

Name: ನಿ⁰⁰8 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** REPORT TYPE FILER STATUS Walter B. Jones Member of or Candidate for U.S. House of Representatives 2015 Annual (Due: May 16, 2016) District: State: \succeq Daytime Telephone: 込ししー 105-3415 Amendment 2008 For Use by Members, Officers, and Employees Employee Officer or Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTER 2016 AUGHA UBHOHKY23 HC Page 1 of Z

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

| YOU ANSWER "YES" | ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" | Yes No | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 reporting period? | Yes No | 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 | 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? | 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 reporting period? |
| Yes No | 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? | Yes X No | 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 X | 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? | Yes No | 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? OI b. Make more than \$200 in uneamed income from any reportable asset during the reporting period? |

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

| № | Yes 🗌 | 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 three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. |
|----------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N ₀ | | 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 Yes |
| No | | 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 Yes the Committee on Ethics for further guidance. |

SCHEDULE A - ASS

| | SSETS & "UNEARNED INCOME" |
|-----------------------|---------------------------|
| Name: Walter B. Jones | |
| Page & of / | , |

| Javestors Title Co. Stack | Medico Houlth Solutions Stock | Bio key Stock | S | Nucor Stock | 88LT Stack | ABC Hedge Fund X | JI Examples: Simon & Schuster | SP Mega Corp. Stock Eff | 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 rental and other real property held for investment, provide a complete address or description, e.g., Tental property, and a city and state. 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. 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 retirement program, including the Thrift Savings Plan. 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 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. | 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount | (do not use only ticker symbols). For all IRAs and other retirement plans (such as | | Asset and/or Income Source |
|---------------------------|-------------------------------|---------------|----------|-------------|------------|-----------------------|-------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| X | * | * | * | * | × | X | Indefinite | × | None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 | > BB C C C C C C C C C C C C C C C C C C | YOU HAVE IN INCIDEN. | 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. 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 | BLOCK B Value of Asset |
| × | × | * | <u> </u> | × | X | Parthership income | Royalties | × | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | penod. | Check all columns that apply. For accounts that generate tax-deferred moorne (such as 401(k), IRA, or 529 accounts), you may check the "rax-Deferred column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None's for the asset generated no income during the reporting | BLOCK C Type of Income |
| × | X | X | X | × | | | × | × | \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 Spouse/DC Asset with Income over \$1,000,000* | | *Column XII is for assets held by your spouse or dependent child in which you have no interest. | It 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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. | Amount of Income |
| | | | | | | | | S(parl) | \$1,000. \$1,000. P. S. S(part), or E | please indicate as follows: (S (part)). Leave this column hank if there are | period. If only a portion of an asset was sold. | Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting | BLOCK E Transaction |

| Norm | of mutual tunds | 7 | 10.7° 0 | Note: All Funds listed | Washington Northal Tourstes for | Twenty Co. of America Fund | Lincoure Frank of America | Growth Fried of America | Franciamental Investors Fund | Europactic Growth Fund | 7 | Boad Fuel of America | American Buturland Filmed | SP, ASSET NAME E | | BLOCK A Asset and/or Income Source | |
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| | L | | | | Undetermined | | $oxed{\Box}$ | | | | $oldsymbol{oldsymbol{oldsymbol{oldsymbol{\Box}}}$ | | | | | \$250,001-\$500,000 ග | BLOCK B Value of Asset | | S |
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| | | | | | c | | | | | | | | 1 | | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | • | S. JONES | ١ |
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SCHEDULE B - TRANSACTIONS

Name: Walter B. Jones Page 5 of

| | | | | | | | stock. | shaves in Philip Morris International | Althia shareholders received | Noth's International Existing | company and onlited it this p | Altria spun off part of the | SP Example Mega Corp. Stock | SP,DC,JT Asset | Capital Gaine: 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 assets solely held by your spouse or dependent child. | 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 only a portion of an asset is sold, please choose 'partial sale as the type of transaction. | Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the |
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SCHEDULE C - EARNED INCOME

| Name: Walter B. Jones |
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| Page 6_ of |

| EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. | ist 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 he source and amount of any honoraria: list only the source for other spouse earned income exceeding \$1 000. See examples below. | |
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| income Limit's and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally Source (include date of receipt for honoraria) | ensated at or above the "senior staff" rate are totally prohibited. | at or above the "senior staff" rate was \$27,225. In addition, certain y prohibited. Type Amount |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Keene State | Approved Teaching Fee | \$6,000 |
| Examples: State of Maryland Civil War Roundlable (Oct. 2) | Legislative Pension Spouse Speech | \$18,000 \$1,000 |
| | | NIA |
| State of NC | sion | #3288.36 |
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SCHEDULE D - LIABILITIES

Name: Walter B. Jones Page 7 of 7

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. 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

| | SP. | SP. DC. JT | | | | |
|---------------------|------|--------------------------------------------|----------------------------------------|---|--|---|
| | | 7 | Example | | | |
| | | Creditor | First Bank of Wilmington, DE | | | |
| | Date | Liability Incurred MO/YR | 5/98 | | | i |
| | | Type of Liability | Mortgage on Rental Property, Dover, DE | | | |
| | > | \$10,001~ \$15,000 | | | | |
| | в | \$15,001- \$50,000 | | | | |
| : | C | \$50,001~ \$100,000 | | | | |
| | 0 | \$100,001- \$250,000 | ×. | | | |
| Amount of Liability | m | \$250,001- \$500,000 | | 1 | | |
| t of Li | 71 | \$500,00 1 - \$1,000,000 | | | | |
| ability | G | \$1,000,001- \$5,000,000 | | | | |
| | Ξ. | \$5,000,001- \$25,000,000 | | | | |
| | _ | \$25,000,001- \$50,000,000 | | | | _ |
| | د | Over \$50,000,000 | | | | |
| | | 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 notifical entities (such as notifical parties and campaign preparations); and positions social fraternal or notifical entities (such as notifical parties and campaign preparations); and positions social fraternal or notifical entities (such as notifical parties) and campaign preparations.

| neio in any religious, social, tratemal, or political entities (suc | neio in any religious, social, fraternal, or political entities (such as political parties and campaign organizations), and positions solely or an notionally nature. |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Position | Name of Organization |
| Board of Directors | East Carolina Vocational Center |
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