	1>>	Page 1 of 4
FINANCIAL DISCLOSURE STATEMENT  For	For New Members, Candidates, and New Employees	FEB 08 2016
Name: Janet Garrett Day	Daytime Telephone:	2016 FEB 16 PM 1: 09 CO
New Member of or Candidate for State: Ohio U.S. House of Representatives District: Fourth  Candidates – Date of Election:	Check if Amendment	U.S. Hause of The CLERK Office Use Only)
STATUS  New Officer or Employee  Employing Office:	Period Covered: January 1, <u>2016</u> to <u>Nov. 1016</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS	IESE 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?	No  E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period Yes K No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes X	No  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?	or arrangements with Yes No X
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?	No X  J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" ) COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BC	ORMATION - ANSWER <u>BOTH</u> OF THESI	<u>)TH</u> OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. this report details of such a trust that benefits you, your spouse, or your dependent child?	s and certain other "excepted trusts" need not be disclosed.	Have you excluded from Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.		dependent child because they meet all three Yes 🔲 No 🔀

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Janet Ganett

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TIAA	Fidel	Como	ING	Horace		Ехатрю:		For a detailed discussion of Schedule requirements, please refer to the instruction booklet	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second tomes 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.	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.	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 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.	e account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	ncome which generated more unearned" income during the year.	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of	Assets and/or Income Sources	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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## SCHEDULE C - EARNED INCOME

Name: Janet Garrett Page 3 of 4

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. 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.

Source (include date of receipt for honoraria)  Examples: Comparison (Control States)  Comparison (Control States)  Strake Teacher's Restrict ment, Ohio retricement  Q-Lab Corp. Westlake, Ohio salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Salery  Saler	professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	r staff.		
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retisement 8,029.54 salery 5,974.08		Spouse Speech	\$20,000 \$0	\$1,000
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salexy 5,974,08	State Teachers Retirement, Ohio	retisement	8,029.54	70,046.0/100
	Q-Lab Corp, Westlake, Ohio	salery	1	\$85,825 %
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#### SCHEDULE D - LIABILITIES

Name Page\_ 1 앜 2

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. 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

Chase Visa Credit Card debt / \$10,001-\$1,000,000 Credit Card debt / \$25,000,000 Cres \$1,000,000  _	_	_	1	<del>- 1</del>					
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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 and two previous years.

Position	Name of Organization
Retired	State Teachers Retirement-Ohio

### SCHEDULE F - AGREEMENTS

Name:	
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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

# 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
B. W		

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