UNITED STATES HOUSE OF REPRESENTATIVES	FORM B For New Members, Candidates, and New Employees	APR 2 1 2017 Page 1 of
Name: Carl Spacrer	Daytime Telephone:	U.S. HOUSE OF BESSEE CHAPA
New Member of or Candidate for State:  U.S. House of Representatives District:  Candidates – Date of Election:	Check if Amendment	(Office Use Only)
New Officer or Employee  Employing Office: 13-1101-18	Period Covered: January 1,	A \$200 penalty shall be assessed against any Individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	F THESE 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 unearned income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g 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 reporting period?	No 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?	arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No  J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a single Yes V No No
ATTACH THE CORI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO		TH OF THESE QUESTIONS
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?	on Ethics and certain other "excepted trusts" need not be disclosed. Hild?	ive you excluded from Yes No No
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent chi exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse or dependent child because they meet all three tests for ittee on Ethics.	all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME" \$5,000, list every financial institution where there or all IRAs and other retirement plans (such to 1/k) plans) provide the value for each asset held the account that exceeds the reporting thresholds. or a detailed discussion of Schedule equirements, please refer to the instruction booklet. or rental and other real property held for investmorovide a complete address or description, Provide complete names of stocks and mutual fund-do not use only ticker symbols). revide a complete address or or rental property," and a city and state. or bank and other cash accounts, total the amount in ore than \$1,000 in interest-bearing accounts. the optional column on the far left. you so choose, you may indicate that an asset come source is that of your spouse (SP) spendent child (DC), or jointly held with anyone (J you have a privately-traded fund that is an Except vestment Fund, please check the "EIF" box. roduction of income and with a fair market value xceeding \$1,000 at the end of the reporting period, nd (b) any other reportable asset or source of come during the reporting period); and any financia terest in, or income derived from, a federa clude: Your personal residence, including secon an ownership interest in a privately-held busine: Assets and/or income Sources 2 404 Examples: not publicly traded and vacation homes (unless there was (a) each asset held for investment or on of income and with a fair market value O nature of its activit Simon & Schuster ABC Hedge Fund Mega Corp Stock **BLOCK A** - K. 1. 1 KASS more ₽ \$200 ag of 땈 × \*Column M is for assets held by your spouse or dependen child in which you have no interest. If an asset was sold during the reporting period and included only because it generated income, the val None please specify the method used. indicate value of asset at close of the reporting period. Is you use a valuation method other than fair market value. hould be "None." \$1-\$1,000 · to \$1,001-\$15,000 o \$15,001-\$50-000 • \$50 001-\$100 000 × m Value of Asset Ť, \$100,001-\$250,000 BLOCK B \$250,001-\$500,000 G \$500,001/\$1,000,000 × \_ \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 **....** \$25,000,001-\$50,000,000 \_ ۳. Outer \$50,000,000 Spouse/DC Asset over \$1,000,000 Ξ. check the Tax-Dividends, interest, that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Jax-Deferred" column. Check all columns that apply that generate tax-deferred inc NONE even if reinvested, must income for assets in DIVIDENDS × RENT 3 Type of Income INTEREST Name: BLOCK C ≫ >< **CAPITAL GAINS** and capital gains during the reporting EXCEPTED/BLIND TRUST TAX-DEFERRED For account the ass taxab Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" other assets indicate the category of income by checking the appropriate box below. Divident assets indicate the category of income by checking the appropriate box below. Divident and capital gathe, even if relinvested, must be disclosed as income for assets I accounts. Check "None" if no income was earned or generated. Column XII is for assets held by your spouse or dependent child in which you have no interest × \$1-\$200 . \$201-\$1,000 \$1,001-\$2,500 ₹ Doese \$2,501-\$5,000 \* Current Year ≤ × \$5,001-\$15,000 Š \$15,001-\$50,000 ≦ \$50,001-\$100,000 3 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Amount of Income × BLOCK D Spouse/DC Income over \$1,000,000 × None \$1-\$200 = × \$201-\$1,000 # Page ₹ \$1,001-\$2,500 Preceding Year z \$2,501-\$5,000 ≤ \$5,001-\$15,000 \$ \$15,001-\$50,000 × ≦ \$50,001-\$100,000 앜 \$100,001-\$1,000,000 × column. nds, intere: d in taxab \$1,000,001-\$5,000,000 × 25 Over \$5,000,000 ğ Spouse/DC Income over \$1,000,000 ≥

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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 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. **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: 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.

	T	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
Examples: State or Maryland Civil War Roundtable (Oct. 2)	Spouse Speech	\$0,000	\$76,000 \$1,000
Ontario County Board of Education	Spouse Salary	NA	N/A
Rural Country Marketing-Carl	Salary	6,500	9512
CD-Kera	•	15,050	61,678
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#### SCHEDULE D - LIABILITIES

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Name: Cc.	
Spoerer	
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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. 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

						SP, DC, JT		
			Cas	PNC	Example			
	TY THE MEMORY AND A SECOND SEC		Capital one	PNC-Bonk	First Bank of Wilmington, DE	Creditor		
			3/0/5	6/94	5/98	Date Liability Incurred MO/YR		
			Credit Cord	mortage	Mortgage on Rental Property, Dover, DE	Type of Liability		
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#### 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.

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### **SCHEDULE F - AGREEMENTS**

Name:	
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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	

# 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.

government and miloritation consider confidential as a result of a	устопнов ана ану пноглавот количенка аз а голи от а римеует голиотер техников ду там. Во пост <b>ерва: пноглавот паво от астерите с.</b>
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

#### CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED. PLEASE COMPLETE BOTH PAGES AND RETURN TO THE OFFICE OF THE CLERK AT THE MAILING ADDRESS BELOW.

Not Raised or loaned myself \$5,000

Signature Date: 3-3-17

Name (Please Print or Type): Carl W Spoerer

State: IL District: 15 th

Daytime Telephone: 217 586 7809

2017 APR 28 PH 1: 38

(THIS PAGE WILL NOT BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601