EXEMPTION – Have you excluded from this report any other assets, "unearned" 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. 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 PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: 2015 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES **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. 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: IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS reporting period? exceeding \$1,000 during the reporting period? REPORT FILER STATUS b. Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? Janice × X 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for Schakowsky Daytime Telepho District: State: × × Yes × Yes X Yes 🔀 × × Amendment Z O Š š Š For Use by Members, Officers, and Employees 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? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" lieu of paying you for a speech, appearance, or article during the reporting period? year up through the date of filing? source during the reporting period? Did any individual or organization make a donation to charity in Form A Employee Officer or Employing Office: Date of Termination: Termination A \$200 penalty shall be assessed against any individual who files more than 30 days late 2016 MAY Use BHILLY: 03 / DELIVERED 1 of 9. Total Park action Yes Ύes Yes Yes Yes ¥es Yes × Z 0 S 공 중 Š 8 X V X X X X

SCHEDULE A - ASSETS & "UNEARNED INCOM

	NEARNED INCOME.
Name: Janice D. John Ousey	コーン ハート・・・・・・・
Page F of	2

BLOCK					ı	굗	BLOCK B	Φ	ı		1	ı		4	ı	ł			9	BLOCK C			ı			l		BLOCK D	ê				J	4	BLOCKE
Asset and/or Income Source					<	Value of Asset	악	SS (*									됳	9	ਗ਼	Type of Income					₹	Ϊ́	Amount of income	πc) Mo	***				Transaction
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.		ate v	alue c method	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.	than	lair m	arket	e rep	orting Be	ase s	beciji	a de la	meth		heck energ	1000 100 100 100 100 100 100 100 100 10	nts).	Check all columns that apply. For generate tax-deferred income (such as 529 accounts), you may check the	may	00 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	For the	accounts that 401(k), IRA, or Tax-Deferred	oras nayd	For assets for which yo may check the "None" category of income b	inco ≠	# 6. % G G	수 있다. 사이다.	King Ticked	કુ કુ	Defer approfile	ned i	or o	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.		Indicate if the asset had purchases (P),
	t an	use it	at was gener	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	during come s held	the v	repor alue :	ting a	d be	None bend	is i	ndud ild in	¥hici o		column. even if for asse if the as	infragrand	nves held	column. Dividends, interest, and c even if reinvested, must be disclose for assets held in taxable accounts. If the asset generated no income during	must	be a	And Siscio	hapital gains, ad as income Check "None" the reporting	Dividends must be accounts. generated.	Dividends, interest, must be disclosed accounts. Check generated.	inter Chr	C 6 8	nterest, and ca closed as inco Check "None"	and capital gains, eve as income for assets "None" if no income	0 0	ns, e	# 18 70 × 30 × 30 × 30 × 30 × 30 × 30 × 30 ×	e = 3 €	and capital gains, even if reinvested, as income for assets held in taxable "None" if no income was earned or		sales (S), or exchanges (E) exceeding \$1,000 in the reporting
Provide complete names of stocks and mutual funds (do not use only ticker symbols).		have	you have no interest.	rest.		;								_	period		ģ					0		* S	is of	2556	हैं हि	d by y	ks Jho.	e suo	or of	penc	Column XII is for assets held by your spouse or dependent child		period. If only a portion of
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.					l			Ì			ł		1						Ì		ļ.) which	th you	have	3	in which you have no interest	,				•			an asset was sold, please indicate as follows: (S (part)).
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.	>		C	0	т	TI	G	I		-		-	₹					- -			-			== 	=======================================	~		<u> </u>	- ≨	¥#	×	×	×	<u>¥</u>	Leave this column , blank if there are no transactions that exceeded \$1,000.
For rental and other real property hald for investment, provide a complete address or description, e.g., "rental property," and a city and state.																										<u></u>									
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.															······································														<u>.</u>	<u> </u>					
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 oblived from, a federal retirement program, including the Thrift Savings Plan.									- <u>-</u>	*	····		<u>. </u>									m Income)									_			00,000*	
If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.					 ,								00.000*									ncome or Far												ne over \$1,00	
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.			,000	0,000	00,000	250,000	500,000	1,000,000	\$5,000,000	\$25,000,000	1-\$50,000,000		Asset over \$1,0			·			AINS	/BLIND TRUST	RRED	of Income g., Partnership I	····						·					Asset with Inco	
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	None	\$1-\$1,000	\$1,001-\$15,	\$15,001-\$5	\$50,001-\$10	\$100,001-\$2	\$250,001-\$	\$500,001-\$	\$1,000,001-	\$5,000,001-	\$25,000,001	Over \$50,00			NONE	DIVIDENDS	RENT	INTEREST	CAPITAL G	EXCEPTED	TAX-DEFER		None	\$1-\$200 \$201-\$1,000		\$1,001-\$2,5	\$2,501-\$5,0	\$5,001-\$15,	\$15,001-\$50	\$50,001-\$10	\$100,001-\$1	\$1,000,001-	Over \$5,000		P, S, S(part), or E
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SCHEDULE B – TRANSACTIONS

Name: Janice D. Schakowsky Page 5 of 9

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SCHEDULE C - EARNED INCOME

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	Spouse Salary	Strategic Consulting Group NA
\$26,589	Legislative Pension	State of Illinois
\$1,000 N/A	Spouse Speech Spouse Salary	Ļ
\$6,000 \$18,000	Approved Teaching Fee Legislative Pension	Keene State State of Manyland
Amount	Туре	Source (include date of receipt for honoraria)
reporting period. For a spouse, list was \$27,225. In addition, certain	ernment) totaling \$200 or more during the below. Social Security Act. Bensated at or above the "senior staff" rate re totally prohibited.	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. 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: 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.

SCHEDULE D - LIABILITIES

Name: Janice D. Schukowsky Page 7 of 9

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. 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 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 Column K is for liabilities held solely by your spouse or dependent child.

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Citibank A Policy Alage	Leven Bank	*	[6	First Bank of Wilmington, DE	Creditor		
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Credit Kath	Home Equity Low	Cares War (1) September	Harry Euran, T/	Mortgage on Rental Property, Dover, DE	Type of Liability		
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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, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

_	_	_	_	_	_	
				Policy Council	Roard Number	Position
				Illinois Citizen Action	International Labor Rights Forman	Name of Organization

SCHEDULE F - AGREEMENTS

Name: Janice D. Schalowsky
Page 6 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 or current employer.

			Dec. 1998	Date	COMMINATION
		C	Dec. 1998 State of IL- Jan Schakowsky	Parties to Agreement	community of central of payments by a former of current employer other training of softment, or community participation
			Continued participation in State Pension Plan	Terms of Agreement	verinnent, or continuing participation in an emproyee wenter or benefit plan maintained by a torner emproyer.

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

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Janice D. Scheboosky Page 9 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.

Source	Date(s)	City of Departure-Deathnation-City of Return	Lodging? [Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MECEA) Examples: Habitat for Humanity (charity fundraluer)	Aug. 5-11 Nar. 3-4	DC-Besjing, China-DC DC-Beston-DC	γ γ	* *	× z
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