PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: 2016 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** E. Did you hold any reportable positions 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 **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. 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? contact the Committee on Ethics for further guidance 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 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 "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: reporting period: exceeding \$1,000 during the reporting period? REPORT TYPE FILER STATUS Receive 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? X X 2016 Annual (Due: May 15, 2017) House of Representatives Member of the U.S. State: District: ¥es Yes Yes Yes Yes O 区 X X **×** Daytime Telephone: 202-225-226 Amendment **₹** \$ Z S O 공 For Use by Members, Officers, and Employees X F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any source during the reporting period? reporting period? year up through the date of filing? Employee Officer or **Employing Office** Date of Termination: Termination A \$200 bendity shall be assessed against any individual who files more than 30 days late. 1011 1977(04 SISP(\$INW) 57 HAND Page 1 of 13 Staff Filer Type: (If Applicable) Shared Yes Yes Yes ¥es Yes ¥es ĕ 人 Principal Assistant Z Z 중 ö Š ö ö X

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	Fixelity Freedom 2025		Fidelity Investments	(Checking)	American Eagle FLU	ABC Hedge Fund X	Examples: Simon & Schuster	SP Mega Corp. Stock E8F	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 (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second fromes and vacation fromes (unless there was rental income during the reporting period); and any fingation interest in, or income derived from, a federal retirement pregram, 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.	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). For all IRAs and other retirement plans (such as	and (by any durin reputative asset or source of income that generated more than \$200 in "uneamed" income during the year.	Identify (a) each asset held for investment or production of income and with a fair market value sceeding \$1,000 at the end of the reporting period of the reporting period of the reporting period.	Assets and/or income Sources	BLOCK A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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	SCHEDULE A - ASSETS & "UNEARNED INCOME"
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

John B. Larson

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: John B. Larson

Page 6

SCHEDULE B - TRANSACTIONS

Nyo Ώ Lerson Page <u>`</u>

				l]				l	l	l	1					
reporting p	report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your	Τyp	Type of Transaction	nsactio	ă	æd	Date				│ <u>}</u>	Amount of		Transaction	3			
resulted in Exclude tra purchase o	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If					sin Exceede	(MO/DAYR)	>	0 0	ο .	0	m	71	Ģ	Ξ.		٠	~
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Capital Ga check the " disclose the	Capitat Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	chase		tial Sale	hange		weekly, if applicable	001- ,000	,001- ,000	,001- 0,000	0,001- 0,000	0,001- 0,000	0,001- 100,000	00,001- 00,000	000,001- ,000,000	,000,001- ,000,000	r \$50,000,0	r \$1,000,00 buse/DC As
* Column K	* Column K is for assets solely held by your spouse or dependent child.	Pur	Sak	Par	Exc	Che \$20		\$1,0 \$15									Ove	
SP, DC, JT	Asset																	
SP	Example Mega Corp. Stock			×		×	3/9/16		×									
	Adobe Sys. Inc		<u> </u>				1)/02/1	X										
	Ansys Inc		ベ				1/20/16	X										
	Macquerie Infra Corp.		メ				א/עב/ונ	×										
	Mondelez International	×					1/26/16	X										
	>	٨					4/6/16	X										
	3			X			4/17/116	*								,		
	Disney Walt 6			×			4/7/16	×										
	if P Morgan Chase " Lo.			X			4/7/16	×										
	Practure & Gentle Co.			X			4/7/16	X										
	United Technologies Corp			×			4/7/16	×										
	Wells Forse & Co		!	X			11/7/16	×										
	MIT BOOK CORP		X				5/9/16	*	<u> </u>									
	Macquerie Intra Corp.	×					€/28/16	*										
	Weyerhouser Co.	×					6/28/16	×										
	Fortive Corp Com	×					7/28/16	×										
			X				8/23/li	×				:						
	CVS Heelth Corp		X				9/9/16	<u>×</u>										
	Quintiles Transnational	X					9/9/16	×										
	Wells tergo & Co		X				9/29/16	×										

SCHEDULE B - TRANSACTIONS

Name: John B. Lerson

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						•	•					+e-Pa1	Home Depot Inc	<u> المرابحة</u>	.Adobe Sys. Inc.	Nike Inc.	SP Example Mega Corp. Stock	SP, DC, JT Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. * Column K is for essets solely held by your spouse or dependent child.	resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	reporting perjoid of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that
												,	×	X	X	X			Purchase		-
				<u>'</u>								X		 					Sale		Type of Transaction
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	<u> </u>				<u> </u>			_											Over \$50,000,		-
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SCHEDULE C - EARNED INCOME

Name: John B. LARSON

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 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765.
In addition costs trace of income (notably honoraria director's fees and payments for professional sensions involving a filtrigian relationship) are totally profibered

In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	ary relationship) are totally prohibited.	
Source (include date of receipt for honoraria)	Туре	Amount
Examples: State Manyland State Of the Control of th	Legislative Pension	\$18,000 \$18,000
Ļ	Spouse Salary	N/A
State of Connecticut Comptrollers Office	Spouse Salery	NA
Connecticut Innovations Inc.	Sporse Salery	N/A

SCHEDULE D - LIABILITIES

Name: John B. Larson

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

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			Americ	Example			•
		Ş	American Eagle F(U Ewmand) 3/12	First Bank of Wilmington, DE	Creditor		
			3/12	5/98	Date Liability Incurred MO/YR		
			Old Main St. Eros Hurtadict	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001~ \$15,000	>	
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					\$5,000,001- \$25,000,000	=	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	٢.	
					Over \$1,000,000* (Spouse/DC Liability)	~	

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

_	_	_	_	- -	_	-
	·					Position
						N
						Name of Organization

SCHEDULE F ~ AGREEMENTS

Name: John B. Larson

Identify the da continuation of employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in employer.	we with respect to: future employment; a leave of absence during the period of government service; wernment; or continuing participation in an employee welfare or benefit plan maintained by a former
Date	Parties to Agreement	Terms of Agreement

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.

ľ	T						
	Example:						
Sou	Mr. Joseph Smith, Arlington, VA	•					
Source	, Arlington, VA			:			
				i .		·	
	Silver Platter						_
	Silver Platter (determination of personal friendship received from the Ethics Committee)				!		
Description	personal friendship						
	received from the						
Description	Ethics Committee)				ı		
Vali							:
			_				
Value	\$400						

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: John B. Lerson

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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-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	٧	~	Z
Charityes. Habitat for Humanity (charity fundation)	Ner. 3-4	DC-Boston-DC	٧	≺	~
Ripon Society Global Policy Excherge	Nov 9-13	CT-London, UK-CT	<i>y</i>	~	Y
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: John B Lerson P

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ist the source archivity (i.e., speech, appearance, or articles), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filled directly with the Committee on Ethics. Source Activity Date Amount	Activity Speech Article	in lieu of paying an honorar Date Feb, 2, 2016 Aug. 13, 2016	Amount \$2,000 \$500