UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates	FORM B Candidates, and New Employees	Salate to Wibage tof 5
Name: Cop Maxwell	Daytime Telephone:	<b>16:</b>	2015 JUL 27 PM 1: 42
New Member of or Candidate for State: 1/E  U.S. House of Representatives District: 2  Candidates – Date of Election:		Check if Amendment	U.S. HOUSE OF REPRESENTATIVES  (Office Use Only)
New Officer or Employee  Employing Office:		Period Covered: January 1, 20/5 to May 15, 20/6	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	OF THESE QUESTI	ONS	
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 unearmed income from any reportable asset during the reporting period?	*	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 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?	<b>∑ ₹</b>	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?	* *	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
ATTACH THE CORRESPONDING SCHEDULE IF THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU	ATTACH THE CORRESPONDING SCHEDULE IF	EDULE IF YOU ANSWER "YES" HAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ST INFORMATION -	- ANSWER <u>BOTH</u> OF THESI	E QUESTIONS
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 your dependent child?	se on Ethics and certain other tent child?	"excepted trusts" need not be disclosed. His	ave you excluded from Yes 🔲 No 🔀
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spoutests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	d" income, transactions, or liab the Committee on Ethics.	diffies of a spouse or dependent child because they meet all three	use they meet all three Yes 🔲 No 🔀

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Use additional sheets if more space is required.	TIAA-CREF JRA	Amenia Funds IRA	Merrill hanch IRA	75 Capital Fund	ABC Hedge Fund	Examples: Simon & Schuster	Maga Corp Stock	For bank and other cesh accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, \$ast every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rankal and other real property held for investment provides a complete address or description, e.g., trental property, and a city and state.  For an ommership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its prographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental thomes and vacation homes (unless there was rental income during the reporting period); and any financial inferest in, or income deleved from, a febrar retirement program, including the Thrift Savings Plan.  If you have a privately-fraded fund that is an Excepted investment Fund, please check the "EIF" box.  If you are choose, you may indicate that an asset of income actives on the far left.  For a detailed discussion of Schedule A requirements, please refer to the tradinaction bookfet.	For all 184e and other refrement plene (such as 401(t) plene) provide the value for each east held in the scoount that exceeds the reporting thresholds.	riovice complete names of stocks and mutuel junds (do not use only ticker symbols).	nd (b) any other reportable seet or source of noons which generated more than \$200 in unsumed income during the year.		Assets and/or income Sources	BLOCK A
	×	×	X	×	×	Indefate	×	None > \$1.\$1,000 cc \$1,001-\$15,000 cc \$15,001-\$20-000 cc \$250,001-\$250,000 cc \$250,001-\$100,000 cc \$250,001-\$100,000 cc \$250,001-\$25,000,000 cc \$25,000,001-\$25,000,000 cc \$25,000,000 cc \$25,000,0		"Column At a for assets heat by your spouse or dependent child in which you have no interest.	present your remonities.  If an asset was said during the reporting period and is included only because it generated income, the value should be "None."	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value.	Value of Asset	вгоскв
	X	X	X	×	Pertrensity	Royaldes	×	NONE  DATERIOS  RENT  INTEREST  CAPITAL GAINS  EXCEPTEDIBLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Ferra Income)		Check "None" if the asset generated no income during the reporting period.			Type of income	вгоскс
	X	X	X	X	×		×	North		8	and capital gains, even if "elievested, must be disclosed as income for assets held is ecounts. Check "tions" if no income was earned or generated.  "Column XII is for assets held by your apouse or dependent child in which you have no interest.	O TO SE	Amount of Income	BLOCK D

Name: Chip Maxwell

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## SCHEDULE C - EARNED INCOME

Chip Maxwell Page 3

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroil. 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.

		Am	Amount
Source (include date of receipt for honorana)	Туре	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
Examples: Civil War (Countable (Od. 2) Ontario County Board of Education	Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
75 Bank	Salary	0,	000 85
Gross Catholic High School	Spinse Salary	000/9/	\$32,000
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