UNITED STATES HOUSE OF REPRESENTATIVES	FORM B		MPR 15 2016 Page 1 of
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and	New Employees	LEGISLATIVE RESCURCE CENTY:
Name: Archie Leas Threatt	Daytime Telephone:	ļ.	2016 APR 25 PM 1:27
New Member of or Candidate for State: 12 U.S. House of Representatives District: 12 Candidates – Date of Election: 7 June	2016	Check if Amendment	/U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1.		A \$200 penalty shall be assessed against any Individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE 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 uneamed income from any reportable asset during the reporting period?	No E. Did you hold any ru	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g period Yes No X
C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. Did you have any r an outside entity durit calendar year up thro	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?	ts with Yes No
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?	J. Did you receive col	mpensation of more than \$5,000 from a single year and two prior years?	a single Yes No
ATTACH THE CORF	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	U ANSWER "YES" E REQUIRED TO COMPLETE	ETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	INFORMATION - ANSWER B	<u>ОТН</u> OF THESE QUEST	IONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne this report details of such a trust that benefits you, your spouse, or your dependent child?	s and certain other "excepted trusts" ne	ed not be disclosed. Have you excluded from	ded from Yes No X
EXEMPTION — Have you excluded from this report any other assets, "uneamed" income, transactions, 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.	ncome, transactions, or liabilities of a spouse o Committee on Ethics.	dependent child because they meet	all three Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Archie Lean Threatt

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			None	>	Examples: Simon & Schuster	Moga Corp Stock	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 reel 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 homes (unless there was rental income during the reporting period); and any financial interest in, or including the Thrift Savings Plan. If you have a privately-traded fund that is an Excapted 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. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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 of stocks and mutual funds (do not use only ticker symbols).	each asset held for investment or fincome and with a fair market value 1,000 at the end of the reporting period, y other reportable asset or source of ich generated more than \$200 in noome during the year.	Assets and/or Income Sources	BLOCK A
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-	 \vdash	<u> </u>	<u> </u>	×	₽	₩	\$250,001-\$500,000	-	*Column M is for assets held by your spouse or dependent child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuetion 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."	Value of Asset	BLOCK B
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		<u> </u>		Partnership Income	Royalties		TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	1	if the asset generated ne reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividents, interest, and capital gains, even if relinvested, must be disclosed as income for assets held in taxable accounts.	Φ	ı
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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & "UNEARNED INCOME"	
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SCHEDULE C - EARNED INCOME

Name: Archie Leon Threatt Page 4 of 7

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.

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

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff	or start.		
Source (include date of receipt for honoraria)	Type	1.	Amount
	. 7 Pro	Current year to Filing	Preceding Year
ABC Trade Association, Beltimore, MD (July 15)	Honorarium	\$0	\$500 •75,000
EXAMPIES: Civil War Roundlable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$ 0 N/A	\$1,000 N/A
Christian 7.44 Assombly of Charlotte	Salary	040 4	39 168
	, ,		
Christian Faith Assembly of Charlotte	Spouse Salary	NA	NA
Christian talk Assembly of Charlothe	Honocacium	1,640	782 %
Mortstian faith Assembly of Charlotte	Clergy Housing		26,728

SCHEDULE D - LIABILITIES

Name: Archie Lean Threast Page 5 of

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 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 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 (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 exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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		Ct;	Selli	Example			
		Citibank Rickelester, MY	+ Mae Haven 71.	First Bank of Wilmington, DE	Creditor		
		august 5	agust 2005	5/98	Date Liability Incurred MO/YR		
		Student Loan	Student Loan	Mortgage on Rental Property, Dover, DE	Type of Liability		
П			×		\$10,001- \$15,000	>	
	1	×			\$15,001- \$50,000	В	
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					Over \$50,000,000	-	
					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.

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		/	Winding Way Community Development Cosporation	Name of Organization	are cultural carefular to a section and non-company resembles and an are cultural cultural positions from the province forms.

SCHEDULE

			Date	Identify the date, particentify the date, particent	SCHEDULE F
		None	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in	SCHEDULE F - AGREEMENTS
			Terms of Agreement	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.	Name: Archie Leon Threaty Page 6 of 7

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.

9		
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	NONE	

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