B. Did you, your spouse, or your dependent child purchase, sell, or **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. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? 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 exchange any securities or reportable real estate in a transaction PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: 2015 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS reporting period? A. Did you, your spouse, or your dependent child: exceeding \$1,000 during the reporting period? REPORT TYPE FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the Make more than \$200 in uneamed income from any reportable asset during the reporting period? end of the reporting period? or U.S. House of Representatives 2015 Annual (Due: May 16, 2016) Member of or Candidate for District: State: Yes 17 Yes Ύes Yes Yes Ø Daytime Telephone; Amendment Š Š 8 Š For Use by Members, Officers, and Employees reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I. Did any individual or organization make a donation to charity in H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single lieu of paying you for a speech, appearance, or article during the 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. TESTATION TO SELECT TO SELECT (3)HB6ABB67hyAM 9: 07 🗸 DELIVERED of 10 Yes Yes Yes X Yes Yes Yes Yes Š Š 증 8 Š 8 × X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

ROWLENGE, FL	IT 1803 HAUSET DK X	Poulible, FL	11 1820 HUMINGOU LN X	ROWLEDGE FL	11/1824 S.FIGWE BLUD X	ABC Hedge Fund X	Examples:	SP Mega Corp. Stock EIF X	F 4 3	र <u>व</u> ै	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF"	Exclude: Your personal residence, including second homes 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 you have no interest. (do not use only ticker symbols).		Identify (a) each asset held for investment or Indicate value of asset at close of the reporting period, if you use a production of income and with a fair market value valuation method other than fair market value, please specify the method exceeding \$1,000 at the end of the reporting period, used.	sset and/or Income Source	BLOCK B BLOCK B
									\$25,000,001-\$50,000 Over \$50,000,000 Spouse/DC Asset ov NONE		000°				~ ~						
			X			Parthership Income	Royaties	×	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND 1 TAX-DEFERRED Other Type of Income (Specify: e.g., Partner))	ne or Fa	rm Income)					period.	capital gains, sed as income Check "None"	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or accounts), you may check the "Tax-Deferred".	Type of Income	BLOCK C
	X		×		X	×	×	×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$50,001-\$100,000 \$100,001-\$1,000,000 Over \$5,000,000 Spouse/DC Asset with		ever \$1,0	00,000*				in which you have no interest.	generated. *Column XII is for assets held by your spouse or dependent child	disclosed as income for assets held in taxable Check "None" if no income was earned or	For assets for which you checked "Tax-Deferred" in Block C, you nay check the "None" column. For all other assets indicate he category of income hy chacking the agreements by before	Amount of Income	BLOCK D
								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)).	period.	sales (S), or exchanges (E) exceeding \$1,000	Indicate if the asset had	Transaction	BLOCK E

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						ROWLED AT TEXPETT COMP.	T RODUBLE CONTRA QUE STOCK	In Day Od Snax	Rosedbe GARNI Stock	POSET & CO. STOCK	BRHOVER BHARBER.	Wests Propo Bunk	SUMPLUST BANK	CARE CANAMIDALAL, FL	OS # 30 JUSINGOR	ASSET NAME		BLOCK A Asset and/or Income Source
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																	TAX-DEFERRED	큺
																	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
						X	1		X	X							None	
	_						1		<u> </u>		X	X	X				\$1-\$200 =	
	`			T	T	†	T			\vdash			T	Ĭ			\$201-\$1,000 =	
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	Н	\vdash		\vdash	+		\vdash		\vdash			-	-	_			Spouse/DC Asset with Income over \$1,000,000°	
																	P, S, S(part), or E	BLOCK E Transaction

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 3 of 10

SCHEDULE B – TRANSACTIONS

Page 4 of 10

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you your spouse or your	Тур	e of Tra	Type of Transaction	š		Date				≱	nount	of Trai	Amount of Transaction	ă			
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 tental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.					pital Gain	(MO/DA/YR) or Quarterly,	>		c	0	m	चर	စ		_	c _ }	
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.	rurchase	ale	artial Sale	ixchange	heck Box if Ca xceeded \$200	weekly, if applicable	1,001- 15,000	15,001- 50,000	50,001- 100,000	100,001- 250,900	250,001- 500,000	500,081- 1,000,000	1,000,001- 5,000,000	5,000,001- 25,000,000	25,000,001- 50,000,000	ver \$50,000,0	ver \$1,000,000 Spouse/DC Asi
*Column K is for assets solely held by your spouse or dependent child. SP, DC, JT Asset	F	5	F	E	C E		Ş									C	
Sp Example Mega Corp. Stock			×		×	3/5/15		×									
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SCHEDULE C - EARNED INCOME

Name: 1511 + OSEY
Page S of 10

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.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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.	ensated at or above the "senior staff" rate totally prohibited.	e was \$27,225. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Legislative Pension Spouse Speech Spouse Salary	\$18,000 \$1,000 N/A
STATE OF FLORIDA	LESISIATUE PAUSIAN	16296
	۵	

SCHEDULE D – LIABILITIES

Name: BILL HOSET Page 4 of 10

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 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 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	ゴ		DC, JT		
			800	CHASE	Example			•
:			FORDCIZEDII	AVE	First Bank of Wilmington, DE	Creditor		
			0-16-15	the the	5/98	Date Liability Incurred MO/YR		
			AUTO LOAN	MORROSE ON MYSTIC POPULY	Mortgage on Rental Property, Dover, DE	Type of Liability		
						\$10,001- \$15,000	>	
			X			\$15,001- \$50,000	о	
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						\$250,001- \$500,000	m	moun
Ī						\$500,001- \$1,000,000	п	Amount of Liability
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						\$5,000,001- \$25,000,000	=	
						\$25,000,001- \$50,000,000	_	
					_	Over \$50,000,000	د	1
	;					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 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.

		YOU THE THE	PRES DENT	Position
		PO GUESTOF DETATT CONPONATION - A PLYNUM CONPONATION	LUSET & Co., NONTORS - A FLORIDA CORPUNSTION,	Name of Organization

SCHEDULE F - AGREEMENTS

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Page 7 of 10	

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. 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;

		12-31/18	Date
		12-31/18 SHOTE OF PLONIENT LAD VIE	Parties to Agreement
		CONTINUIN PARTICIPATION IN RETURENT SYSTEM	Terms of Agreement

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. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
Morie		
•		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: 151LL
toser
Page 8

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	(N/X)	(Y/N)	Included? (Y/N)
1	Government of Chine (MECEA)	Aug. 6-11	DC-Beijing, Chira-DC	۲	~	z
Examples:	Habitat for Humanity (charity fundraises)	Mar. 3-4	DC-Boston-DC	۲	*	Υ
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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA Examples: Jans / Association of American Associations, Washington, DC XYZ Magazine Source Name: (S, LL Activity Speech Article toser Feb, 2, 2015 Aug. 13, 2015 Date Page 9 Amount \$2,000 \$500

NOTE
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