JT), r left. ooklet.	nce, including second	privately-held business the name of the busines, and its geographic	ty held for investment, or a description, e.g., d state.	t plans (such as 401(k) ach asset held in the ing thresholds.	ocks and mutual funds	westment or production ue exceeding \$1,000 at od, and (b) any other nome which generated nome during the year.	ome Source	Α
								-	None		>	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report-	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.		
				 _		-	=	-	\$1 - \$1,000 \$1,001 - \$15,000		B C	ou is c	žinė,	If an asset was sold during the reporting year and is included only because	cate ortir hoc		
						Н	de	-	\$15,001 - \$50,000			울을	rate ∩e."	r eg	spe tot V Du		
┝	$\overline{\mathbf{x}}$	_			\vdash	\vdash	Indefinite	×	\$50,001 - \$100,000			를 잃 타	ã. =	ਜੂ ਬੂ	rear rear	∑ a	
				 		\times	-	-	\$100,001 \$250,000		т	e is	Š	s is	# # # 9	Ē	몓
					†			<u>: </u>	\$250,001 - \$500,000		<u>ه</u>	1 2 2	, 130 -	들음	ass you e m	ğ	ጰ
∇	· Car			-		t		-	\$500,001 - \$1,000,000		<u> </u>	ape sse	듗	<u> </u>	e in set	چ	BLOCK B
			-	<u> </u>	\times				\$1,000,001 - \$5,000,000		_	nde its	ă.	og jj	od nari	Value of Asset	۳I
				<u> </u>					\$5,000,001 - \$25,000,000		ے	i i i	je,	동	lose Ket val	<u>~</u>	1
				<u> </u>				<u> </u>	\$25,000,001 - \$50,000,000			1 월₹	Sh	8 <u>a</u>	valuation		
									Over \$50,000,000		Г	1	Ĕ	Por	je g		
									Spouse/DC Asset over \$1,000,000*		₹	1 _		ማ ጥ			
								×	NONE			욘	를 유 크 글	등	G 를 를 로 웃		
									DIVIDENDS			ring	rel	ms o	iren ow estr	_	
				L_	\times				RENT			# # S	or, a	efer H	nent all o	Ą	
\times	\times					×	_	<u> </u>	INTEREST			repo	sted inco	Pa (sv	1001 E SE	0	В
		<u> </u>			<u> </u>			<u>. </u>	CAPITAL GAINS			ortin		S You	mns ch cha	<u>=</u>	BLOCK C
				ļ		L			EXCEPTED/BLIND TRUST			9 pe		mn.	that ts to oos tge	줐	ô
		\times	\geq	×			L	<u> </u>	TAX-DEFERRED			during the reporting period.	interest, and capital gains, even if reinvested, must be dis- closed as income. Check "None" if the asset generated on income	plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	Check all columns that apply. For retirement accounts that do not allow you to choose specific allow you that generate taxinvestments or that generate taxideferred income (such as 401(k))	Type of Income	
					Ì		Royatties		Other Type of Income			. §	Y a s	eck t	A DE COL	Ф	
<u> </u>					<u> </u>)	8	<u> </u>	(Specify: e.g., Partnership Income or Farm Inc	come)			# # # B	5 7 7	医苯酚草甙		
		ļ		<u> </u>	ļ	L		<u> </u>	None				<u>\$</u>	₹.	2 5 주 고		
		ļ	ļ	↓		╙	<u> </u>	<u> </u>	\$1 – \$200	=			걸	8	<u>로</u> 당 중 등		
		\geq	<u>L</u>	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>	\$201 – \$1,000	=			se Se	퓛	me K#		
\succeq		ļ	$> \!$		-	ļ.		×	\$1,001 - \$2,500	<			9 은	်	5		
	\sim	 	ļ	ļ	-	ľ×	×	<u> </u>	\$2,501 - \$5,000	_	- ¥		ĕg	hec.	严옷중학		
ļ		-	-	-		↓		<u> </u>	\$5,001 - \$15,000				eg is	* * ·	ani Kara i		
	-	 	 			Ͱ	-		\$15,001 - \$50,000	VI VI	Current Year	I	* This column is for incom spouse or dependent child.	र्व	For assets for which you ch check the "None" column. For income by checking the appart capital gains, even		
\vdash	 	 	 	╆	+	\vdash	-	-	\$50,001 - \$100,000 \$100,001 - \$1,000,000	<u>=</u>	⊣ જૂ	1	핚	ชี	e the line		
	-		 	 	 	╂			\$1,000,001 - \$5,000,000			I	iii g	Į.	_ en ap	Am	
 		 	†	 	1	T	-	-	Over \$5,000,000	<u>`</u>		1	ed	, <u>=</u>	⇒ Section 1	ĕ	
		 	 	 	<u> </u>	f		•	Spouse/DC Income over \$1,000,000*			1	eriv	୍ରି	r ed Ked	Ī	뭐
		T		 		T	1		None	_	1	1	èd	Te	the atte	<u>Q</u>	BLOCK D
\vdash	 	1	 	×	X	t	t		\$1 – \$200	=		1	ŧ	₩a	ex-l	Ĭ	Ô
			×	 	 	ı		×	\$201 - \$1,000	=	-	1	3	Ф.	SSE SSE	Amount of Income	
	1	×	_	'	1	T	Г		\$1,001 - \$2,500				SSE	ar n	erre	ne	
>	×					×	×		\$2,501 – \$5,000	<	18		ets	ē.	indi Marindi		
				. ,					\$5,001 - \$15,000	<u> </u>		I	SO) 2	o Vication E		
				K	×				\$15,001 - \$50,000] 🍯	1	еly	jen	Ge # ⇔ ⊗ ⊗		
									\$50,001 - \$100,000	≦ 	<u></u>] ණ	I	<u>,</u>	era	is X		
					<u> </u>	L		1_	\$100,001 - \$1,000,000	<u>×</u>	-	ĺ	ă	income. Check "None" if no income was earned or generated	英		
				ļ		┖		<u> </u>	\$1,000,001 - \$5,000,000	×			This column is for income derived from assets solely held by your pouse or dependent child.		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		
<u> </u>		 	ļ	<u> </u>	<u> </u>	1_	<u> </u>	<u> </u>	Over \$5,000,000	×		1	δ		ma ry c est		
	ļ	1	<u> </u>	<u> </u>	1	<u> </u>	ļ.	<u> </u>	Spouse/DC Income over \$1,000,000*	×		1	=		w × <		

