UNITED STATES HOUSE OF REPRESENTATIVES		MAY 14 2016 Page 1 of 2
FINANCIAL DISCLOSURE STATEMENT	TO NEW MEHIDERS, CANDIDANES, AND NEW EHIDIOYEES	LEGISL ATIVE RESOURCE CENTER
Name: Daytime	Telephone:_	2016 MAY 23 AM 11: 02
New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:	Check if Amendment	OFFICE OF THE CLERK OFFICE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1, 2016 to 0,52, 3,1,4,06	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	E QUESTIONS	
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 uncerned 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?	ng the reporting period Yes No No
G. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	F. Do 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?	arrengement with an Yes No L
D. Did you, your spouse, or your dependent child have any reportable Yes No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	nn \$5,000 from a single Yes No S?
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	DING SCHEDULE IF YOU ANSWER "YES" IEDULES THAT YOU ARE REQUIRED TO COMPLETE	S") COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	MATION - ANSWER BOTH OF THESE QUESTIONS	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ner this report details of such a trust that benefits you, your spouse, or dependent child?	d certain other "excepted trusts" need not be disclosed. Have you excluded from	ave you excluded from Yes 🔲 No 🛂
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	abilities of a spouse or dependent child because they meets.	t all three tests for Your No D

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

Name: DONO LARGE Page of Q

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 both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.	List the source, type, and amount of eamed in and flier's spouse, list the source and amount o

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Members and emple professional service	INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	come may apply to you after yomit is \$27,495. In addition, cert staff.	ou are on House payroll. The 2019 ain types of income (notably honoral	5 limit on outside earned income for ria, director's fees, and payments for
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	ABC Trade Association, Baltimore, MD (July 15)	Напоселит	\$0,000	\$600
Examples:	Civil War Roundfable (Oct. 2) Omanio County Board of Education	Spouse Salary	\$0 WA	\$1,000 N/A
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during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residences, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	Name: Williams of American Page of Pa
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(unless you rent it out or are a Member); loans secured by automobiles, household furniture, liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Rej exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. period. New Members: Members are required to report all liabilities Report liabilities of over \$10,000 owed to any one creditor at any time

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18/1							Over \$1,000,000* (Spouse/DC Liability):

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.

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SCHEDULE F - AGREEMENTS

Name:

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
11	
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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. covernment and arry information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information isted on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Exemple:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
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