

Name:

DREIMINARY INFORMATION. . ANSWER EACH OF THESE QUESTIONS

REPORT TYPE

FILER STATUS

OU 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?
Yes No No	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 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 No	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 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 7	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?
		ווירטר עטרטווטווט	FACELININGS - INFORMATION - ANSWER EXCIT OF THESE GOESTIONS

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

Yes No 3	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 tasts for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No 2	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?
Yes No 🔀	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.

SCHEDU

BLOCK A BLOCK B	JULE A – ASSETS & "UNEARNED INCOME"	
BLOCK C	Name: SCOTT GARRETT	
BLOCK D	Page 2_o	
BLOCK E	٩	

, ,		i					ľ	못 %	For retired by the trace of the	For \$5.0	book (do)
	1. IL "-SAYIHE	HIGHLAND BAKK - CKE		(Now Iter Life)	TRAVELENT ANTURY	ABC Hedge Fund X	Exemples: Simon & Schuster	SP Mega Corp. Stock	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 fromes and vacation homes (unless there was ental income during the reporting period); and any financial increast in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an asset or income source is thet of your spouse (SP) or depandent child (DC), or jointy 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 bookiet.	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.	Asset and/or income Source lidentity (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 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). Provide complete names of stocks and mutual funds (40 not use only ticker symbols). Provide provide the value for sech asset held in the account that ancesets the later of porting thresholds.
	×	Z							None	>	
							a a		\$1-\$1,000 \$1,001-\$15,000		Value of Asset Value of Asset Value of Asset Value of Asset Valuation method other than lair market value, please specify the method used. If an esset 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.
				ļ			Indefinite		<u> </u>		e of a hod o
					X				× \$15,001,\$50,000		asset ther the bild du bild du ad inco
								×	\$50,001-\$100,000	m	Vail at ck han ta uring ome, t
									\$100,001-\$250,000	70	the re
	_			<u> </u>		×		Ц	\$250,001-\$500,000	6	PLUCK by Value of Asset Value of Asset close of the report of the report of the reporting person, the value should by your spouse or spouse or
		Ш			<u> </u>			Ц	\$500,001-\$1,000,000	±	repor alue, ng pe noudd I
									\$1,000,001-\$5,000,000		ting phease be "Not a deper
		Ш						Ш	\$5,000,001-\$25,000,000	<i>د</i>	beriod speed a speed one."
_								Ш	\$25,000,001-\$50,000,000		
	_						_	\sqcup	Over \$50,000,000		in whi
					_		_		Spouse/DC Asset over \$1,000,000°	<u> </u>	
				<u> </u>	×		_	Ш	NONE		Type of inco Type of inco Check all columns that apply, generate tax-deferred income gla 529 accounts), you may chec 520 accounts), you may chec 620 if the invested, must be 620 accounts to the columns 621 accounts the columns 622 accounts to the columns 623 accounts the columns 623 accounts 624 accounts 625 accounts 625 accounts 626 ac
_	_		-		<u> </u>		_	×	DIMIDENDS		ate la sccou
_	_				<u> </u>		_		RENT		colun x-defi nts) held gene
_					<u> </u>			Ш	INTEREST		Type the med the training to the training to the training training to the training training to the training tra
_	_					لـــا	<u> </u>		CAPITAL GAINS		BLOCK C of inc of inc at apply income (s income (s may chec interest, interest, interest, incat be acc no income
\dashv	_								EXCEPTED/BLIND TRUST		Type of Income may that apply. For a property income (such as you may check the ends, interest, and ted, interest, and ted, interest, and ted, in taxable accounts in taxable accounts are and income duri
									TAX-DEFERRED		For For and action units.
						Partnership Income	Royalties		Other Type of Income (Specify: e.g., Pertnership Income or Farm Income)		Type of Income Type of Income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), 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	_	For a may cates Divide social gene gene gene tin wh
	×	겍							\$1-\$200		For assets may check category collegers to Dividends must be accounts. generated, in which yo
Ц			_			Ш	×		\$201-\$1,000	=	Amount Amount Amount Amount Amount For assets for which you chec may check the "None" colum category of income by che by check income by che category of income by che caccurate. Check "None" generated. Golumn XII is for assets held in which you have no interest.
_	_						Ĺ.,	×	\$1,001-\$2,500	2	Ar which y "None's "None of Check Check Check for assu
_		_			Щ	×			\$2,501-\$5,000	<	nnou coluby ch and as ir Non
\perp	_	_ļ				ļ			\$5,001-\$15,000	≤	BLOCK D Int of in wacked Ta wacked Ta hacking Ta capital g capital g noone fo se" if no
\perp		_					Ш		\$15,001-\$50,000	≦	Amount of income Bock the 'None' column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, income by checking the appropriate box below. Dividends, income by assets held in transhe must be disclosed as income for assets held in transhe 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.
\bot	┙	_		_			Ш		\$50,901-\$100,900	≦	Defe -Defe f other sepping incom
ightharpoons	_	_	_						\$100,001-\$1,000,000		e or d
_	_	_				Ш			\$1,000,001-\$5,000,000	×	d" in Block C.) seats indicate seats indicate box beld in it reinvest held in taxe was earned in dependent of
_	}	_	_			Щ			Over\$5,000,000	<u>×</u>	ck C. dicate in the control of the c
4		\rightarrow		_				60	Spouse/DC Asset with income over \$1,000,000*	<u>¥</u>	
	C 9801	Closen						S(part)	P. S. S(part), or E	Leave this column blank if there are no transactions (that exceeded \$1 are)	BLOCKE Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) excaeding \$1,000 exc

