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UNITED STATES HOUSE OF REPRESENTATIVES For New Members 1	<b>FORM B</b> For New Members, Candidates, and New Employees	MAR 30 2016
Name: Douglow Anthony Bell Daytime Telephone	phone	2016 APR -6 AM 11: 01
New Member of or Candidate for State: GA  U.S. House of Representatives District: Q.S  Candidates – Date of Election:	Check if Amendment	U.S. HEUSE OF THE CLECK  Office Use Only)
New Officer or Employee  Employing Office:	Period Covered: January 1, 30 15 to March 39, 30 16	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	ESTIONS	
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?	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 X No
C. 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. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	or arrangements with Yes No
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?	n \$5,000 from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU AR	SCHEDULE IF YOU ANSWER "YES" ES THAT YOU ARE REQUIRED TO COMPLETE	S" O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	ON - ANSWER <u>BOTH</u> OF THES	OTH 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 your dependent child?	other "excepted trusts" need not be disclosed. H	ave you excluded from Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	or liabilities of a spouse or	dependent child because they meet all three Yes No X

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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all interest-bearing accounts. If the total \$5,000, list every financial institution where more than \$1,000 in interest-bearing accounts For all IRAs and other retirement plans (such 401(k) plans) provide the value for each asset hell the account that exceeds the reporting thresholds. f you have a privately-traded fund that is an Except nvestment Fund, please check the "EIF" box. nomes and vacation homes (unless there was rents noome during the reporting period); and any financia interest in, or income derived from, a federa -or an ownership interest in a privately-held busine that is not publicly traded, state the name of the control of the cont rental property," and a city and state. or rental and other real property held for investment or bank and other cash accounts, total the amount do not use only ticker symbols) ncome (b) equirements, please eographic location in Block A. rovide complete names of stocks and mutual fund uneamed" income during the year. roduction of income and with a fair market value acceeding \$1,000 at the end of the reporting period, ependent child (DC), or jointly xclude: Your personal residence, including secon you so choose, you may indicate that an come source is that of your spouse tirement program, including the Thrift Savings Plan. is not publicly traded, state the name ness, the nature of its activities, a Assets and/or Income Sources optional column on the far left CD Money හ any other reportable asset which generated more ti <u>(a)</u> detailed each asset held for financial institution where there Simon & Schuster ABC Hedge Fund Wega Corp Stock discussion of Schedule refer to the instruction booklet BLOCK A War Kat if the held with anyone 윽 description, investment (SP) is ove bed 묶 × If an asset was sold during the reporting period and is included only because it generated income, the value Indicate value of asset at close of the i None \*Column M is for assets held by your spouse or depende child in which you have no interest. please specify the method used. hould be "None." \$1-\$1,000 ₽ \$1 001-\$15 000 c 0 \$15,001-\$50-000 \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 77 BLOCK B G \$250,001-\$500,000 Ŧ \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 e reporting period. i in fair market value ے \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 \_ t value Spouse/DC Asset over \$1,000,000° ኟ reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no the "Tax-Deferred" column. Dimterest, and capital gains, Check all columns that apply. For account NONE ncome during the reporting period × DIVIDENDS RENT Type of Income INTEREST Name: BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST pod TAX-DEFERRED Dividends Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income  $\bar{s}$ 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. Divi and capital gaint, even if reinvested, must be disclosed as income for assets accounts. Check "None" if no income was earned or generated. None Column XII is for assets held by your spouse or dependent child in which you have no interest × \$1-\$200 3 \$201-\$1,000 ≡ ~ \$1,001-\$2,500 thony Current Year < ≤ \$5,001-\$15,000 × ≤ \$15,001-\$50,000 ≨ \$50,001-\$100,000 ⋝ \$100,001-\$1,000,000 Be \$1,000,001-\$5,000,000 × Amount of Income × Over \$5,000,000 BLOCKD ≅ Spouse/DC Income over \$1,000,000\* XX= \$1-\$200 \$201-\$1,000 = Page Z \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 ≤ × \$5,001-\$15,000 رو ≦ × \$15,001-\$50,000 ≦ 9 \$50,001-\$100,000 column. 훒 \$100,001-\$1,000,000 ⋝ \$1,000,001-\$5,000,000 3 taxab Over \$5,000,000 ≥ For all ¥ Spouse/DC Income over \$1,000,000\*

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## SCHEDULE C - EARNED INCOME

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

	professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.  Amount	Amount
Source (include date of receipt for honoraria)  Type	Am Current Year to Filing	nount  Preceding Year
ABC Trade Association, Baltimore, MD (July 15)  Slate of Maryland Slate of Maryland Slate y  Examples: Criff War Roundlable (Oct. 2) Chest Space of Education Spouse Space Space Space	\$0 \$20,000 \$0 N/A	\$500 \$76,000 \$1,000
hear the salary	£9,897	\$13,733
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## SCHEDULE D - LIABILITIES

Name: Dougla	
Anthony Bell	
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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. 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 \*Column K is for liabilities held solely by your spouse or dependent child.

								A	Amount of Liability	of Lia	bility				
			Date		>	8	C	D	m	Ti I	6	Ξ	-		~
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)
İ	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							
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SCH	EDULE	SCHEDUI F E - POSITIONS				ł	ł		ı			i	i		

## SCHEDULE E - POSITIONS

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. 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

		sole proprietor	Managing Partner	Position
	]	Windows Bir Cleaning Scrices	Windows Etc. Sorvice, LLC	Name of Organization