This page may be copied if more space is required.

										JT, DC	SP,			SC+ Continu
					UBS Remembed Accis	Schurb ACET SAW DIAGO	SCOTTILAND ACCT SAMOLIES	CORONADO; CA	CORRINDO PRIVATE BANK ALCO			Asset and/or Income Source	BLOCK A	SCHEDULE II — ASSETS AND "UNEARNED" INCOME
										None	Þ			ነ ፱
4	1 1					X	<u> </u>		ļ	\$1 \$1,000	8			ے ا
	-			 		 	<u> </u>	<u> </u>	-	\$1,001 - \$15,000				<u>Ž</u>
	+	+		 	 -	 	<u> </u>	-	X	\$15,001 - \$50,000	0	≲		
	+		}	 	-	 	<u> </u>			\$50,001 - \$100,000 \$100,001 - \$250,000	m Ti	Value of Asset	B	<u> </u>
	11			 		 	$\overline{}$			\$250,001 - \$250,000 \$250,001 - \$500,000	۵	0 9	õ	
	+ -			 +	-	 	\frown			\$500,001 - \$1,000,000	I	fΑ	вгоск в	"
	1				\rightarrow	<u> </u>	1			\$1,000,001 - \$5,000,000		SS	w	
										\$5,000,001 - \$25,000,000	۲.	뽀		Z
										\$25,000,001 - \$50,000,000	7			1 X
										Over \$50,000,000				ΙŠ
										Spouse/DC Asset over \$1,000,0	200* ≤			П
				 		ļ	X	ļ	ļ	NONE				
	1 1					-	 			DIVIDENDS		¥		
	1 1					\ _	1	-		RENT		/pe	m	
						X				INTEREST CAPITAL GAINS		잌	BLOCK C	
-	╅					1				EXCEPTED/BLIND TRUST		Ž	웃	
	+				\rightarrow	-	-	 		TAX-DEFERRED		Type of Income	C	
-	+			 	\rightarrow	+	-	<u> </u>		Other Type of Income-(Spec	ifv: e.a	ne		
	-							-		Partnership Income or Farm Income				
+	1				-	+	X			None -	,			
 	1 1					$\overline{}$			ļ	\$1 - \$200 =				Name
- 	1						1	-	X	\$201 - \$1,000 =				
	1 1					 -	†		-	\$1,001 - \$2,500 \(\brace{2} \)	ဂ			12
1	\top					†		\vdash		\$2,501 - \$5,000 <	Ÿ			4sn
											rer			$ _{A}$
										\$15,001 - \$50,000 \(\leq	1 1			$\square \bowtie \square$
										\$5,001 - \$15,000 \(\leq\$ \$15,001 - \$50,000 \(\leq\$ \$50,001 - \$100,000 \(\leq\$ \$100,001 - \$1,000,000 \(\text{\$\tilde{X}}\)	Current Year			Гокри
										\$100,001 - \$1,000,000 🔀	31	≥		
				 		ļ		<u> </u>	<u> </u>	\$1,000,001 - \$5,000,000 ×		Amount of Income		11 I
				 		<u> </u>		<u> </u>	ļ	Over \$5,000,000 ≥		1 5	В	
ļ	+			 		ļ		ļ	ļ	Spouse/DC Income over \$1,000,000* ≚		9	BLOCK D	3
							\times	<u> </u>	ļ	None –		3	Х О	mm
	+-					<u> </u>				\$1 - \$200 =		8		<u> </u>
				 		 -	-	<u> </u>	×	\$201 − \$1,000 ≡ \$1,001 − \$2,500 ⋜	P	I ≅		
- 	+				_	-	-	-	-	\$2,501 - \$5,000 <	Preceding			MO
-			1	 		+	1	 	 	<u> </u>	ë			!
	1	-			-	1	1	 	 	\$5,001 - \$15,000 ≤ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 ≦	֓֞֝֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓			Page
	+			 	 	٠	 	 	1	\$50,001 - \$100,000 \(\leq\)				ןן יידי ן
	\top					1		 	 	\$100,001 − \$1,000,000 ≅	Year	Ī		ا ترًا ا ا
	+			 -		1	1	1		\$1,000,001 - \$5,000,000 ×	=			المِيِّرا
									1	Over \$5,000,000				
			• • •		T					Spouse/DC Income over \$1,000,000*				

