



Filing ID #10009450

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Lynn Carnell Coleman
Status: Congressional Candidate
State/District: IN02

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2015
Filing Date: 03/17/2016

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
1241 Academy Pl. LOCATION: South Bend, IN, US	SP	\$50,001 - \$100,000	Rent	\$1,001 - \$2,500	\$5,001 - \$15,000
1977 Police Officers and Firefighters Pension and Disability Fund		\$15,001 - \$50,000	Tax-Deferred		
200763 Roycroft Dr. LOCATION: South Bend, IN, US	JT	\$50,001 - \$100,000	Rent	\$2,501 - \$5,000	\$5,001 - \$15,000
State Farm Life Insurance		\$100,001 - \$250,000	None		
SYMETRA Life Insurance		\$15,001 - \$50,000	None		
TIAA Cref	SP	\$250,001 - \$500,000	Tax-Deferred		

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
TIAA Cref	Spouse 401K	\$6,000	\$24,000
1977 Police Officers and Firefighters Pension and Disability Fund	Pension	\$2,998.5	\$17,991
200763 Roycroft Dr.	Rent	\$2,700	\$10,800
Beacon Health Systems	Salary	\$7,600	\$28,900
1241 Academy Pl.	Spouse Rent	\$2,025	\$8,100
City of South Bend	Salary		\$7,756

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Wells Fargo	Dec 2010	Mortagage	\$100,001 - \$250,000
	Great Lakes	May 2009	Student Loan	\$15,001 - \$50,000
JT	Visa	October 2008	Credit Card	\$10,000 - \$15,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Community Liasion	Beacon Health Systems
Security	City of South Bend

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
May 2006	Lynn Coleman & 1977 Police Officers and Firefighters Pension and Disability Fund	Ongoing agreement
April 2013	Myrtie Coleman & TIAA Cref	Ongoing agreement.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

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 benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

Exemption: 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?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Lynn Carnell Coleman , 03/17/2016