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UNITED STATES HOUSE OF REPRESENTATIVES		FORM B	OCT 0 5 2016 Page 1 of b
FINANCIAL DISCLOSURE STATEMENT	FOR NEW MEMBERS,	For New Members, Candidates, and New Employees	TO A CONTRACT OF
			2016 OCT 14 PM 12: 50
Name: RALDH JOHN WILLS ##	Daytime Telephone	ne	
New Member of or Candidate for State: FL  U.S. House of Representatives District: DNFC  Candidates – Date of Election:		Check if Amendment	
New Officer or Employee  Employing Office:		Period Covered: January 1, 2016 to 30 SEP 2016	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUEST	IONS	
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? Of b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No E	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ing the reporting period Yes No Late of filing?
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?	* S T	F. Do 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
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?	\$	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	s? \$5,000 from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	RESPONDING SCH	EDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S" O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	I INFORMATION	- ANSWER BOTH OF THESI	E 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 dependent child?	on Ethics and certain other d?	"excepted trusts" need not be disclosed. Ha	lave you excluded from Yes No
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a sp ttee on Ethics.	ouse or dependent child because they meet all three tests for	t all three tests for Yes No 🔀

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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누尺뜻 For an ownership interest in a privately-held busines that is not publicly traded, state the name of the business, the nature of its activities, and it 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 finencial institution where there is more than \$1,000 in interest-bearing accounts. For all IRAs and other retirement plans (such 401(k) plans) provide the value for each asset hek the account that exceeds the reporting thresholds. Provide complete names of stocks and mutual funds (do not use only ticker symbols). ď If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or be about this answer (JT), dependent child (DC), or jointly held with anyone (JT). peographic location in Block A. and (b) any other reportable asset income which generated more th Identify (a) each asset held for investment or production of income and with a fair market value axceeding \$1,000 at the end of the reporting period. f you have a privately-traded fund that is an Excepte nvestment Fund, please check the "EIF" box. ncome during the reporting period); and any financia interest in, or income derived from, a federa retirement program, including the Thrift Savings Plan. Exclude: Your personal residence, including second nomes and vacation homes (unless there was rental nomes) equirements, please refer to the instruction booklet ineamed" income during the year. the optional column on the far left. Ð Assets and/or Income Sources PRINCIPAL HOLK Simon & Schuster ABC Hedge Fund Mega Corp Stock discussion BLOCK A 잌 Schedule \$200 held in 쁚 × 뜿 If an asset was sold during the reporting period and is included only because it generated income, the value 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. ➣ \*Column M is for assets held by your spouse or depender child in which you have no interest. hould be "None. \$1-\$1,000 00 o \$1,001-\$15,000 Indefinite \$15,001-\$50-000 0 × \$50,001-\$100,000 ш Value of Asset \$100,001-\$250,000 77 BLOCK B × \$250,001-\$500,000 G Ξ \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \_ \$25,000,001-\$50,000,000 ᆽ Over \$50,000,000 \_ Spouse/DC Asset over \$1,000,000\* ኟ 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may Check all columns that apply. For accounts accounts. NONE income for × DIVIDENDS RENT 8 Type of Income assets held in taxabl INTEREST BLOCKC **CAPITAL GAINS** EXCEPTED/BLIND TRUST TAX-DEFERRED ŧ Partnershi Royalties reporter Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Peterrett" if the Color in the Normal Nor None \*Column XII is for assets held by your spouse or dependent child in which you have no interest. \$1-\$200 = × \$201-\$1,600 ⋍ \$1,001-\$2,500 ₹ Current Year × \$2,501-\$5,000 ٨ ≤ \$5,001-\$15,000 × ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Amount of Income 2018-00CT 14 × Over \$5,000,000 Spouse/DC Income over \$1,000,000\* ¥ None \$1-\$200 = × \$201-\$1,000 = \$1,001-\$2,500 ~ PH 12: Preceding Year < \$2,501-\$5,000 \$5,001-\$15,000 ≤ 50 ≦ × \$15,001-\$50,000 Ħ \$50,001-\$100,000 \$100,001-\$1,000,000 ᆽ \$1,000,001-\$5,000,000 × Spouse/DC Income over \$1,000,000\* ≚

Use additional sheets if more space is required.

### SCHEDULE C - EARNED INCOME

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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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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.

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Source (include date of receipt for honoraria)	Type		Amount
שיים שלים לוויטומים ממנים לו ופלים ליו ליו וויטוטומיומן	- ypa	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland	Salary	\$20,000	\$76,000
Ontario County Board of Education	Spouse Salary	N/A	\$1,000 N/A
EMPLOYER - KBRWYLE	SALARY	\$ 115, ocs .00	\$ 150,000.00
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#### SCHEDULE D - LIABILITIES

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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		
BALE	AMERIC	XHID	υS.Α.Α.	Example			
BANE of AMERICA	AMERICAN EXPRESS			First Bank of Wilmington, DE	Creditor		
03/16	0//14 Seres	01/14 Sames	00ENGA 12/13	5/98	Date Liability Incurred MO/YR		
CAGOLT CHA)	CLEDIT CHED	CREDIT CARDY	cresit card	Mortgage on Rental Property, Dover, DE	Type of Liability		
¥	×	Х	×		\$10,001 \$15,000	>	
					\$15,00 <b>1-</b> \$50,000	<b>6</b> 0	
					\$50,001- \$100,000	O	
				×	\$100,001- \$250,000	O	
					\$250,001- \$500,000	m	Amount of Liability
					\$500,001- \$1,000,000	п	Ĭ Ţ
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					\$1,000,001- \$5,000,000	ഒ	
E						چ ت	bility
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#### 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 employees report positions held in the current calendar year and two previous years.

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		EMPLOY ES	Position	The section section your street your ourselesses allow these
		KBRWYLE	Name of Organization	and deficient four times and animales and the supplied and the supplied that it is an interest and the protection of the supplied four times for the supplied f

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			Date	Identify the date continuation or	SCHEDUI
		NONE	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation is	SCHEDULE F – AGREEMENTS
			Terms of Agreement	ve with respect to: future employment; a leave of absence during the period of government service; ernment; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	Name: RALDY JOHN MILLS TIT Page 5 of 6

# 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: NONE Source (Name and City/State) Doe Jones & Smith, Hometown, Homestate **Brief Description of Duties** Accounting Services

			062		NOTE NUMBER
		SUBMITITIE TO BE SIFE.		ON PRIMARY ELECTION BALLET. DID NOT Q	DIT NOT GRAVEN AS A CANDIDATE FOO EI VIS HOSE OF REP DISTRICT ONE, WAS