													≒8 €					Ų
LAIRELAND CHECKING	DISC, STOCIC "	S+P "	Applicantion "	DREYFUS FUNDS:	- 1	ALLY BANK-SAVILIGS	- 1	™	n 1	HUSSMAN FUNDS !		DREYLUS MOM MANDE	ASSET NAME			BLOCK A Asset and/or Income Source		SCHEDOLE A - ASSELS & ONEARNED INCOME
××			×		;	×	,	×	×			X		None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000	A B C D			
	×	×												\$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$800,001-\$1,000,000	n G	BLOCK B Value of Asset		
														\$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000	H J K C	set .		i
	上						_							Spouse/DC Asset over \$1,000,000* NONE	Z			
×		×	×			1	;	×	×			<u>×</u> –	· 	DIVIDENDS RENT				Name: Sco77
×	\bot	· 3			•	×		-			-			INTEREST CAPITAL GAINS		Type		S S
		-						-						EXCEPTED/BLIND TRUST TAX-DEFERRED		BLOCK C		7
														Other Type of Income (Specify: e.g., Parlmership Income or Farm Income)		ē ,	(GARRET7
	\pm											×		None	-			マロ
$\times \times$		-	×		- 2	×	_}	×	×	_	_	_		\$1-\$200	=			7
	×	×		\sqcup	+	\dashv	\dashv	\dashv	_	-	\dashv			\$201-\$1,000	=			
$\vdash \vdash \vdash$	+	Н		$\vdash \vdash$	\dashv	\dashv	+	\dashv	_	-+		_		\$1,901-\$2,500	< -	≱		
$\vdash \vdash \vdash$	+	$\vdash \vdash$		\vdash	+	\dashv	_					-		\$2,501-\$5,000	<	19 19		
	+	\vdash		\vdash	\dashv	+	-	4		\dashv	-	4		\$5,001-\$15,000 \$15,001-\$50,000	\$	BLOCK D Amount of Income		
	+	H		$\vdash \vdash$	+	\dashv	-+					4		\$15,001-\$50,000 \$50,001-\$100,000	≦	좋증	L	
	+			\vdash	\downarrow	+					\dashv	4			≦) ma		Page
	-	$\vdash \dashv$		$\vdash \vdash$	\dashv	\dashv	+	\dashv			-+			\$100,001-\$1,000,000 \$1,000,001-\$5,000,000	X			ge
	+			\vdash	_	+		\dashv	_	\dashv	\dashv	4		\$1,000,001-\$5,000,000 Over \$5,000,000	×			ا رہ
	+			\dashv		+	_	-	\dashv	\dashv	-	\dashv		Spouse/DC Asset with Income over \$1,000,000*	ă ă			
	\top						十	+			+	7		7		,		<u>옥</u> .
														s, s(part), or E		BLOCK E Transaction		2

SCHEDULE B - TRANSACTIONS

Name: Sco77 GARRETT	
Page 4 of 9	

										See Hores	(I CLUSED THESE ACCOUNTS)	CHECKILY + SAVINGS ACCOUNTS	HIGH LAND BANIC	SP Example Mega Corp. Stock	SP,DC,JT Asset	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 Schedule A. * Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that resuffed in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between your spouse, or dependent children, or the purchase or sale of your penconal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "pertial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your
																Purchase		ΙVΙ
ı	•															Sale		pe of T
														×		Partial Sale		Type of Transaction
ľ												×				Exchange		On
ľ														×		Check Box if Cap Exceeded \$200	ital Gain	
												10-5-15		3/5/15		Monthly, or Bi- weekly, if applicable	(MO/DAYR) or Querienty,	Date
l		:												-		\$1,001- \$15,000	>	
l			 	 	 									×		\$15,001- \$50,000	750	
Ì					 		<u>-</u>	 	<u>.</u>							\$50,001- \$100,000	n	
t				ļ	-						-	ļ., ,	-			\$100,001- \$250,000	•	A
I																\$250,001- \$500,000	т	Amount of
l		 ·	 	 	 	-			I			×				\$500,001- \$1,000,000	п	of Tra
t																\$1,900,001- \$5,000,000	ø	Transaction
					 					,						\$5,000,001- \$25,000,000	x .	2
ſ																\$25,000,001- \$50,000,000	-	
ſ																Over \$50,000,000	0 _	
																Over \$1,000,000 (Spouse/DC Asse		

SCHEDULE C - EARNED INCOME

Name: Sco77 GARRETT
Page 5 of G

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.

