UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	CONTROL BOUNDESING BALLY TSCORT
Name: Clival & Didita	Daytime Telephone:	2016 OCT -3 PM 2: 08
New Member of or Candidate for State: WASK  U.S. House of Representatives District: 4 The Candidates – Date of Election:	Check if Amendment	O.S. HOUSE OF REPRESENTATIVES  (Office Use Only)
New Officer or Employee  Employing Office:	Period Covered: January 1, to	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	OF 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?	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?	ng 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?	R. Do 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?	arrangement with an Yes No 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?	Yes No 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 No
ATTACH THE COR	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" ) COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	T INFORMATION - ANSWER BOTH OF THES	TH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or dependent child?	e on Ethics and certain other "excepted trusts" need not be disclosed. Fild?	not be disclosed. Have you excluded from Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, 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.	"income, or liabilities of a spouse or dependent child because they mee nittee on Ethics."	t all three tests for Yes No No

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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CAVADO	57 Frankling to Public Hoggstod	dzici cooken	B Bell Rozelle NFL RIT	UT DA DAVIDSON	ABC Hedge Fund X	Evamolae:	SP, Bega Corp Stock EFF	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 which generated more than \$200 in "uneamed" income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).  For all IRAs and other restrement plans (such as 401(k) plans) provide the value for each asset held in the account that soceeds the reporting thresholds.  For bank and other cash accounts, total the amount in all interest-bearing accounts, the the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For the analysis of the real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  For en 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 reterment program, including the Thrift Savings Plan. 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 frequirements, please refer to the instruction booklet.	BLOCKA	
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Use additional sheets if more space is required.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

## SCHEDULE C - EARNED INCOME

Name:	ChisT	Didien	Page	of

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.

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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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.

	4	Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State or Manyand State (Oct. 2) Contains Roundiable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$00 \$0	\$1,000 N/A
Back Forty FARM (ChisTe Kristia didiae	EARN) W	0	296000000
Diditie Excavation	J	þ	131,000-00
BEIL ROZEILE NFL Player Reflerment		16,2000	21,600
Franklin County Public Hospital		NA	8,6190
I MAJON Transpordercy Collyn INS		1,600	7, 22800
DA DAVIDSON		850	4,320 00

### SCHEDULE D - LIABILITIES

Name: CliwI Diditie Pag	Page of 2
g the reporting period by you, your spouse, or your dependent child. <b>Mark the highest amount owed during the reporting</b> red by real property including mortgages on their personal residence. <b>Exclude</b> : Any mortgage on your personal residence usehold furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	unt owed during the reporting age on your personal residence you are personally liable); and

Report liabilities of over \$10,000 owed to any one creditor at any time during period. New Members: Members are required to report all liabilities secur (unless you rent it out or are a Member); loans secured by automobiles, hou 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.

							<b>≥</b>	Amount of Liability	of Lia	bility				
		Date	, , ,	•	60	n	D	, m	n	ø	Ξ		<u>-</u>	, · •
SP.	Creditor	Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000-	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,008	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Lieblity)
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							* * * * * * * * * * * * * * * * * * * *
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SC	SCHEDULE E - POSITIONS		<i>V</i> .											

#### OCHEDOLE Π - FOSITIONS

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.

the culterit calendar year. First-year callordates and new	tre culterit caterioral year. Filestysea callocates and tien employees report positions tied in the culterit caterioral year and tien previous years.
Position	Name of Organization

## SC

Date

Parties to Agreement

Terms of Agreement

	Name:	
	Pag	

SCHEDULE F - AGREEMENTS	Name:	Pageof
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 a	spect to: future employment, a leave of absence during the period of government service; or continuing participation in an employee welfare or benefit plan maintained by a former employee	d of government service; maintained by a former employer.

# 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 a	and any information considered confidential as a result of a	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

Schedule D-LiAbilities

Name: ( ( ) NOTE DILLET Page 1 of

		NUMBER
		NOTES  NO