ecause they meet all Yes 🔲 No 💢	r liabilities of a spouse or your dependent child because they meet all thics.	earned" income, transactions, or suited with the Committee on E	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
ave you excluded from Yes No No	ther "excepted trusts" need not be disclosed. Ha	nmittee on Ethics and certain of dent child?	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?
estion, please contact Yes 🔲 No 💢	porting period? If you answered "yes" to this qu	itial Public Offering during the re	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.
SWER EACH OF THESE QUESTIONS		DEPENDENT, OR TRUST INFORMATION - AN	IPO AND EXCLUSION OF SPOUSE, DEPENDE
ORRESPONDING SCHEDULE IF YOU ANSWER "YES"	EC	Yes No X	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
onation to charity in Yes No No	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 No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
child receive any totaling more than reporting period?	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 No	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?
child receive any Yes No X	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 No	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?
arrangement with an Yes No X	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 No	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?
		THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF
nination:	Termination Date of Termination:	Amendment	REPORT 2015 Annual (Due: May 16, 2016)
	Officer or Employing Office: Employee	女	FILER STATUS Member of or Candidate for State: U.S. House of Representatives District:
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Daytime Telephone: <u>202-225-470 (</u>	Daytime Telepi	Name: Garland "Andy" Barr
DELIVERED 1 of & Life Colors	Form A For Use by Members, Officers, and Employees		UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT
HAND			

SCHEDULE A - ASS

		SETS & "LINEARNED INCOME"
•	Name: Garland "Andy" Barr	
	Page 2_ of 8	

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Manual Contract of the Contrac	Little of Lymns Marey MAN	-	8	OKZE	Key carp	ABC Hedge Fund X	Examples. Simon & Schuster	SP Mega Corp. Stock Elf	(JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second tomes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	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 and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	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).	and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income drings the war.	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1.000 at the end of the reporting period.	Asset and/or Income Source	BLOCK A
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+			<u></u>	 	-	×		H	\$250,001-\$500,	,000						-1	Column M is for assets held by your spouse or dependent child in which you have no interest.	uses. 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.	Value of Asset	
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						Partnership Income	Royaltes		Other Type of Ir (Specify: e.g., P		ncome or Fa	arm Income)					if the asset generated no income during the reporting period.	olumn. Dividends, interest, and capital gains, or assets half in tauable accounts. Check "Noon"	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts) you may check the "Tax-Deferred"	ĕ	
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1									Over \$5,000,00	ю					<u>×</u>	1	enerated. Column XII is for assets held by your spouse or dependent child	consignty or involved by circularly the appropriate loss between the Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. There' there is no income was parend or	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 hy checking the anomoniate box helow		
_									Spouse/DC Ass	set with Inco	me over \$1,	000,000*			¥	1_	t child	xable	te the		
		ρ						S(part)	P, S, S(part), or E						Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)).	in the reporting period.	sates (S), or exchanges (E)	Indicate if the asset had	Transaction	מרטטא ר

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Garland "Andy" Barr

Page 3 of

SCHEDULE B - TRANSACTIONS

Name: Courtains hoby Bar Page 4 of 8

							Hilliard Lyons Nove MKT	Fidelity New Instants	City Nat'l Corp	Uc Denalds Oscp.	Johnso + Johnson	SP Example Mega Corp. Stock	SP. DC. JT Asset	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.	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 soid, please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or feel property held by you, your spouse, or your
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														Over \$1,000,000 (Spouse/DC Ass		

SCHEDULE C - EARNED INCOME

3

spouse, lis	Name: (gurland "Andy! Bur Page 5 of 8 are 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 and amount of any honoraria: list only the source for other spouse earned income exceeding \$1,000. See examples below.	rce, type, and amount of earned income from any
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List the south EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

types of income (no	tably honoraria, director's fees, and payments for professional services invo	types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. Source (include date of receipt for honoraria) Amount	were totally prohibited.	Amount
	Keene State		Approved Teaching Fee	\$6,000
Examples:	State of Maryland		Legislative Pension	\$18,000
	Civil War Roundtable (Oct. 2) Ontario County Board of Education		Spouse Speech Spouse Salary	\$1,000 N/A
Pfizer	Pfizer Typ.		Spowse Salary	2/7
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SCHEDULE D - LIABILITIES

