			ANT OF WHICH
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	For New Members, C	FORM B For New Members, Candidates, and New Employees	Page 1 of 2 LEGISLATIVE RESOURCE CENTE
Name: ALAN LAPOLICE	Daytime Telephone:	6 :	2016 JUL 12 PM 2: 05
New Member of or Candidate for State: LS U.S. House of Representatives District: Candidates – Date of Election: // (08/20)	6	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1, 2016 to 06/15/2016	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	THESE QUESTION	SNO	
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 unearmed income from any reportable asset during the reporting period?	No In	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
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?	No F.	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?	r arrangement with an n the current calendar 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?	Sol	Did you receive compensation of more than source in the current year and two prior years?	sation of more than \$5,000 from a single Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU A THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE R	ESPONDING SCHE	≥ותו	NSWER "YES" EQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	INFORMATION -	ВОТ	H OF THESE 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	lave you excluded from Yes No No
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, 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.	come, or liabilities of a spou se on Ethics.	use or dependent child because they meet	rt all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

BLOCK A Indicate value of asset at close of the reporting period. I 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 depende child in which you have no interest. hould be "None." If an asset was solid during the reporting period and is notuded only because it generated income, the value Value of Asset BLOCK B If Check all columns that apply. For accounts as that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the Tax-Deferred column, in phidends, interest, and capital gains, use even if reinvested, must be disclosed as merated no income during the report ₹ Type of Income Name: **BLOCK C** \$ For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" colur other assets indicate the category of income by checking the appropriate box below. Dividend and capital gains, even if reinvested, must be disclosed as income for assets held accounts. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest O ĺ٩ n Amount of Income BLOCKD Page 22 잌 B nds, interest Id in taxable ğ

Identify (a) earn assouth of the reporting period, learning period, acceeding \$1,000 at the end of the reporting period, acceeding \$1,000 at the end of the reporting period, acceeding \$1,000 at the end of the reporting period. For bank and other cash accounts, total the amount is all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there more than \$1,000 in interest-bearing accounts. For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds. nomes and vacation homes (unless there was renta income during the reporting period); and any financia income derived from, a federa interest in, or income derived from, a federa For an ownership interest in a privately-held busin that is not publicly traded, state the name of business, the nature of its activities, and For rental and other real property held for investr provide a complete address or description, rental property, and a city and state. Provide complete names of stocks and mutual fund (do not use only ticker symbols). uiat of your spouse (SP) o, ependent child (DC), or jointly hald with anyone (JT), the optional column on the far left. uneamed" income during the year. you have a privately-traded fund that is an Excepte a vestment Fund, please check the "EIF" box. you so choose, you may indicate that an asset tirement program, including the Thrift Savings Plan eographic location in Block A. clude: Your personal residence, including a detailed discussion of Schedule irements, please refer to the instruction booklet Assets and/or Income Sources PANDORA any other reportable asset which generated more the **グアハエメ** 702 Simon & Schuster ABC Hedge Fund Mega Corp Stock q × None \$1-\$1,000 矽 \$1,001-\$15,000 o Þ \$15,001-\$50-000 \$50,001-\$100,000 ш \$100,001,\$250,000 40 \$250,001-\$500,000 G × # \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 * Omr \$50,000,000 نبع Spouse/DC Asset over \$1,000,000 ĸ HONE × DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Partnersiv Royalies Other Type of Income (Specify: e.g., Partnership Income or Farm Income) \$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 爽 × \$1,000,001-\$5,000,000 × Over \$5,000,000 ≚ e/DC income over \$1,000,000 \$1-\$200 = × \$201-\$1,000 . × ₹ \$1,001-\$2,500 Preceding Year ** \$2,501-45,000 ≤ \$5,001-\$15,000 ş × \$15,001,550,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 # \$1,000,001-\$5,000,000 × Over \$5,000,000 쌇 Spouse/DC Income over \$1,000,000 ×

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Alan LAPOLICE

Page 2 of 5

SCHEDULE C - EARNED INCOME

Name:

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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SCHEDULE D - LIABILITIES

Name: ALAN LAFOLICE Page G of S which is a serious period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence.

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.

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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.

Position	Name of Organization
BARDMEMBER	USD 224 SCHOOL BOARD
SR. VICE COMMONDER	VFW POST 7515
SERGEAUT AT ARMS	AMERICAN LEGION POST 76
PRESIDENT	CLYDE LEONS CLUB