UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	<b>FORM B</b> For New Members, Candidates, and New Employees	LICIAL ATTACA PROGRAMMENT OF
Name: RICHARD ALLEN MIX	Daytime Telephone:_	2016 MAY 25 PM 1:57
New Member of or Candidate for State: (SA)  U.S. House of Representatives District: O  Candidates – Date of Election: \$ /2 +/	Check if Amendment	U.S./HCU3E SF REPRESERVATIVES  (Office Use Only)
STATUS  New Officer or Employee  Employing Office:	Period Covered: January 1, 2016 to NV3Y 15, 2016	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	F THESE QUESTIONS	
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?	g 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 Yes reporting period?	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?	r arrangements with Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	1 \$5,000 from a single Yes No
ATTACH THE COR THIS FORM INCLUDES ONLY	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	T INFORMATION - ANSWER BOTH OF THESE QUESTIONS	QUESTIONS
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 your dependent child?	on Ethics and certain other "excepted trusts" need not be disclosed. H	we you excluded from Yes No No
<b>EXEMPTION</b> – 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.	income, transactions, or liabilities of a spouse or dependent child becaue Committee on Ethics.	se they meet all three Yes No No
·		

## SCHEDULE A

- ASSETS & "UNEARNED INCOME"
Name: RICHARD MIX
Pageof

PENGONAL POSSESION	INTENTORY	VEHICLES	ABC Hedge Fund X	Examples:	SP, Mega Corp Stock	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 rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  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.  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 interest in, or income derived from, a federal interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.  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 (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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).	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, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income curing the year.	Assets and/or Income Sources	BLOCKA
X		×	×	hotefinite	×	None         >           \$1.\$1,000         □           \$1,001.\$15,000         □           \$15,001.\$50,000         □           \$50,001.\$100,000         □           \$250,001.\$250,000         □           \$250,001.\$500,000         □           \$5,000,001.\$5,000,000         □           \$5,000,001.\$25,000,000         □           \$25,000,001.\$25,000,000         □           \$50,000,001.\$25,000,000         □           \$50,000,001.\$25,000,000         □           \$50,000,001.\$25,000,000         □           \$50,000,001.\$25,000,000         □           \$50,000,001.\$25,000,000         □           \$50,000,001.\$25,000,000         □           \$50,000,001.\$25,000,000         □		child in which you have no interest.	asset at close of the reporting period. If ton method other than fair market value, a method used.  sold during the reporting period and is scause it generated income, the value	Value of Asset	BLOCK B
		×	Partnership Income	Royalties	×	NONE  DMIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income	Type of Income	BLOCK C
		X	×	×	×	None			is For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all by 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 earned or generated.  It is for assets held by your source or dependent child in which you have no interest.	Amount of Income	BLOCK D