Name: Gartand "Andy" Barr
Page_ 6 of 8

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. 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

						SP, DC, JT		
		Centre		ี เรม	Example			
,		Central Bonk+Trust		15 Bank	First Bank of Wilmington, DE	Creditor		
	-	11 13		11/13	5/98	Date Liability Incurred MO/YR		
	Pesidena	Home & loan on Personal	Q'a	11/13 Montage on Personal Rosid	Mortgage on Rental Property, Dover, DE	Type of Liability		
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						Over \$50,000,000 Over \$1,000,000* (Spouse/DC Liability)	*	

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 busined held in any religious, social, fraternal, or political entities (such held in any religious, social, fraternal, or political entities (such held in any religious, social, fraternal, or political entities).	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

SCHEDULE F - AGREEMENTS

Name:
Garland"
*Andy *
Barr
Page 7
of 8

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
1 2 24	12 04 Ky Employees Retirement System	Cash value \$22,695 (12)31/15)
		benefit \$598 mon payable beginning 8/1/2038

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.

	Source	Description	Value
Example:	Mr. Jaseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

	Name: Garland
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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.

Charles W. Dent, Pennsylvania Chairman Linda T. Sánchez, California Ranking Member

Patrick Meehan, Pennsylvania Trey Gowdy, South Carolina Susan W. Brooks, Indiana Kenny Marchant, Texas

Michael E. Capuano, Massachusetts Yvette D. Clarke, New York Ted Deutch, Florida John B. Larson, Connecticut



ONE HUNDRED FOURTEENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON ETHICS
June 13, 2016

The Honorable Garland "Andy" Barr U.S. House of Representatives 1432 Longworth House Office Building Washington, DC 20515

Dear Colleague:

A copy of your 2015 Financial Disclosure Statement, as filed with the Clerk of the House, has been forwarded to this Committee for review. Examination of your Statement suggests the need for additional information or other amendment as noted on the enclosed checklist.

Please submit any necessary amendment to the Clerk of the House within 30 days of the date of this letter. Please be advised that pursuant to section 104(d)(1) of the Ethics in Government Act of 1978 (EIGA), any individual filing a required Statement, including amendments, more than 30 days after the due date shall pay a \$200 late filing fee to the United States Treasury. In addition, any individual who knowingly and willfully fails to file or falsifies any Statement required under the EIGA may be assessed a maximum civil penalty of up to \$50,000 and subjected to criminal prosecution. Therefore, you must promptly file the requested amendment to comply with the statutory requirement.

You may amend your Financial Disclosure Statement either by using the electronic filing system, writing a letter addressed to the Clerk which identifies the section(s) of the Statement that you are amending or by completing a new paper Statement and indicating in the appropriate place that it is an amendment. You may obtain a blank Statement for this purpose from the Committee's Web site at http://ethics.house.gov in the "Financial Disclosure" section. The amendment should be submitted to the Legislative Resource Center either electronically or in paper to Room 135 Cannon House Office Building, Washington, DC 20515.

Thomas A. Rust Staff Director and Chief Counsel

Joanne White

Administrative Staff Director

Clifford C. Stoddard, Jr. Counsel to the Chairman

Daniel J. Taylor Counsel to the Ranking Member

1015 Longworth House Office Building Washington, D.C. 20515-6328 Telephone: (202) 225-7103 Facsimile: (202) 225-7392 The Honorable Garland "Andy" Barr Page 2

If you have any questions concerning proper completion of the amendment or do not agree that your Statement requires an amendment, please contact the Committee at (202) 225-7103. Committee Staff is also available to review the amendment prior to filing. If you would like such a review, please fax your request to (202) 225-3713 or email financial.disclosure@mail.house.gov.

