#### Name: DANID W LOCCY UNITED STATES HOUSE OF REPRESENTATIVES **EXEMPTION** – Have you excluded from this report any other assets, "uneamed" 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. **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. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS reporting period? REPORT FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the b. Make more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period? X 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for State: **District**: し上 Yes No X No × No Yes No Yes X Daytime Telephone. Amendmen For Use by Members, Officers, and Employees 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? Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the G. Did you, your spouse, or your dependent child receive any ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" \$375 in value from a single source during the reporting period? reportable travel or reimbursements for travel totaling more than H. 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? Employee Officer or Employing Office: Date of Termination: 01/03/2017 Termination A \$200 penalty shall be assessed against any individual who files more than 30 days late. Office Use Only) U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE (ENTI 2017 FEB -2 PM 3: 18 ELIVERED or S Yes Yes Yes Yes Yes Yes Yes Š Š š X Š 중 ö 증

X

X

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

	Name: Wulb
	ح
I	レ
	Ĭ
,	14
	Page_

Page 2 of S

Wells Funo Chaking		Fild in Fradom 2045	FALLEY GOLFDRXX	Compificu Sowings	Cong FCU Checking	ABC Hedge Fund X	Examples:	SP, SP Mega Corp. Stock EIF	For bank and other cash 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 homes and vacation homes (unless there was rental income during the reporting period), and any financial interest in, or income derived from, a federal 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 jointly held with anyone (JT), in the optional column on the far left.	Asset and/or income Source 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 income that generated more than \$200 in 'unearned' income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).  For all IRAs and other retirement plans (such as 401(t) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.
			_			Г			None >	
				メ					\$1-\$1,000 œ	ate vation r. l. l. luse it
	Χ.	×					Indefinite		\$1,901-\$15,000	Indicate value of as valuation method oth used. If an asset was sold because it generated "Column M is for assu you have no interest.
		_	X	•	く		8		\$15,001-\$50,000	BLOCK B Value of Asset  Value of Asset  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 should be "None."  *Column M is for assets held by your spouse or dependent child in which you have no interest.
	_					┞	-	×	\$50,001-\$100,000 m	Va than f than f during come, s held
									\$100,001-\$250,000	BLOCK B  Value of Asset  t close of the report an fair market value, and the reporting pe me, the value should sid by your spouse or
						×			\$250,001 <b>-\$</b> 500,000	BLOCK B BLOCK B se of the se of the r market vi market v
									\$500,001-\$1,000,000 ±	sset repor alue, alue, bould use or
						<u>.</u>			\$1,000,001-\$5,000,000	ting p please riod a be "No deper
						L			\$5,000,001-\$25,000,000	eriod. special
<u> </u>						ļ		-	\$25,000,001-\$50,000,000	If yo iffy the incluschild is
									Over\$50,000,000 —	n whice
			_						Spouse/DC Asset over \$1,000,000°   NONE	
ļ	ļ					<u> </u>			DIVIDENDS	Type of Income Check all columns that apply. For generate tax-deferred income (such as 529 accounts), you may check the column. Dividends, interest, and even if reinvested, must be disclost for assets held in taxable accounts, if the asset generated no income durin period.
						ļ		×	RENT	all colle tax- count count rein sset g
	-		<u> </u>			-			INTEREST	T) defen defen s), yc viden veste eld in penera
						⊢			CAPITAL GAINS	BL VPG ( s that red in the trace of the trace) that the trace of the t
-						┢			EXCEPTED/BLIND TRUST	BLOCK C  B of Inc  B of In
									TAX-DEFERRED	BLOCK C  Type of Income was that apply. For sirred income (such a you may check, the ends, interest, and ted, must be discli- in taxable accounts in taxable accounts arated no income du
						Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	accounts that 401(k), A401(k),
	<u> </u>					<u> </u>		L.,	None _	For assets may check category to Dividends must be accounts. generated.
	_								\$1.4200 = \$201.41,000 =	Amount of Income For assets for which you checked "Tax-Deferred" in I may check the "None" column. For all other assets category of income by checking the appropriate Dividends, interest, and capital gains, even if must be disclosed as income for assets held accounts. Check "None" if no income was generated.  "Column XII is for assets held by your spouse or dep in which you have no interest.
$\vdash$	_	_	<u> </u>			<del> </del>	×	H	\$201-\$1,000 \$1,001-\$2,500	yr which he "No incon interesscions Che chave is for a have
						×		×	\$2,501-\$5,000	Annoth you one of all set, and set of all ck. The ck.
_						F			\$5,001-\$15,000	Amount of Income which you checked "Tax-Deferre a "None" column. For all other a noome by checking the approprierest, and capital gains, sw closed as income for assets Check "None" if no income of or assets held by your spouse of ave no interest.
-	$\vdash$	-							\$15,001-\$50,000 ≤	BLOCK D Int of In Int of In Int of In Int of In Interest of In Income for a Income
	-						-	$\vdash$	\$50,001-\$160,000 ≦	Inco.
	-	-				$\vdash$	-		\$100,001\$1,000,000	eferre efferre ther a topproper sector some
	-		<u> </u>			<del>                                     </del>			\$1,000,001-\$5,000,000 ×	d" in B ssets: snate an If i held was
			_			t			Over \$5,000,000	Amount of Income  Amount of Income  For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category 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.
									Spouse/DC Asset with Income over \$1,000,000*   ≚	C, you te the below. seted, xable ed or et child
								S(part)	Leave this column blank if there are no transactions that exceeded \$1,000.	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 as follows: (S (part)).

