UNITED STATES HOUSE OF REPRESENTATIVES Name: Bonnic Marie Watson Column Daytime Telephone: 2016 FINANCIAL DISCLOSURE STATEMENT REPORT FILER STATUS 2016 Annual (Due: May 15, 2017) Member of the U.S. House of Representatives District: State: 21 < Amendment For Use by Members, Officers, and Employees Form A Employee Officer or Employing Office: Termination Date of Termination: S. HOUSE OF RIOTHER TOLE ONLY A \$200 penalty shall be assessed against any individual who files more than 30 days late. 17 JUL 14 PH 2: 05 Shared Staff Filer Type: (If Applicable) Principal Assistant

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	1. 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	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	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	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	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? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

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

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. Yes Yes Yes Š 증 몽 Q 3

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DULE A ASSETS & "UNEARNED INCOME"	
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Page 1 of 10	

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		00 4	1781	599,		Examples:	10	a detailed dis se refer to th	me source indent child a poptional co	u have a priv stment Fund	Exclude: Your phomes and vacanome during thinterest in, or retirement progra	For an ownership in that is not public! business, the natural location in Block A.	ental and ot ide a comple erty," and a	bank and oth terest-bearin very financia 00 in interest	account that	all IRAs an	ide complete	exceeding \$1,000 and (b) any other that generated mutually generated gene	tify (a) ear	Assets a	
		4	861.06 x 301.20	599 N Chaone Tomus, NO	ABC He	Simon &	SP Mega Co	For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (CC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second fromes and vacation homes (unless there was real income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	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.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount 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.	the account that exceeds the reporting thresholds.	(we not use only when symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds	exceeding a juvu at the end or the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.	Identify (a) each asset held for investment or production of income and with a fair market value	Assets and/or Income Sources	BLOCKA
			ર ઇ ડ	1.5 June	ABC Hedge Fund	Simon & Schuster	Mega Corp. Stock	chedule A d booklet.	ndicate that your spoily held with far left.	fund that is * the "EIF	dence, includences the condition of the	privately-l state the vities, and i	erty held fo description ,	unts, total if the total is where there counts.	reporting th	rement pla	tocks and	or the reposet or sou	eld for in	ome Sa	,
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		\dashv				inite		\$15,001-\$5	0,000						0		Column M is for assets neid by your spouse of dependent child in which you have no interest.	used. "I an asset was sold during the reporting period and is 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		
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					Partnership Income	Royalties		Other Type (Specify: e.		income o	or Farm Income)						asset generated no income during the reporting period.	Day accounts), you may creek the inax-periented column. Dividends, interest, and capital gains, even if relivvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if the	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or		
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		\Box					Ц	Over \$5,00		oma over	\$1,000,000*				K		Column XII is for assets held by your spouse or dependent child	category or moone by checking the appropriate box cerow. 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.	For assets for which you checked "Tax-Defened" in Block C, you may check the "None" column. For all other assets indicate the		
+		4				-	S	Spouse/DC	Asset with Inc	olina OVEF	\$1,000,000°			↔ 글 글 로 ୮	ĕ	· 호 등 크					_
					Ī		S(part)	, S						blank if there are no transactions that exceeded \$1,000.	follows: (S (part)).	If only a portion of an asset was sold please indicate as	in the r	ales (xchan	Indicate if asset had	Tran	
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								S, S(part), or						there sactic	(S)	indica	in the reporting period.	purchases (r), sales (S), or exceeding \$1,000	Indicate if the asset had	Transaction	

SCHEDULE A - ASSETS & "UNEARNED INCOME"

NEARNED INCOME" Name: Bonnie Maie Water Colons Page 3 of	Name: Booo!
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									\vdash							Spouse/DC Asset with Income over \$1,000,000⁴	
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SCHEDULE B - TRANSACTIONS

Name: Bonne Mare Waten Coleman

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Column IV for animal condy-sets type columns of the
Purchase
Purchase Purchase
Type of Transaction Transaction
Exchange
Exchange
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SCHEDULE C - EARNED INCOME

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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 and amount of any honoraria; list only 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 a	INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	ed at or above the "senior staff" rate was the value of the read o	\$27,495. The 2017 limit is \$27,765.
	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
Examples:	State of Maryland	Legislative Pension	\$18,000
1	Civii war Koundiable (Cct. 2) Ontario County Board of Education	Spouse Speech	\$1,000 N/A

SCHEDULE D - LIABILITIES

	Name: Roc
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	Marie Watson Ca
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	of 10

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.

			-		
			S. A.		
		Example			
		First Bank of Wilmington, DE	Creditor		
			7		
		5/98	Date Liability Incurred MO/YR		
		Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000	В	
			\$50,001- \$100,000	c	
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			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:

Destrictions held in any reliable according to the control of the con

Positions held in any religious, social, tratemal, or political e	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

SCHEDULE F - AGREEMENTS

	Name:
1	Bonnie
4	Marie Was
	Watem (
	Coleman
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	Date	Parties to Agreement	Terms of Agreement

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Sliver Platter (determination of personal friendship received from the Ethics Committee)	\$400
	ī		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Boggie M
Marie Watson 1
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Page 8 of 10
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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); 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.

נוס ווכו.						
	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (YM)
,	Government of China (MECEA)	Aug. 6-11	DC-Belling, China-DC	~	۲	Ż
Exemples:	Habilat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Y	*	۲

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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						Article Aug. 13, 2016	Association of American Associations, Washington, DC Speech	Source Activity Date	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.
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