		IAN 25 2016
UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	WAN . 20 2010 Page 1 of 5
FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and	, Candidates, and New Employees	LEGISLATIVE RESOURCE CHARGE
Name: Park WANKING CANDEWELLT Daytime Telephone:	one:	2016 FEB - 3 PM 12: 58
New Member of or Candidate for State:   U.S. House of Representatives District:   Candidates – Date of Election: 11/8/1/6	Check if Amendment	U.S. หชื่ยรัช ัติรั REPRESENTATIVES (Office Use Only)
New Officer or Employee  Employing Office:	Period Covered: January 1,to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS	TIONS	
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 unearmed 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?	ing the reporting period Yes No 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 Peporting 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?	or arrangements with Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a single Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"  THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	HEDULE IF YOU ANSWER "YE!	S" O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	I - ANSWER <u>BOTH</u> OF THESI	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 your dependent child?	ner "excepted trusts" need not be disclosed. Have you excluded from	lave you excluded from Yes No No
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	labilities of a spouse or dependent child because they meet all three	use they meet all three Yes

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: PAWELL WATKING GUSEWELL THE Page 2 of 5

NE WELL FARGO	SP WELLS FARGO	5P AD 504	SPTRUST CONDUCTION	IT HOME	ABC Hedge Fund X	Examples: Simon & Schuster	SP, ERF	by the public of	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 (do not use only ticker symbols).		ch asset held for investment or come and with a fair market value to at the end of the reporting period, ther reportable asset or source of	Assets and/or Income Sources	BLOCK A
× -	*	*	*	><,	×	Indefinite	×	None         >           \$1.\$1,000         ∞           \$1,001-\$15,000         ○           \$15,001-\$50-000         □           \$60,001-\$100,000         m           \$100,001-\$250,000         ¬           \$250,001-\$1,000,000         □           \$500,001-\$1,000,000         □           \$1,000,001-\$5,000,000         □           \$5,000,001-\$25,000,000         □           \$25,000,001-\$50,000,000         □           \$25,000,001-\$50,000,000         □		*Column M is for assets held by your spouse or dependen child in which you have no interest.	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 used.  If an asset was sold during the reporting period and is	Value of Asset	BLOCK B
			×		Partnership Income	Royalties	×	Spouse/DC Asset over \$1,000,000°  NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check "None" if the asset ger income during the reporting perior	interest, and reinvested, mi for assets h	Check all columns that apply. For that generate tax-deferred income 401(k), IRA, 529 accounts), you not the "Tax-Deferred" column.	Type of Income	вгоск с
			×		×	×	×	None       —         \$1.\$200       =         \$201.\$1,000       =         \$1,001.\$2,500          \$2,501.\$5,000          \$5,001.\$15,000       ≤         \$15,001.\$25,000       ≤         \$100,001.\$1,000,000       ×         \$1,000,001.\$5,000,000       ×         Over \$5,000,000       ×         \$000,001.\$1,000       ×         \$1.\$200       =         \$201.\$1,000       ≥         \$1,001.\$2,500       ≥         \$2,501.\$5,000       <		×		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all soluter assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if relievested, must be disclosed as income for assets held in taxable paccounts. Check "None" if no income was earned or generated.	Amount of Income	BLOCK D

#### SCHEDULE D - LIABILITIES

Name: FOUTELL W. GIBEWELT

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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		sp, DC, JT		
		ALLE	Example			
		ALLEGACY OREDIT UNION	First Bank of Wilmington, DE	Creditor		
	•••	8/15	5/98	Date Liability Incurred MO/YR		
		CAP LOAN	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
		χ		\$15,001- \$50,000	₩.	
				\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	
			·	\$250,001- \$500,000	m	Amount of Liability
			,	\$500,001- \$1,000,000	יוי	t of Li
				\$1,000,001- \$5,000,000	G	ability
				\$5,000,001- \$25,000,000	<b>T</b>	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	٠	
				Over \$1,000,000* (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 employees report positions held in the current calendar year and two previous years.

PARTNER TEFFERSON FRUEZ CONSULT	Position VEFFERSON PRUEZY (2005)117 ANTS, LLC			
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### **SCHEDULE F - AGREEMENTS**

Name: PONTELL W. GLISEWELL Page 5 <u>Q</u>

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

			Date
			Parties to Agreement
			Terms of Agreement

# 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.

9	g	, , , , , , , , , , , , , , , , , , ,
	Source (Name and City/State)	Brief Description of Duties
Ехатрю:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
MYBE	BEIDAL MARTING.	RETAIL CONSULTING
	/	