

LEGISLATIVE RESOURCE CENTER

Name: 2015 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** REPORT TYPE FILER STATUS Joe Barton X U.S. House of Representatives 2015 Annual (Due: May 16, 2016) Member of or Candidate for District: State: Daytime Telephone:__ Amendment For Use by Members, Officers, and Employees Form A 5-2002 Employee Officer or Employing Office: Termination Date of Termination: individual who files more than 30 days late. A \$200 penalty shall be assessed against any 1 2016 JUL 29 PM 1:48 (Office Use Only) OFFICE (F THE CLERK HOUSE OF REPRESENTATIVES

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
No X	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes X No	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	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes X 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?
Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes No	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
Yes No	F. Did 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?	Yes No	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?

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH 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? **IPO –** Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. **EXEMPTION** ~ Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Ύes Yes Yes Š Š Š X

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	E A - ASSETS & "UNEARNED INCOME"	
Name:		
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Can de trek: Rand er	Examples: Simon & Schuster ABC Hedge Fund X	SP. Mega Copt. Stock Elf	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 homes and vacation homes (unless there was rental income during the reporting period); and any financial 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 so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or pintly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	<u>%</u> & ₹	Asset and/or Income Source Identify (a) each asset held for investment or production of income and with a fair market value we exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in 'unearned' be income during the year. Provide complete names of stocks and mutual funds year (do not use only ticker symbols). For all IRAs and other retirement plans (such as A01(k) plans) provide the value for each asset held in the account that exceeds the reporting intresholds.
X	Indefinite X	×	\$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$150,001-\$100,000 \$100,001-\$250,000 \$250,001-\$1,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 \$25,000,001-\$5,000,000 \$25,000,001-\$5,000,000 \$25,000,001-\$5,000,000 \$25,000,001-\$5,000,000 Spouse/DC Asset over \$1,000,000*	A 8 C D E F G H I J K L M	BLOCK B Value of Asset Indicate value of asset at dose 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 should be "None." "Column M is for assets held by your spouse or dependent child in which you have no interest.
	Partnership hoone	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		BLOCK C Type of Income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(t), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the assets generated no income during the reporting period.
	×	×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$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 Asset with Income over \$1,000,000*	IN IN A A IN IN IN IN A A WIN	Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you reay check the "None" column. For all other assets indicate the rategory of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested must be disclosed as income for assets held in taxable 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.
		S(part)	P. S. S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate sale follows: (S (part)).

None	Record R
	Asset and/or income Source Value of Asset
	None
	None >
	None \$1.51.000 \$1.001.\$15.000 \$1.001.\$15.000 \$1.001.\$250,000 \$50,001.\$250,000 \$250,001.\$250,000 \$250,001.\$250,000 \$250,001.\$250,000 \$1.000.001.\$25,000,000 \$250,001.\$25,000,000 \$250,001.\$25,000,000 \$250,001.\$25,000,000 \$250,000.\$250,000 \$250,000.\$250,000 \$250,000.\$250,000 \$250,000.\$250,000,000 \$250,000.\$250,00
Mone	None
ASSET NAME OF X X X X X X X X X X X X X X X X X X	ASSET VAME EIF
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SCHEDULE C - EARNED INCOME

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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	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 a spouse, list	
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types of income (nota	INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	sated at or above the "senior staff" rate totally prohibited.	was \$27,225. In addition, certain
	Source (include date of receipt for honoraria)	Туре	Amount
Examples:	Keene State State of Manyland Challands Country 20	Approved Teaching Fee Legislative Pension	\$6,000 \$18,000
Ennis	Ennis Resmal Medmal Conte	Spause Schang	Z/A
: :			

SCHEDULE D - LIABILITIES

Name:	
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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. 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.

Γ				Γ	oc. h		
		alon	15-51	Example			
	~	olonial Mortgage	1st State But of Rice	First Bank of Wilmington, DE	Creditor		
			11/15	5/98	Date Liability Incurred MO/YR		
	Ems, Tx	Martine on Resolution 1 Prog.	Line of Gredit	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	*	
					\$15,001- \$50,000	æ	
			×		\$50,001- \$100,000	c	
		X		×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	т	moun
					\$500,001- \$1,000,000	7)	t of Li
	•				\$1,000,001- \$5,000,000	ø.	Amount of Liability
					\$5,000,001- \$25,000,000	Ξ:	
					\$25,000,001- \$50,000,000		
					Over \$50,000,000	د.	
					Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

 1	—	 1	
			Position
			Name of Organization

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:	
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source D. Government of China (MECEA)					
	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Aug. 6-11	DC-Beijing, China-DC	Y	≺ ,	Z
Habitat for Humanity (charity functraisor)	Mar. 3-4	DC-Boston-DC	~	۲	γ
Northand Assoc. of Brown Castons April 12-14 Pallas- Vegas-	11-41	Dallas-Vegas-DC	~	4	ヱ
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FILER NOTES (Optional)

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