**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 three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. **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 the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of fliing? 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 "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: UNITED STATES HOUSE OF REPRESENTATIVES 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? IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: 2015 FINANCIAL DISCLOSURE STATEMENT REPORT TYPE FILER STATUS 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? ALLU GRAYSON X X 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for District: State: Yes No Yes No No No 77 × × × Ž Z 8 Daytime Telephone: 202 -215-9889 Amendment For Use by Members, Officers, and Employees 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? 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 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 G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single reporting period? Form A 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. FERRICA STREET SALES 2016 AUG 22 AM 11: 06 (Office Use Only) **7**88 ¥es **₹** ¥es 緩 좋 8 X ౭ Š ᇂ Ş Ž Z 중 X X X X X X

Page 1 of 34

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: ALAN GRAYION Page 2 of 34

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Name: ALAN GRAYSON

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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 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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain tunes of income inclably honoratial director's feet and payments for ordersional services involving a fiduciary relationship) were totally prohibited.

Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	000'9\$
Examples: State of Meryland Civit War Roundable (Oct. 2) Onlank Roundable (Oct. 2)	Legislative Pension Spouse Speech Spouse Salary	\$18,000 \$1,000 N/A
U.S. Cargaes (per instructions, this does not need to be litted)	Cognerinal Calon	2174 000
	7	
	•	
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#### SCHEDULE D - LIABILITIES

Name: ALAN GRAYCON

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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 owed to you by a spouse or the child, perent, 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 fiabilities 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

								Am	Amount of Liability	Liabilit	>			
	<del></del> -				<	æ	v	٥	m m	Ð	Ξ	-	ſ	¥
98.7J		Creditor	Date Liability Incurred MO/YR	Type of Liability						-1			000,000	00,000* C Liability)
					\$10,001-	\$15,001	\$20,001-	-100'09Z\$ -100'09Z\$	\$200'000\$	\$1,000,000 \$1,000,000	\$2°,000,000 \$2°,000,000	856,000,0 \$56,000,0	),02 <b>\$</b> 19VO	0,1\$ nevO U\esuoq8)
	Ехатрю	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×						
	Wall	Wall Faren	12 2225	Mr. on 849 BL BANGOL P.					ン					
7	" PE TD Am/18	m/1B	GL 2012	Marsh Loan Belaces						X				
				,						:				

#### 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	Name of Organization
Mangeor	Salita Mountales
Diveoto	Silselline Marter Rund LP
Disorbo	5/1/2: (lace Free 1/4) (to).
Tarke	GIA Decommication Trust
Trute	Grasias For Letini
Diverta	foul to.

#### SCHEDULE D - LIABILITIES

Name: ALAN- GRAYCON

Page 34 0134

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. 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 real to an a Member); loans secured by automobiles, household furnifure, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities oned to you by a spouse or the child, person, or sholling 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.

	Over\$1,000,000"  Spound Clability)				
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	-100,000,32\$ - 000,000,03\$				
	± 000,000,25\$				
ability	a 000,000,1\$				
t of Li	-100,008 -100,000,1\$				
Amount of Liability	m -100,022\$				
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	-100,05\$ -100,001\$				
	-100,21\$ \$15,001				
	< 000,01\$ < 000,01\$				
	Type of Liability	Montgage on Rental Property, Dover, DE	,		
	Date Liability Incurred MO/YR	5/98		•	
	Creditor	Example First Bank of Wilmington, DE			
	چ. DC, JT				

#### 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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Office through	
Office / Director	38296 Wen Inc.
loute	United Muli's Technilogies In
affec Bridge	GCPC.

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: ALAN GRANSON

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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); polifical 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  Government of China (MECEA)  Exemples:  Habbier for Humanity (chanity land naise)  Wanga, SSIVC (BULL)  Physical State (Bull)  India 34  India 67:7							
Iundraken)		Source	Date(s)	City of Departure-Destination-City of Retum	Lodging? (YIN)	Food? (Y/N)	Family Member Included? (Y/N)
Unit asker)	Ļ	Gorenment of China (MECEA)	Aug. 6-11	DC-Bejing, China-DC	Å	٨	z
	See the see	Habitet for Humanity (charity fundrateor)	Mar. 3-4	DC-Boston-DC	<b>&gt;</b>	Y	>
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