		7	
Source (include date of receipt for honoraria)	eipt for honoraria)	Туре	Amount
Keene State		Approved Teaching Fee	\$6,000
Examples: State of Maryland Civil War Roundtable (Oct. 2)		Legislative Pension Spouse Speech	\$18,000 \$1,000
Ontario County Board of Education		Spouse Salary	N/A
NONE			
			:

SCHEDULE D - LIABILITIES

Name: Sco77 GARRE77	Page 6 of 9
uring the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	nount owed during the reporting
yy real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you	our personal residence (unless you
miture, or appliances; liabilities of a business in which you own an interest (unless you are personally fiable); and liabilities owed to	onally 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. Report liabilities of over \$10,000 owed to any one creditor at any time du period. Members: Members are required to report all liabilities secured b rent it out or are a Member); loans secured by automobiles, household fun

					sp. DC, JT		
			Ches	Example	· · · · · · · · · · · · · · · · · · ·		
			CREDIT UNION MORT ASSA	First Bank of Wilmington, DE	Creditor		
			8/30/10	5/98	Date Liability Incurred MO/YR		
	WANTAGE, N.J.	100 POWD SCHOOL PRP.	mutgage on Home	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
			X		\$15,001- \$50,000	æ	
					\$50,001- \$100,000	င	
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	m	moun
					\$500,001- \$1,000,000	70	Amount of Liability
					\$1,000,001- \$5,000,000	စ	ability
					\$5,000,001- \$25,000,000	I	
					\$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, 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, fratemal, or political entities (suc	held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization
,	

SCHEDULE F - AGREEMENTS

Name: Scu77 GAPRE7	
Page 7 of 9	

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
	NONE	

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
	None		

SCHEDULE H -- TRAVEL PAYMENTS and REIMBURSEMENTS

lame:
$S_{co.\tau\tau}$
GARRETT
Page 8 of 9

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.

Comparison Commentation (City of Example Comparison (City of Example Comparison (City of Example Comparison (City of Example City of Example C							
1/23/-1/30/15 DC-MIDDL-BUS VA-DC Y 1/23/-1/30/15 DC-MIDDL-BUS VA-DC Y 3/2/-3/8/15 DC-CHARLON NC-DC Y 3/22-4/3/15 NYC-GARRON NC-DC Y 3/22-6/29/15 NYC-15 RACC - NYC Y 3/22-10/19/15 NYC-15 RACC - NYC Y 4 Y 5/20-10/19/15 NYC-15 RACC - NYC Y 7/20-10/19/15 NYC-15 RACC - NYC Y 8/20-10/19/15 NY		Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
1/2x/-1/30/15 DC-PNISDLEBURG VA-DC Y Y Y 3/c/-3/8 (15 DC-CMARLUS NC-DC Y Y Y 3/22-4/3(15 NYC-GRASSIL-HOLE-1) Y Y 3/22-8/25/15 Newark-JACKSIL-Hole-1) Y Y 3/22-10/19/15 NYC-15 RACC - NYC Y 4/24		Intent of China (MECEA)	Aug. 6-11	⊅C-Beijing, China-DC	۲	٧	z
1011	<u> </u>	for Humanity (charity fundraleer)	Mar. 3-4	DC-Boston-DC	۲	У	*
ועט ז	HENCZASC	FOUNDATION	1/22/-1/30/15	DC-MIDDL-BUS UN-DC	Υ	<	Υ
101	Cong Pran		3/0/-3/8/15	DC-CHARLO NC-DC	<	< ^	< ~
1101	ASPER		3/22-4/3/15	NYC-GARREY - NYC	ζ -	< ⁻	Υ,
uo i	AHARICA		8 27 -8 29 15	Newmer - TACKSON HOLE - M	ζ-	Υ~	~ ~
	Parch	0,1	10/12-10/19/15	NYC-ISPACL - NYC	~ ~	Υ^	\ \ ~
		-	:		,	~	,
							-

FILER NOTES (Optional)

Name: Sco77 GARRETT

Page 9 of