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UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	DELIVEREPO-1 or 5 LEGISLATIVE RESOURCE CENTURY 2016 APR 28 PM 1: 15
Name: Grace F. Napolitano Da	Daytime Telephone: えぬ- 285 - SみSろ	(Office Use Only) 1. Control of the
FILER Member of or Candidate for State: A STATUS Member of Representatives District: 32	Officer or Employing Office	
REPORT (Due: May 16, 2016)	Amendment Termination Date of Termination:	nination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE O	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 uneamed income from any reportable asset during the reporting period?	No 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?	arrangement with an Yes No No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes exceeding \$1,000 during the reporting period?	No 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?	child receive any 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 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?	child receive any totaling more than Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes Yes	No lieu of paying you for a speech, appearance, or article during the reporting period?	lonation to charity in Yes No X
E. Did you hold any reportable positions during the reporting period or in Yes the current calendar year up through the date of filing?	No ATTACH THE CORRESPONDING	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR	DEPENDENT, OR TRUST INFORMATION - ANSWER EACH	SWER EACH OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you and the Committee on Ethics for further guidance.	fering during the reporting period? If you answered "yes" to this qu	swered "yes" to this question, please contact Yes No 🛚
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or dependent child?	thics and certain other "excepted trusts" need not be disclosed. He	d not be disclosed. Have you excluded from Yes No 📉
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ne, transactions, or liabilities of a spouse or your dependent child because they meet all e Committee on Ethics.	because they meet all Yes 🔲 No 💢

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Grace F. Napolitano

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althour System	CA Public Employee	and Rediverent	UA Financial Credit Union	Pica Liefa CA	0	The Girts - Namualk, CA	ABC Hedge Fund X	pies: Simon & Schuster	SP Mega Corp. Stock	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 enyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rain 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 "unearmed" income during the year.	identity (a) each asset news 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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P	×	X								None	***						. 5 <u>\$</u>	generated. *Column X	Dividends must be accounts.	may o		
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L	_	_		_				×		\$201-\$1,000							n which you have no interest.	lis fo	Dividends, interest, must be disclosed secounts. Check	For assets for which you checked "Tax-Deferred" in Block C, may check the "None" column. For all other assets Indicate retaining the appropriate has been called the column of income to the checket.		
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									S(part)	P S						Leave to blank if no trans that exc \$1,000.				-	₹	7
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										P, S, S(part), or						Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (\$ (part)).	in the reporting period.	sales (S), or exchanges (E) exceeding \$1,000	3	Transaction	Ä
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SCHEDULE C - EARNED INCOME

Name: Grace F. Napolitano Page 3 of 5

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 honorana; 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 trops of income (notably honoraria, director's fees, and navments for professional sendoes involving a fiduciary relationship) were totally prohibited.

types of income (not	types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	totally prohibited.	
	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
Examples:	Sizite of Maryland Civil War Roundtable (Oct. 2)	Legislative Pension Spouse Speech	\$18,000 \$1,000
	Ontario County Board of Education	Spouse Salary	N/A
Ford	Ford fetirement Plan	Persion	\$10,651 .00
California	California Public Employee Retirement System	Pension	\$6,613.00

SCHEDULE D - LIABILITIES

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.

<u> </u>	1				
			DC, JT		
14 5%	Bank	Example			
LA Financial Condit Union	Bank of America	First Bank of Wilmington, DE	Creditor		
10/2010	8000/1-	5/98	Date Liability Incurred MO/YR		
Marting Mariantk, CA	San Antono, TX	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000	D	
			\$50,001- \$100,000	n	
\square	$\langle X \rangle$	×	\$100,001- \$250,000	0	
			\$250,001- \$500,000	т	moun
			\$500,001- \$1,000,000	71	Amount of Liability
			\$1,000,001- \$5,000,000	G	ability
			\$5,000,001- \$25,000,000	I	
			\$25,000,001- \$50,000,000	_	
			Over \$50,000,000	ر	
			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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization
Advisory Council	Congression Hispanic Caucus Institute
Honorary Board	Svard Youth Fundat
Advisory Couril	hegreent
Executive Committee	Nation Action Alliance to Prevent Suicide
Advisory Board	Sunburst York Academy Foundation
1	

SCHEDULE F - AGREEMENTS

Name: Grace F. Napolitano Page_ N ₽, 4

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		
arrangement that you have with respect to: future earrangement that you have with respect to: future earrangement; or continuing part		
nployment; a leave of absence during the pericipation in an employee welfare or benefit pla	,	
od of government service; n maintained by a former employer.		

Date	Parties to Agreement	Terms of Agreement
18/1992	prof pro HASAW	Pension Plan Participation
1/1993	Muself and California Public Employee	Pensin Plan Participation
7	1 Kethement System 11	

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