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UNITED STATES HOUSE OF REPRESENTATIVES	Form A For Use by Members, Officers, and Employees
Name: Walter B. Jones	Daytime Telephone: 込のような・3415 A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER STATUS Member of or Candidate for State:	Officer or Employing Office: Employee
REPORT 2015 Annual (Due: May 16, 2016)	X Amendment 2011 Termination Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH 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 unearned income from any reportable asset 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?
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 Source during the reporting period? 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?
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 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?
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 X I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the Yes No X
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes X No ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDE	DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered the Committee on Ethics for further guidance.	al Public Offering during the reporting period? If you answered "yes" to this question, please contact
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be this report details of such a trust that benefits you, your spouse, or dependent child?	mittee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from Yes
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liab three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	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 Yes

SCHEDULE

	.E A – ASSETS & "UNEARNED INCOME"	
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Page of 6	, \	

Jameshoo Tale Co. Stuck	£	Bio lay Stack	Solarbrook Stock	Nucor Stock	BB 6T Stock	ABC Hedge Fund X	Examples:	SP, SP Mega Corp. Slock EIF	(J.I.) in the optional column on the fair left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting periot); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	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.	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 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 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 by (do not use only ticker symbols).	and (b) any other reportable asset or source of income that generated more than \$200 in 'unearned' income that the year.	-	Asset and/or Income Source
×	*	*	×	*	X	×	Indefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,00 \$50,001-\$100,0 \$50,001-\$50 \$500,001-\$1,00 \$1,000,001-\$25 \$25,000,001-\$25	000 000 000 000,000 000,000 000,000					>		"Column M is for assets neid by your spouse or dependent child in which you have no interest.	used. If an asset was sold 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, please specify the method	Value of Asset
*	×	×	X	*	X	Partnership Income	Royalies	×	Spouse/DC Ass NONE DIVIDENDS RENT INTEREST CAPITAL GAIN EXCEPTED/BL TAX-DEFERRE Other Type of Interest (Specify: e.g., F.	S ND TRUST D		rm Income)					ich if the asset generated no income during the reporting period.		Check all columns that apply. For accoungenerate tax-deferred income (such as 401(k),	Type of Income
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SCHEDULE A – ASSETS & "UNEARNED INCOME"	BLOCK A Asset and/or income Source				ASSET NAME EIF	American Balascad Fund	Bond Fund of America	Capital Jacous Builder Fund	empacific Gowth Fund	(Wadanish) Jarides Fund	Growth Fund of America	5 Tal 94 Ta	42.87	Wishington Mathed Tartakes Free	Note: All Gards listed	100 m	" March and " Guesty	of merhad founds	3
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SCHEDULE C - EARNED INCOME

Name: Walter B. Jones
Page 5 of 6

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	rnment) totaling \$200 or more during the I	reporting period. For a spouse, list
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.	Social Security Act. Insated at or above the "senior staff" rate totally prohibited.	was \$27,225. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
	Approved Teaching Fee	000,3\$
EXAMPIOS: Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
State of NC	Louislative Ponsion	75 887 E #

SCHEDULE D - LIABILITIES

Name: Walter B. Jones Page 6 of 6

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 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 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.

				DC, JT		
			Example			
			First Bank of Wilmington, DE	Creditor	_	
			5/98	Date Liability Incurred MO/YR		
	-		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 notifical parties and companizations) and nositions social fraternal or political entities (such as notifical parties and companizations).

held in any religious, social, fratemal, or political entities (suc	neig 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
Board of Directors	East Carolina Vocational Center