## SCHEDULE B - TRANSACTIONS

Name: DAUID W JOLLY

Page 3 of S

_	_				_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
Report any	dependent	Exclude tr purchase of a portion of	Capital Ga	* Column K	SP, DC, JT	SP																			
Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the	dependent child for investment or the production of income. Include transactions that	Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schadula A.	* Column K is for assets solely held by your spouse or dependent child		Example	मू																		
sale, or exc	stment or th	personal re old, please o	i transaction unless it was	solely held t	<u> </u>	Mega Corp. Stock	Facebook																		
hange trans	e production	u, your spo sidence, unl shoose "part	resulted in a s an asset in	y your spou	<b>&gt;</b>	np. Stock	ιΛ	•						·											
actions that	of income.	essitgener ial sake "as t	a capital gai n a tax-defei	se or depen	Asset		4245																		
t exceeded	Include to	pendent character character central in the type of the character c	n in excess	dent child.			•								ļ t									ļ	
\$1,000 in t	ansactions th	nidren, or t ncome. If or ansaction.	of \$200, che t, and disclo														Ī								
₩	in in	₹ 8 3		Purc																					-
Type of				Sale			×								,										-
Type of Transaction			I Sale	Parti		×																			-
tion			ange	Exch																					
7	Check Box if Capital Gain Exceeded \$200			×	×																				
╣						3/	.   08/		_																
Date		(MO/DAYR) or Quarterly,	weekly, if applicable			3/5/15	8/K	ار																	_
	•	;	00	\$1,00 \$15,0			×																		_
	<b>D</b>	,	00	\$15,0 \$50,0		×																			
	7		000	\$50,6 \$100 \$100																					-
Amount	-		000	\$250 \$250					-									_							_
앜			0 <b>00</b>  001-	\$500 \$500																					-
Transaction	D		0,000  0,001- 0,000	\$1,00																					-
tion	г		0,001-	\$5,00	_																ļ	ļ			<u> </u>
	-	,	00,001- 00,000																						<b> </b>
	-	00	\$50,000,0	Over																					<u></u>
1		O*	\$1,000,00	Over													$\sqcap$					$\Box$			

# SCHEDULE C - EARNED INCOME

Name: DAVID W Jocky Page 4 of 5

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

ypes or income (nowny normala, director's lees, and payments for professional services involving a liduciary relationship) were	totally problette	
ocurce (include date of receipt for Holloralia)	Туре	Amount
	Approved Teaching Fee	\$6,000 €18 000
EXAMPLES: Civil Was Roundtable (Oct. 2) Ontario Country Board of Education	Spouse Spleach	\$10,000
Rocks Holding Co. Cleanwater Fr	Same Calax	×//4

### SCHEDULE D - LIABILITIES

Name: DATO W Locky Page 5

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.

			SP. DC, JT		
\S\cup \\ \s\cup	E.	Example			
Suntrust	Everbank	First Bank of Wilmington, DE	Creditor		
12 295	6 2015	5/98	Date Liability Incurred MO/YR		
Mortgage	mortgage	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	٨	
		:	\$15,00 <b>1-</b> \$50,000	₽	
			\$50,001- \$100,000	c	
		×	\$100,001- \$250,000	D	l <sub>▶</sub>
$  \   \   \   \   \   \  $			\$250,001- \$500,000	m	Amount of Liability
	X		\$500,001- \$1,000,000	חד	t of Li
			\$1,000,001- \$5,000,000	ര	ability
			\$5,000,001- \$25,000,000	Ξ	
			\$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, held during the current or prior calendar year as an officer, tirustee 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.

Officer + Director (as of 01/01/2017) Officer + Director (as of 01/01/2017)	Position
Officer+Director (as of 01/01/2017) Horsonized/cone, Inc., Bellecia Bluffs, FC Officer+Director (as of 01/01/2017) The 436 Croup, Inc., Bellecia Bluffs, FC	of Organizat