Sincerely,

narles W. Dent Linda T. Sánchez Chairman Ranking Member

Mida J. Sandy

CWD/LTS:tns

Enclosure

CY 2015 FINANCIAL DISCLOSURE CHECKLIST: MEMBERS, CANDIDATES, OFFICERS & EMPLOYEES

Name: Barr, Hon. Garland Filer Status: Member Type of Report: Annual 5/16/2016	SCHEDULE E. POSITIONS 1. Box on page 1 checked "yes" but no data reported 2. Position(s) not sufficiently identified
FIRST / SIGNATURE PAGE 1. Filer information incomplete or insufficient 2. Preliminary Information box (es) not checked 3. Trust holdings and/or spouse/dependent Exemption box(es) not checked 4. Trust/Spouse Exemption box (es) marked "yes" 5. Statement not properly signed or dated 6. Other	 3. Organization not sufficiently identified 4. Other SCHEDULE F. AGREEMENTS 1. Box on page 1 checked "yes" but no data reported 2. More detail needed on agreements 3. Future employment agreements or jobs accepted while in office not reported 4. Other
SCHEDULE A. ASSETS & "UNEARNED" INCOME 1. Box on page 1 checked "yes" but no data reported 2. Trusts box on p. 1 marked "yes" but no trust reported 3. Identity not properly reported 3. Identity not properly reported 4. Incomplete fund or other asset name b. Real estate identification not provided/insufficient c. Private business – type / location not provided 4. Value of asset not properly reported 5. Type and/or Amount of Income not properly shown 6. Capital gains on sale reported to exceed \$200 on Sch. B are not consistently reported on Sch. A 7. Fund/IRA/401k/trust underlying assets not reported 8. Type of life insurance not properly reported 9. Other SCHEDULE B. TRANSACTIONS [N/A FOR NEW FILERS] 1. Box on page 1 checked "yes" but no data reported 2. Account identity not properly shown 3. Type of transaction (P, S, E) not properly shown 4. Date not properly shown 5. Category of value not properly shown 6. New/old holding not shown as acquisition/sale 7. Listed asset not shown on Sch. A 8. Other	SCHEDULE G. GIFTS [N/A FOR NEW FILERS] 1. Box on page 1 checked "yes" but no data reported 2. Source/description not sufficient 3. Value not properly reported 4. Gift appears not to be acceptable under gift rule 5. Other SCHEDULE H. TRAVEL [N/A FOR NEW FILERS] 1. Box on page 1 checked "yes" but no data reported 2. Source not sufficient 3. Dates of travel not reported 4. Description/itinerary not sufficient 5. Food/lodging/personal days response insufficient 6. 4/7 day limit on private travel exceeded 7. No record of travel pre-approval(s) by Committee 8. Travel approval granted but trip(s) not reported 9. Other SCHEDULE I. PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA [N/A FOR NEW FILERS] 1. Payments in lieu of honoraria not reported properly 2. Limit of \$2,000 per event exceeded 3. Confidential list of charities not received (i.e., separate sealed green envelope)
SCHEDULE C. EARNED INCOME 1. Box on page 1 checked "yes" but no data reported 2. Source and/or type not properly shown 3. Gross amount not properly shown 4. Outside earned income limit exceeded (i.e., \$27,255) 5. Teaching Fee – no approval letter filed 6. Other SCHEDULE D. LIABILITIES	SCHEDULE J. COMPENSATION IN EXCESS OF \$5,000 1. Box on page 1 checked "yes" but no data reported 2. Source not sufficiently identified 3. Description of duties not sufficient 4. Other NO EXCEPTIONS WERE NOTED.
1. Box on page 1 checked "yes" but no data reported 2. Creditor/Type of Liability not sufficiently identified 3. Date Liability Incurred not provided/insufficient 4. Amount of Liability not properly reported 5. Mortgaged property not listed on Sch. A 6. Other	A3a. Name of underlying assets should be provided for education plans: American Funds 529 (2) A4. For assets that are completely sold, the value of assets should be disclosed as "none": Johnson and Johnson McDonalds Corporation City National Corporation A9. TSP is not required to be reported.

CY 2015 FINANCIAL DISCLOSURE CHECKLIST: MEMBERS, CANDIDATES, OFFICERS & EMPLOYEES

F4. Retirement plans with former employers should be reported as an agreement on Schedule F:

Kentucky Employee Retirement Pension

(DC)

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