UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	The second secon
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTAL
Charlie Crist		2016 AUG -4 PM 3: 58
	Daytime Telephone:	この、現場のの作物は、別のなることに対しています。
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X U.S. House of Representatives District: 13	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:	Period Coyered: January 1, 2015 to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
The state of the s		
A Did you, your spouse, or your dependent child:		
a. Own any reportable asset that was worth more than \$1,000 at the Yes end of the reporting period? or	Yes X No E. Did you hold any reportable positions during the reporting or in the current calendar year up through the date of filing?	rtable positions during the reporting period Yes No X

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? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? wake more than \$200 in unearned income from any reportable asset during the reporting period? THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Yes Yes × × 콩 Š 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? J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes

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Yes

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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

Yes 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.
Yes No	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?

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Charlie Crist Page 2 (e 9

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			(pages 3-6)	See attached	ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock	EFF	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. 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 an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second income during the reporting period); and any firancial income during the reporting period; and any firancial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you choose, you may indicate that an asset or income source is that of your spouse (SP) in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booldet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names at stocks and mutual funds (do not use only ticker symbols).		(a) each asset held for investment or on of income and with a fair market value up 51,000 at the end of the reporting period, any other reportable asset or source of which generated more than \$200 in	Assets and/or Income Sources	BLOCK A
						Ι.			None >		캶	nous	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. If an asset was sold during the reporting period and is included only because it generated income, the value		
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					Partnership Income	Royalties			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		accounts. Check "None" if the asset generated no income during the reporting period.	even in reinvested, must be disclosed as income for assets held in taxable	accounts (such as you may column. it gains,		
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SCHEDULE C - EARNED INCOME

Name: Charlie Crist	
Page 7 of 9	

List the source, type, and amount of eamed 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.

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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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	•	Am	Amount
Source (include date of receipt for nonorana)	Type	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
EXAMPIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
P.A	Salary	\$151,246	\$302,492
State of Florida	Pension	\$24,151	\$48,301
National Financial Services, Inc.	IRA Distributions	\$16,117	\$32,234
Goddessey LLC	Spouse Salary	N/A	N/A

SCHEDULE D - LIABILITIES

Name: Charlie Crist	
Page 8 of 9	

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. (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 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

Date Liability Incurred Type of Liability	Date Liability Incurred Type of Liability	SP Article		SP, DC, JT	
7ype of Liability 10,001- 5,000 5,001- 10,000	Type of Liability 10,001- 5,000 > 5,001- 10,000 © 100,000 © 100,001- 1250,000	Article III Share B Trust, NY, NY, NY, NY		Creditor	
\$10,001- \$15,000 > \$15,001- \$50,000 #	\$10,001- \$15,000 > \$15,001- \$50,000	08/14 07/15		Date Liability Incurred	
\$15,001- \$50,000	\$15,001- \$50,000	Personal Loan Personal Loan		Type of Liability	
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\$5,000,001- \$25,000,000	\$5,000,001- \$25,000,000 ± \$25,000,001- \$50,000,000 —		1 1 2 2 2 2 2 2 2	,000*	۱

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.

the content calendaryear. The year candidates and new	the content caterior year. First year candidates and new employees report positions field in the content caterior year and two previous years.
Position	Name of Organization
None	

SCHEDULE F - AGREEMENTS

Name: Charlie Crist
Page 9
of 9

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
Nov. 98	Nov. 98 State of Florida Pension Plan	Under terms of defined benefit state pension plan, filer receives monthly payments of \$4,025.

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.

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