			Zdlb JAN -6 PM 2: 01	2
Name: Ricardo Kangel	Daytime Telephone:	one:		
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New Member of or Candidate for State:		Check if Amendment	/// (Office Use Only)	Only)
			(
New Officer or Employee Employing Office:		Period Covered: January 1, <u>2015</u> to <u>1) PC 31, 2015</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	essed against any an 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUEST	rions		
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 or in the current calendar year up through the	positions during the reporting period Yes	No 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 reporting period?	8	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 in the current Yes	No Y
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?	\	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 CORR	ESPONDING SCH	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	S,	
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQ	HE SCHEDULES		UIRED TO COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH	INFORMATION		OF THESE QUESTIONS	
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be this report details of such a frust that benefits you, your spouse, or your dependent child?	n Ethics and certain othe child?		disclosed. Have you excluded from Yes	□ vo 17
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependentests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	come, transactions, or lic Committee on Ethics.	abilities of a spouse or dependent child becau	nt child because they meet all three Yes	No N

SCHEDULE A - ASSETS & "UNEARNED INCOME"

	58	# # # # # # # # # # # # # # # # # # #	7 ⊊ 8.	7 <u> </u>		7
Ohery Camareo	Mega Corp Stock Examples: Smon & Schuster ARC Nadros Frank X	as inderest-bearing accounts. It 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 homes and vacation homes (unless there was rental income during the reporting period); and any financial income during the reporting period); and any financial income during the reporting period); and any financial income during the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted threatment Fund, please check the 'Elf' box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (ICC), or jointly 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.	401 (t) plans provide the value for each saset held re- the account that exceeds the reporting thresholds. The reporting thresholds is not bank and other cash accounts, total the amount in		Assets and/or income Sources	DI OOV A
×	Indefinite X	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$15,000 \$50,001-\$100,000 \$100,001-\$250,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$25,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 Spouse/DC Asset over \$1,000,000*	> 00 CC	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.	Value of Asset	7:
	X Royalites	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		if Check all columns that apply. For accounts, that generate tax-deterned income (such as 401(t), IRA, 529 accounts), you may check is the Tax-Deterned column. Dividends, is the Tax-Deterned column. Dividends, in the manufacture of the column and	Type of Income	21222
	× × × × × × × × × × × × × × × × × × ×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$5,001-\$15,000 \$50,001-\$1,000,000 \$100,001-\$5,000,000 \$000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 \$2,001-\$1,000 \$1,000,001-\$1,000,000 \$1,000,001-\$1,000,000 \$1,000,001-\$1,000,000 \$1,000,001-\$1,000,000 \$1,000,001-\$1,000,000 \$1,000,001-\$1,000,000	Current Year Preceding Year	Is For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all as other assets indicate the category of income by checking the appropriate box below. Dividends, interest, or any other states are capital gains, even if reinvested, must be disclosed as income for assets held in taxable is accounts. Check "None" if no income was samed or generated. The "Column XII is for assets held by your spouse or dependent child in which you have no interest. The "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	71 ACC 7

Use additional sheets if more space is required.

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															Other Type of Income (Specify: e.g., Partnership income or Farm Income)						1/6	Ċ
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SCHEDULE C - EARNED INCOME

Name: Picando Kangel Page 4 of 6

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\$100,161.37	₩	Salary	ATET
\$ 22,710,92	(8	Salary	State of Florida
\$1,000 N/A	N/A	Spouse Speech Spouse Salary	Ļ
\$500 \$76,000	\$0 \$20,000	Honorarium Salary	ABC Trade Association, Baltimore, MD (July 15) State of Manyland
Preceding Year	Current Year to Filing	Туре	Source (include date of receipt for honoraria)
Amount	Am		
limit on outside earned income for ia, director's fees, and payments for	ial Security Act. u are on House payroll. The 2014 iin types of income (notably honorar	benefits received under the Soc ncome may apply to you after yo limit is \$27,225. In addition, cert r staff.	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.
e reporting period. For both the filer	ent) totaling \$200 or more during the	employment by the U.S. governming \$1,0	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.

SCHEDULE D - LIABILITIES

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	Page 5 of 6

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 *Column K is for liabilities held solely by your spouse or dependent child.

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			DC, JT		
	BBY1	Example			
	Navient Student Loan	First Bank of Wilmington, DE	Creditor		
	1/2003	5/98	Date Liability Incurred MO/YR		
	Student Loan, orlands Fl Car Loan Kissimmer FL	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
	X		\$15,001- \$50,000	ъ	
			\$50,001- \$100,000	C	
	X	×	\$100,001- \$250,000	0	
			\$250,001- \$500,000	m	Amount of Liability
			\$500,001- \$1,000,000	71	ğ
			\$1,000,001- \$5,000,000	6	ability
			\$5,000,001- \$25,000,000	x	
			\$25,000,001- \$50,000,000	_	
			Over \$50,000,000	٠	
			Over \$1,000,000* (Spouse/DC Liability)	*	

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.

		Owner	Position
		Rangel Management GROUP. LLC.	Name of Organization

SCHEDULE F - AGREEMENTS

sent that you have with present to: firthire employment is leave of shearch diving the period of poverment service.		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
	M/W	
	•	

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.

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Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
W/A	
/**	