SCHEDULE III — LIABILITIES

Name May TasopH Simm In M.D.

Page 5 of

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000 Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

			-			SP, DC,	
COMMOND , CA	COMONADO (SINST) PINNATE DANK PLUTOUS	common, ca	PRIVATE BANK	CORDINGO (FIRST)	Example: First Bank of Wilmington, DE	Creditor	
	glulaus			1/2013	May 1998	Date Liability Incurred mo/year	
	Companon wan			CAMPAIEN LOAN	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
						\$10,001 \$15,000	
						\$15,001— \$50,000	
						\$50,001 \$100,000 O	
				X	×	\$250,000	
	X					\$250,001— \$500,000 m \$500,001—	Amou
						\$1,000,001— \$1,000,001—	int of L
						\$5,000,000 P \$5,000,001— \$25,000,000 T	Amount of Liability
						\$25,000,000 - \$25,000,001 \$50,000,000	~
						Over \$50,000,000	
						Spouse/DC Liability over ス \$1,000,000	

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position	Name of Organization
Physician - Surgeon	THOOPPENDENT CONTRACTOR SCRIPS HEALTH
CONSULTANT	RIEDICAL LEGAL CONSULTANTS TWO CASIVENT CATRATION
PARAMA OWNER	CONOMADO PHYSICIANS BUILDING

SCHEDULE V — AGREEMENTS

Name FRED JOSEPH SIMON JR MID.

Page 6 of 6

	,		Date	Identify the date, service; continua efit plan maintair
			Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future emplo service; continuation or deferral of payments by a former or current employer other than the U.S. Government effit plan maintained by a former employer.
			Terms of Agreement	respect to: future employment; a leave of absence during the period of government an the U.S. Government; or continuing participation in an employee welfare or ben-

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Connect THE pacs ENGINERY, CAT	Physician STIPPIND FERS MONTHLY (2011, 2012, 2013)
PLATING OBJECT MIST STANDENCS SANDAGO, CA	Freshance CHEERS FOR Physician fees (2011, 2012, 2013)
	PARSTICASHIP FORS (2011, 2012, 2013)
Shell + Whimer UP LAS legAs, AV	CONSULARABLE (2012).
RICHARY MEDIUM LEGAR SH Linvandade Fol	HOWLY FOR FOR PLETIFIEDS (2011, 2012, 2013)