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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and	FORM B andidates, and New Employees	SEP 1 3 2016
Name: Mary Hoeft Da	Daytime Telephone	1 1	2016 SEP 19 AM 10: 42
New Member of or Candidate for State: Will U.S. House of Representatives District: ++ Candidates - Date of Election:		Check if Amendment	U.S. HOUSE OF THE CHERK WAYNES
STATUS New Officer or Employee Employing Office:		Period Covered: January 1, 2915 to 54pt . 2016	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	THESE QUESTIONS	NS	
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?	X No E. Di	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting period Yes No X
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?	No F. Do outsi	F. 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 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?	X No J. Di	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 X
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARI	SPONDING SCHEE	DULE IF YOU ANSWER "YES" IAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	NFORMATION - A	ANSWER BOTH OF THESE QUESTIONS	E 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 dependent child?	Ethics and certain other *ex	xcepted trusts" need not be disclosed. Have you excluded from	ave you excluded from Yes No 🔀
EXEMPTION - 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.	ome, or liabilities of a spous e on Ethics.	se or dependent child because they meet	all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MARY HOCFT

RCU Checking	Hmeriph Sky Hill	(KCU) / LFC	Quite Contray Cardian	RCW Savings	ABC Hedge Fund X	Examples:	SP, DC, Mega Corp Stock EIF	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 requirements, please refer to the instruction booklet.	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or	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 interest 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 empount 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.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	ed" income during the year.	and (b) any other reportable asset or source of income which cenerated more than \$200 in	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1 000 at the and of the reporting period.	Assets and/or Income Sources	BLOCK A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

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.

Source (include date of receipt for honoraria)	Туре	Ame Current Year to Filing	Amount Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Civil War Roundtable (Oct. 2)	Salary Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Oniano County Board of Education	Spouse Salary	N/A	
•	salary	\$ 46 00 0M	\$ 79, 488.7cm#
ment - pension	Sept Compath		
	9 month check Soc. Sec. Check	# 20,000 M	723.991

SCHEDULE D - LIABILITIES

Name: Mary Hoeft

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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. 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 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

					SP, DC, JT		
		,	Row	Example			
			1 Gedit Union	First Bank of Wilmington, DE	Creditor		
		,	5/2010	5/98	Date Liability Incurred MO/YR		
		RIGIAK, EI	House West fruit	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
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					(Spouse/DC Liability)	^	

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, 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	the current calendar year. First-year candidates and new employees report positions neid in the current calendar year and two previous years.
Position	Name of Organization
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		Date	Identify the date, post-	SCHEDULE
and the state of t	None	Parties to Agreement	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 is	SCHEDULE F – AGREEMENTS
		Terms of Agreement	e with respect to: future employment; a leave of absence during the period of government service; enument; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	Name: Mary Hoeft Page 6 of 7

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

FILER NOTES (Optional)

Name: Mary Hoeft

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