UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	OCT 05 2015 Page 1 of
Name: 1206EP Q. BPILL	Daytime Telephone:	2016 OCT 1 1 AM 10: 21
New Member of or Candidate for State: HY  U.S. House of Representatives District: 6  Candidates – Date of Election: 1/1/19 / 19, 201	Check if Amendment	U.S.HÖÜSE ÖF KEPKESEKTÄTIVES  (Office Use Only)
STATUS  New Officer or Employee  Employing Office:	Period Covered: January 1, 2015 to <i>Jan 1, 2016</i>	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	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?	Ro 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?	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?	No L 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 CORR THIS FORM INCLUDES ONLY T	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	INFORMATION - ANSWER BOTH OF THESE QUESTIONS	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?	n Ethics and certain other "excepted trusts" need not be disclosed. H	ave 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 chexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	come, or liabilities of a spouse or dependent child because they meet all three tests for se on Ethics.	all three tests for Yes No

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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401(k) plans) provide the value for each assections the account that exceeds the reporting thresholds. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For a detailed discussion of Schedule requirements, please refer to the instruction booklet all interest-bearing accounts. If the total is ov \$5,000, list every financial institution where there For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held f you so choose, you may indicate that an asset or roome source is that of your spouse (SP) or tagendent child (DC), or jointly held with anyone (JT), in the optional column on the far left. ncome during the reporting period); and any financia nterest in, or income derived from, a federa or an ownership interest in a privately-held busine that is not publicly traded, state the name of t rental property," and a city and state. or rental and other real property held for investment nore than \$1,000 in interest-bearing accounts. or bank and other cash accounts, total the amount in uneamed" income during the year dentify (a) each asset held for investment or couction of income and with a fair market value cooling \$1,000 at the end of the reporting period. etrement program, including the Thrift Savings Plan omes and vacation homes (unless there was renta eographic location in Block A. vrovide a complete address ivestment Fund, please check the "EIF" box xclude: Your personal residence, including secon you have a privately-traded fund that is an Except 7 9 Assets and/or Income Sources 514010 CYNTHAM not publicly traded, state ss, the nature of its a Examples: any other reportable asset which generated more to Simon & Schuster ABC Hedge Fund Mega Corp Stock **BLOCK A** BUILDING or description, 잌 ∄ than 욧 name \$200 OVE 쯲 × Indicate value of asset at close of the reporting period, you use a valuation method other than fair market valu please specify the method used. If an asset was sold during the reporting None > \*Column M is for assets held by your spouse or depende child in which you have no interest. should be "None." included only \$1-\$1,000 00 c \$1,001-\$15,000 \$15,001-\$50-000 0 because it generated × \$50,001-\$100,000 m Value of Asset 77 \$100,001-\$250,000 BLOCK B \$250,001-\$500,000 ø \$500,001-\$1,000,000 Ŧ \$1,000,001-\$5,000,000 income, \$5,000,001-\$25,000,000 ے period and ᄌ \$25,000,001-\$50,000,000 Ŧ \_ Over \$50,000,000 t value š Spouse/DC Asset over \$1,000,000\* ኟ 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" column, Dividends, interest, and capital gains, even if reinvested, must be disclosed income for assets held in taxat accounts. Check "None" if the ass NONE enerated no income during the DIVIDENDS × RENT Type of Income INTEREST BLOCK C CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED in taxable Partnershi Royalbes reportir 죵 Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column, other assets indicate the category of income by checking the appropriate box below. Dividends, it and capital gains, even if reinvested, must be disclosed as income for assets held in accounts. Check "None" if no income was earned or generated. None \*Column XII is for assets held by your spouse or dependent child in which you have no interest = \$1-\$200 × \$201-\$1,000 \$1,001-\$2,500 ₹ < Current Year \$2,501-\$5,000 \$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 × ≚ Over \$5,000,000 BLOCK D ¥ Spouse/DC Income over \$1,000,000\* None = \$1-\$200 = \$201-\$1,000 ٧ \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ × \$15,001-\$50,000 ¥ \$50,001-\$100,000 菜 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 taxabl Over \$5,000,000 ϫ ą Spouse/DC Income over \$1,000,000\* ≚

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	SCHEDULE A - ASSETS & "UNEARNED INCOME"
Name: 1206E12 Q. B/DI	
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Assets and/or Income Sources STEEL TAMISO FARRICATION ASSET NAME BLOCK A 쯖 > None \$1-\$1,000 ø \$1,001-\$15,000 O \$15,001-\$50,000 o \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 71 **BLOCK B** \$250,001-\$500,000 G \$500,001-\$1,000,000 Ŧ \$1,000,001-\$5,000,000 \_ \_ \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000  $\overline{\phantom{a}}$ Over \$50,000,000 Spouse/DC Asset over \$1,000,000\* ኟ NONE DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) \$1-\$200 **=** \$201-\$1,000 7 \$1,001-\$2,500 \$2,501-\$5,000 < Current Year ≤ \$5,001-\$15,000 **≦** ≦ \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 × Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 × BLOCK D ≚ Spouse/DC Income over \$1,000,000\* \$1-\$200 = \$201-\$1,000 = ₹ \$1,001-\$2,500 V V VII VIII \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000\*

### SCHEDULE C - EARNED INCOME

Name: 1206£12 Q BRILL	
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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 LINITS 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.

Source (include date of receipt for honoraria)	Туре		Amount Preceding Year
	. )   00	Current Year to Filing	Preceding Year
	Honorarium	0\$	\$76,000
Examples: Osale or martyratio  Ontario County Board of Education  Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 \$0 N/A	\$1,000 N/A
WELDER - STEEL TRAVER CORP	WAGES	33911	33950
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#### SCHEDULE D - LIABILITIES

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Name: 120CEPR Q. BRILL

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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.

2			 	SP, DC, JT		
			Example			
			 First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	00	
				\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	п	t of Li
				\$1,000,001- \$5,000,000	ø	Amount of Liability
				\$5,000,001- \$25,000,000	Ŧ	]
				\$25,000,001- \$50,000,000	_	1
				Over \$50,000,000	۲.	
				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. F**irst-year candidates and new employees** report positions held in the current calendar year and <u>two</u> previous years.

_	1		_
		PRESIDENT	Position
		STEEL TRAILER CORP.	Name of Organization

#### SCHEDULE F - AGREEMENTS

Name:	
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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
	NONE	
	- 1	

# 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.

gerormon ware any miorination contracted confidential as a lesalt of a	government with mitoria community is a result of a privileged relationally recognized by taw. Do not repeat information present of a screening to the confidence of the confid
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
STEEL TRAILER CORP	WELDNG DRAFTING ETE