J DELIVERED

Name: Gragory W. Macks **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. 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 – 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 filing? 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 exceeding \$1,000 during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS 2015 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS reporting period? REPORT TYPE FILER STATUS b. Make 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 U.S. House of Representatives 2015 Annual (Due: May 16, 2016) Member of or Candidate for State: District: 25 0 Yes Ύes Yes Yes No Yes No. Daytime Telephone: 202 235-316 Amendment 중 For Use by Members, Officers, and Employees 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? 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? 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? 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Form A Employee Officer or Employing Office: Termination Date of Termination: 2016 AUG 12 PM 2: 42 A \$200 penalty shall be assessed against any individual who files more than 30 days late. IGISLATIVE RESOURCE CONTAIN SeY Yes Yes Yes Yes Yes. Yes X 8 Page 1 of 4 Z Š 증 8 Z 중 X X

SCHEDULE C - E

Name: Gregory W. Meeks	
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						NY STATE HOMES AND COMMUNITY RENEWAL	LORD, LIPSCOMB, MOLLOY PR STRATEGIES, LLC	Civil War Roundtable (Oct. 2) Ontario County Board of Education	Keene State State of Maryland	Source (include date of receipt for honoraria)	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 types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.
					~	COMMUNITY RENEWAL	PR STRATEGIES, LLC			eceipt for honoraria)	outside earned income for Members and employees comper for professional services involving a fiduciary relationship) were
					C	STOUSE SALARY N/A	SPOUSE SALARY	Spouse Speech Spouse Salary	Approved Teaching Fee Legislative Pension	Туре	nsated at or above the "senior staff" rate totally prohibited.
						2/4	N/A	\$1,000 N/A	\$6,000 \$18,000	Amount	was \$27,225. In addition, certain

SCHEDULE D - LIABILITIES

Name:
Page 3 of 4

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 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.

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		}		>	8	0	Ď	т	771	О	±	_	₹	^
SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$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- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
47	Chase	10/06	MORTUACIES RESIDENCE					•	X					
J7			MORTURALE LESIDENCE	:		X								
JT	In vestments,	6/10	ST. ALBANS RESIDENCE		X									
	770	-		Ĺ										

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.

FERMANENT	Advisory Board Member UN OFFICE FOR PARTNERSHIP	Board Member 100 BLACK MEN	Position
INT MEMORIAL COMMITTEE	FOR PARTNERSHIP AND THE	100 BLACK MEN, NY CHAPTER	Name of Organization

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Gregory W. MEEKS	
Page_	
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sponsor or were paid by you and reimbursed by the sponsor. 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

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.

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		and the state of t			AND GARGESHIP INSTITUTE		CongressioNAL BLACK CAUCUS	Habilat for Humanity (charily fundraser)	Government of China (MECEA)	Source
							MAR 27-29	Mar. 3-4	Aug. 6-11	Date(s)
							BLACK CAUCUS MAR 27-29 NY-MYRTLE BEACH SC-	DC-Boston-DC	OC∙enido forijeg-od	City of Departure-Destination-City of Return
							Υ.	~	γ	Lodging? (Y/N)
						^	Y	~	٧	Food? (Y/N)
							ح	~	Z.	Family Member Included7 (Y/N)