П															무무역		
																	<b>}</b>
																	BLOCK A <b>Assets and/or Income Sources</b>
																	96 <u>00</u>
															≽		<u>a</u> _
							:								ASSET NAME		BLOCK A
															₹		<b>8</b> 8
															M		ğ [
															1		လွ
							•								1		ğ
																!	893
															#		
																None >>	
																\$1-\$1,000 œ	
	İ			• •												\$1,001-\$15,000 O	
																\$15,001-\$50,000	
																\$50,001-\$100,000 m	≲ .
		-														\$100,001-\$250,000	16 P
						Ī										\$250,001-\$500,000 ග	BLOCK B
						<u> </u>									1	\$500,001-\$1,000,000 <b>±</b>	BLOCK B Value of Asset
																\$1,000,001-\$5,000,000 —	ĕ
							1									\$5,000,001-\$25,000,000 -	
																\$25,000,001-\$50,000,000	
																Over \$50,000,000 -	
																Spouse/DC Asset over \$1,000,000*	
																NONE	
																DIVIDENDS	
$\vdash$											_					RENT	
					· · · · · -	<b></b> -					-					INTEREST	ype .
	_		!	-									<u> </u>	-		CAPITAL GAINS	<b>9</b> , 5
$\vdash$								<u> </u>									BLOCK C
$\vdash$	_											-	-			EXCEPTED/BLIND TRUST	ğ
							L									TAX-DEFERRED	Φ
																Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
																Partiership ricome or Parm income)	
																None —	
																\$1-\$200 =	
																\$201-\$1,000 =	
																\$1,001-\$2,500 <	
							ļ			<u> </u>						\$2,501-\$5,000 <	
								<u> </u>			<u> </u>	ļ	-			\$2,501-\$5,000	
$\sqcup$									<u> </u>		<u> </u>	<u> </u>	<u> </u>			\$15,001-\$50,000	
						<u> </u>	ļ	_	-			ļ					
$\sqcup$												<u> </u>	ļ			\$100,001-\$1,000,000	
							ļ		<u> </u>	ļ		-				\$1,000,001-\$5,000,000 ×	BLOCK D  Amount of Income
								<u> </u>	<u> </u>	ļ			_		ļ	Over \$5,000,000 ≥	E E
															<b> </b>	Spouse/DC Income over \$1,000,000° ≚	BLOCK D
$\vdash$						ļ			<u> </u>		<u> </u>	<u> </u>	<u> </u>	-	ļ	None –	a a
$\vdash \vdash$					<u> </u>			<b>-</b> -	_			ļ				\$1-\$200 =	Ř
					_		ļ		_	<u> </u>		-				\$201-\$1,000 ==	ō
							ļ	<u> </u>	<u> </u>	-			_			\$1,001-\$2,500 <	
$\vdash \vdash$					<u> </u>			<u> </u>	<del>                                     </del>		-		<del>                                     </del>			\$2,501-\$5,000 < Ced. \$5,001-\$15,000	
$\vdash$									-		-					\$5,001-\$15,000 \leq \( \bar{\alpha} \)	
			-				<b> </b>		<del>                                     </del>		1				<b></b>	\$15,001-\$50,000 ≦ <b>Q</b> \$50,001-\$100,000 ≦ <b>Q</b>	
						<del> </del>	<del>                                     </del>	<del> </del>	-		-		<u> </u>			\$100,001-\$1,000,000	
						$\vdash$	$\vdash$	<del>                                     </del>	<del>                                     </del>		ļ	<del>                                     </del>			$\vdash$	\$1,000,001-\$5,000,000 ×	
$\vdash$			<u> </u>			_						1		$\vdash$		Over \$5,000,000	
$\vdash$			-	-			-		-			<del> </del>	$\vdash$	-		Spouse/DC Income over \$1,000,000° ≚	
					Ц.	<u></u>						<u> </u>	L			Observance income over \$1,000,000 😇	

### SCHEDULE C - EARNED INCOME

Name:	
RICHARD MIX	
Page of	

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. **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: 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.	ncome may apply to you after yo limit is \$27,225. In addition, certar staff.	u are on House payroll. The 2014 in types of income (notably honorar	limit on outside eamed income for ia, director's fees, and payments for
		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Beltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2) Ontain County Board of Education	Spouse Speech	\$0 \$0	\$1,000 \$1,000
FULL CIRCLE IN COME	SALANY	900 S.F.	7 6 94

#### SCHEDULE D - LIABILITIES

Name:
R)
СНА
RP
MH
/ P
age
_ of

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.

			;	SP. DC. JT		
		P,	Example			
		PATPAL WONKING CAP 3/24	First Bank of Wilmington, DE	Creditor		
	,	3/24	5/98	Date Liability Incurred MO/YR		
		LOAN	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
		X		\$15,001- \$50,000	œ	
				\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	_
				\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	71	t of Li
				\$1,000,001- \$5,000,000	G	ability
				\$5,000,001- \$25,000,000	ı	1
				\$25,000,001- \$50,000,000		
				Over \$50,000,000	_	
				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 o	the Culterit Cateridat year. First-year Candidates and new emproyees report positions here in the culterit cateridat year and two previous years.
Position	Name of Organization

#### **SCHEDULE F – AGREEMENTS**

ement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;		Name:	RICHARD MK	Pageof
ement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;				
	ement or arrangement that you have with re	spect to: futu	ure employment; a leave of absence during the period o	of government service;

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

# 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. Example: Source (Name and City/State) Doe Jones & Smith, Hometown, Homestate Brief <del>Description</del> of Duties **Accounting Services** 

FILER (Option

NOTES		
nal)	Name:	Pageof

							NOTE NUMBER
:							NOTES
						15 15 15	

Use additional sheets if more space is required.