

MAY 17 2017

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LEGISLATIVE REPORTING CENTER

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HOUSE OF REPRESENTATIVES

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A \$200 penalty shall be assessed against any individual who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT

FORM B

For New Members, Candidates, and New Employees

Name: Dean Grayson

Daytime Telephone: \_\_\_\_\_

FILER  
STATUSNew Member of or Candidate for  
U.S. House of RepresentativesState: AR  
District: 08

Candidates - Date of Election: \_\_\_\_\_

Check if  
AmendmentNew Officer or Employee  
Employing Office: \_\_\_\_\_Period Covered: January 1, 2017  
to April 30, 2017

## PRELIMINARY INFORMATION - ANSWER EACH OF 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?

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 ☒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 ☐

- 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?

Yes ☐No ☒

- 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 ☐

- J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☒No ☐

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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?

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.

Yes ☐No ☒

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Dana Grayson

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction		
<p>Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For bank and other cash accounts, list 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.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.</p> <p>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.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>		<p>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 used.</p> <p>If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."</p> <p>*Column M is for assets held by your spouse or dependent child in which you have no interest.</p>													<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.</p>							<p>For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. 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.</p> <p>*Column XII is for assets held by your spouse or dependent child in which you have no interest.</p>											<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.</p> <p>If only a portion of an asset was sold, please indicate as follows: (S (part)).</p> <p>Leave this column blank if there are no transactions that exceeded \$1,000.</p>		
		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E
Examples:	SP	DC	JT	EIF																															
Mega Corp. Stock																																			
Simon & Schuster																																			
ABC Hedge Fund																																			
Angie Silver Stock																																			
Collector Universe																																			
Goldman Metals																																			
TD Am Tr Real Estate																																			
Developer Group																																			
ABC Cash Flow Inv V																																			
ABC Cash Flow Inv V																																			

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Don Grayson

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction	
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E
	None																																		
	\$1-\$1,000																																		
	\$1,001-\$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																																		
	Spouse/DC Asset over \$1,000,000*																																		
	None																																		
	DIVIDENDS																																		
	RENT																																		
	INTEREST																																		
	CAPITAL GAINS																																		
	EXCEPTED/BLIND TRUST																																		
	TAX-DEFERRED																																		
	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																		
	None																																		
	\$1-\$200																																		
	\$201-\$1,000																																		
	\$1,001-\$2,500																																		
	\$2,501-\$5,000																																		
	\$5,001-\$15,000																																		
	\$15,001-\$50,000																																		
	\$50,001-\$100,000																																		
	\$100,001-\$1,000,000																																		
	\$1,000,001-\$5,000,000																																		
	Over \$5,000,000																																		
	Spouse/DC Asset with income over \$1,000,000*																																		

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

*John Grayson*

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of

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income													BLOCK E Transaction	
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
	Shuttle Fund Interest																																			
	Company Income																																			
	Real Estate																																			
	Regulus Club																																			
	Swedish Club																																			
	Marshall Lynch Club																																			
	2017 Club																																			
	Grease Energy																																			
	Equine World LLC ETC																																			
	" 51000 Lake ETP																																			
	" 6000 Lake ETP																																			
	Redwood Lake Vn (ETN)																																			
	Comig																																			
	Wayland Northfield ETP																																			
	Voluntary Health ETP																																			
	Voluntary Health ETP																																			

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Dan Grayson

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income																								
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		None	\$1-\$1,000	\$1,001-\$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	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
	NW Mutual Life Ins Co																																													
	DC party full Galena																																													
	Bidens, Stock																																													
	Namill land, cash																																													
	Realty property (Nelsons)																																													
	Realty 020, 10A																																													
	64011 10A																																													
	Health personal cash																																													
	Bank of America cash																																													
	MedExpert Consulting																																													
	with Mary 50 Mary 50 Mary 50																																													

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**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.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
		<div> <div> <div>ABC Trade Association, Baltimore, MD (July 15)</div> <div>State of Maryland</div> <div>Civil War Roundtable (Oct. 2)</div> <div>Ontario County Board of Education</div> </div> <div> <div>Honorarium</div> <div>Salary</div> <div>Spouse Speech</div> <div>Spouse Salary</div> </div> <div> <div>\$0</div> <div>\$20,000</div> <div>\$0</div> <div>N/A</div> </div> <div> <div>\$500</div> <div>\$76,000</div> <div>\$1,000</div> <div>N/A</div> </div> </div>	<div> <div>Mud Export Consulting, Inc</div> <div>US Congress - Congressional Salary</div> </div> <div> <div>Salary</div> <div>Spouse Salary</div> </div> <div> <div>\$132,369</div> <div>N/A</div> </div> <div> <div>\$147,082</div> <div>N/A</div> </div>

# SCHEDULE D - LIABILITIES

Name: Dana Grayson

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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. 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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
	Frederick Mortgage	1/13	Mortgage on Rental Property, Dover, DE					X						
SP	Wells Fargo	12/05	Mortgage on Rental Property, Dover, DE						X					
SP	TD Ameritrade	2/02	Mortgage on Rental Property, Dover, DE							X				

# 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.

Position	Name of Organization
President	MedExpert Consulting, Inc
Co-director	BioCryst Pharmaceuticals
Consultant	Valley BioPharmaceuticals
Consultant	ImmuneGene Inc
Consultant	Versant
Consultant	GLS Council

# SCHEDULE F - AGREEMENTS

Name: Dana Grayson

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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	Terms of 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.

Source (Name and City/State)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting Services
Bucyrus Pharmaceuticals	Biotechnology consulting
Otsuka Pharmaceuticals	Biotechnology consulting
Valer BioPharmaceuticals	Biotechnology consulting
Wellspring Consulting	Biotechnology consulting
VeraStem	Biotechnology consulting
ImmuneGene	Biotechnology consulting