

## UNITED STATES HOUSE OF REPRESENTATIVES

FORM B

## FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

Name: JOAN MCCARTHY LASONDE Daytime Telephone: \_\_\_\_\_

JUN 16 AM 10:59

(Office Use Only)

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>IL</u> District: <u>CD-9TH</u>	<input type="checkbox"/> Check if Amendment	Period Covered: January 1, <u>2016</u> to <u>April 30, 2016</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> Candidates - Date of Election: _____	<input type="checkbox"/> New Officer or Employee Employing Office: _____			

## PRELIMINARY INFORMATION - ANSWER EACH OF 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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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 your dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Use additional sheets if more space is required.

# SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name: JOAN McARTHUR LASONDE

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BLOCK A			BLOCK B													BLOCK C							BLOCK D																									
Assets and/or Income Sources			Value of Asset													Type of Income							Amount of Income																									
SP, DC, JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year												
			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*										I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
JT	EXPRESS Scripts HOL				X											X									X																							
JT	ILLUMINA INC				X											X									X																							
JT	McKESSON INC				X											X									X																							
JT	STRYKER CORP				X											X									X																							
JT	ALPHABET INC A				X											X									X																							
JT	ALPHABET INC C				X											X									X																							
JT	APPLE INC				X											X									X																							
JT	MASTERCARD INC				X											X									X																							
JT	ZEBRA TECHNOLOGY				X											X									X																							
JT	BLACKROCK INC				X											X									X																							
JT	CITIGROUP INC				X											X									X																							
JT	WELLS FARGO				X											X									X																							
JT	BOEING CO				X											X									X																							
JT	CVS HEALTH CORP				X											X									X																							
JT	COSTCO WHSL CORP.				X											X									X																							

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**Use additional sheets if more space is required.**

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: JOAN MCCARTHY KASONDE Page 5 of 8

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income																								
SP, DC, JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII								
	Community Health			X																																											
	CHARLES SCHWAB			X																																											
	SP CHARLES SCHWAB IRA																																														
	SP BANK OF AMERICA					X																																									
	SP CITIGROUP INC					X																																									
	SP MORGAN STANLEY					X																																									
	SP CALAMOS CONV					X																																									
	SP AES TR GT					X																																									
	SP MORGAN STANLEY					X																																									
	SP SEATSPAN CORP					X																																									
	SP ALLEGAN PLC					X																																									
	SP EXPRESS SCRIPTS					X																																									
	SP GLAXO SMITHKLINE					X																																									
	SP TILGHMAN INC					X																																									
	SP McKesson Inc					X																																									

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: JOAN MCCARTHY LASONDE

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income																								
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
EIF		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII								
	SP MEDTRONIC PLC			X																																										
	SP STRYKER CORP				X																																									
	SP CHARLES SCHWAB					X																																								
	SP ACCENTURE PLC			X																																										
	SP ALPHABET INC				X																																									
	SP APPLE INC				X																																									
	SP FACEBOOK INC				X																																									
	SP MASTERCARD INC				X																																									
	SP WORKDAY INC			X																																										
	SP ZEBRA TECHNOLOGY			X																																										
	SP CITIGROUP INC			X																																										
	SP JPMORGAN CHASE			X																																										
	SP CVS HEALTH CORP			X																																										
	SP PEPSICO			X																																										
	SP HOME DEPOT INC			X																																										

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**Use additional sheets if more space is required.**

Name: JOAN MC CARTHY LYSONDE Page 8 of 8

**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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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.

[illegible]