UNITED STATES HOUSE OF REPRESENTATIVES For New Mi	FORM B For New Members, Candidates, and New Employees	MAY 20 2016 Page
Name: VEGEREY C. KESEMAN Daytime Telephone		2016 MAY 26 AM 10: 55
New Member of or Candidate for State: TEXAS U.S. House of Representatives District: (2774) FILER Candidates – Date of Election:	Check if Amendment	U.S. The Coffice Use Only):
STATUS New Officer or Employee Employing Office:	Period Covered: January 1, 22/4 A	A \$200 penaity shall be assessed aga Individual who files more than 30 day
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	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?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	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 No reporting period?	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?	arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF Y	NG SCHEDULE IF YOU ANSWER "YES" DULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	ATION - ANSWER BOTH OF THESE QUESTIONS	QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or your dependent child?	ertain other "excepted trusts" need not be disclosed. Have you excluded from	e you excluded from Yes Nov
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, 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.	tions, or liabilities of a spouse or dependent child because Ethics.	e they meet all three Yes No

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SCHEDULE A -

Amount of income	Type of Income	Value of Asset	ome Sources
BLOCK D	BLOCK C	ві жэсле	*
Page 2 of 4	Name:	- ASSETS & "UNEARNED INCOME"	- ASSETS 8

		37196476	STAPE	VILL BURG HOL-15050	ABC Hedge Fund	Examples:	pc, Mega Corp Slock	isl interest-bearing accounts. If the total is over \$8,000, list every financial institution where there is \$8,000, list every financial property. I and a city and state. For each ownership interest in a privately-held business final property, and a city and state. For an ownership interest in a privately-held business from a property, and a city and state. For an ownership interest in a privately-held business from personal residence, including second fromes and vacation homes (unless there was rental facome during the reporting period); and any financial interest in, or income derived from, a federal interest in, or income derived from a seed or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is the fermion of Schedule. A requirements, please erfer to the instruction booldet.	For bank and other cash accounts, total the amount in	For all SRAs 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 (do not use only ticker symbols).	Identify (a) each seek 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 tuneamed income during the year.	Assets and/or income Sources	BLOCK A
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		<u> </u>	1		<u> </u>			\$15,001-\$50-000		-	"Column M is for assets need by your spouse of dependent child in which you have no interest.	indicate value of esset at does of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."		
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					1	Τ	Т	NTEREST		7	<u>\$</u> =	Check all columns that apply. Fo that generate tax-deferred incommodifies (RA, 629 accounts), you the Tax-Deferred column. It linterest, and capital galine, relinvested, must be disclosed for assets held in taxable	Type of Income	0
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					Partnership Income	Royaliles		TAX-DEFERRED Other Type of Income (Specify: e.g., Parinership Income or Farm Income)			Check "None" if the asset generated no noome during the reporting period.	r accounts (such as may check Divisiende, even II as income accounts.	•	
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					1	T	Π	\$201-\$7,000	=			For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" col- other assets indicate the category of income by checking the appropriate box below. Divides and capital galins, even if reinvested, must be disclosed as income for assets hel- 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.		
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SCHEDULE C - EARNED INCOME

Name: Variable L. Roseman

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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 2014 limit on outside earned 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 professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. List the source, type, and amount of eamed 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 L and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse eamed 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.

		Ame	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Ye
_	Honoradum	00\$	\$500 \$78.000
EXBITIO195: Civil War Roundfable (Oct. 2) Ordanio County Bownt of Education	Spouse Speech Spouse Selfry	SO SO	\$1,000 NA
SWIFT PRANTERFATTION	Haces	2433000	
CAREDTY TAX SERVICE	klaces		\$ 387,20

SCHEDULE D - LIABILITIES

Name: FEFTEY L. ROSEMUND

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal (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 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 repo exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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					SP, DC, JT		
	3.	of the	Dusco	Example			
		Ke Princetown	Durcaken	First Bank of Wilmington, DE	Creditor		
	•	12/12	< 2014	6/98	Date Liability Incurred MO/YR		
		Junter ton Brach	CASSIT CARD	Mortgage on Rental Property, Dover, DE	Type of Liability		
		*	7	_	\$10,001- \$15,000	>	
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<u> </u>	_				\$50,001- \$100,000	G	
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					\$250,001- \$500,000	m	truor
					\$500,001- \$1,000,000	-n	Amount of Liability
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					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000	_	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partner business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. 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

			Position
			Name of Organization

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Use additional sheets if more space is required.