E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? **C.** Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics **EXEMPTION** - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all **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. exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: Name: 2015 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES 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? reporting period? exceeding \$1,000 during the reporting period? PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Did you, your spouse, or your dependent child purchase, sell, or REPORT FILER STATUS b. Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the asset during the reporting period? end of the reporting period? or Albio Sizs 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for State: District: Yes Yes Yes Yes No Yes No S. Daytime Telephone: 202-225-7919 Amendment Š Š For Use by Members, Officers, and Employees 7 H. Did you, your spouse, or your dependent child receive any 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? 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" lieu of paying you for a speech, appearance, or article during the reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? Did any individual or organization make a donation to charity in Form A Employee Officer or Employing Office: Termination Date of Termination: HAND DELIVERED A \$200 penalty shall be assessed against any individual who files more than 30 days late. 2016 MAY 13 PM 1:04 7.135 BOSINDSS J BALLYTSIDS ; Yes Yes Yes Yes Yes Yes Yes Page 1 of S O S O Š ĕ 중 Ş 중 7 7 Z

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: AlbiO SiKS

\$1,000,001-\$5,000,000 \$\$5,000,001-\$25,000,000 \$\$25,000,001-\$25,000,000 \$\$25,000,001-\$50,000,000 \$\$5,000,001-\$50,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$50,000,000 \$\$5,000,001-\$5	7130	10 OS365	N	() Divinco	SP Merrill hundr-checking	bt TO Bank-Checking	ABC Hedge Fund X	Examples: Simon & Schuster	SP Mega Corp. Stock EIF	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. 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 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. 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 interest in, or income derived from, a federal interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. 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. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	Asset and/or income Source 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." Provide complete names of stocks and mutual funds (ab not use only ticker symbols). 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.	BLOCK A
		\ <	X	X			×	Indefinite	×	None \$1-\$1,000 \$1.001-\$15,000 \$1.001-\$15,000 \$15.001-\$100,000 \$15.001-\$100,000 \$100,001-\$100,000 \$100,001-\$100,000 \$100,001-\$1,000,000 \$100,001-\$1,000,000 \$100,001-\$1,000,000 \$10,000,001-\$10,000,000 \$10,000,001-\$10,000,000 \$10,000,001-\$10,000,000 \$10,000 \$10,000,000 \$10	Value of Asset Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest.	BLOCK B
None St\$200		×\$	X	X	X	\mathbf{X}	Partnership Income	Royalbes		DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	Type of Income Type of Income Type of Income Type of Income Theck all columns that apply. For accounts that enerale tax-deferred income (such as 401(k), IRA, or 29 accounts), you may check the Tax-Deferred follums. Dividends, interest, and capital gains, wen if reinvested, must be disclosed as income or assets held in taxable accounts. Check 'None' the asset generated no income during the reporting eriod.	BLOCK C
0 to			X	X		X	×	×		\$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$5,001-\$15,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 \$0,000,001-\$5,000,000 \$0,000,001-\$5,000,000 \$0,000,001-\$5,000,000	Amount of Income Amount of Income for which you checked "Tax-Deferred" in Block C, you the "None" column. For all other assets indicate the of income by checking the appropriate box below, interest, and capital gains, even if relinvested, disclosed as income for assets held in taxable check "None" if no income was earned or Check "None" if no income was earned or list for assets held by your spouse or dependent child but have no interest.	BLOCK D BLOCK E

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																	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
																	None	
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SCHEDULE C - EARNED INCOME

Name: AlbiO SIRS
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Page 4 of 8

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

				West New York Board of Education (State Devision)		NJ State Pension	L	Keene State State of Maryland	Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.
		200		Speuse temsion)	NJ Rusion	Spouse Speech Spouse Salary	Approved Teaching Fee Legislative Pension	Туре	nsated at or above the "senior staff" rate totally prohibited.
				NA	-	38,000	\$1,000 N/A	\$6,000 \$18,000	Amount	e was \$27,225. In addition, certain

SCHEDULE D - LIABILITIES

Name: Sies Oies Page (

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 properly 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.

H	H		sp. DC, JT		
7	KNASAM	Example			
+ hupas, H PhoBank 11/10	NY, NJ Evenbank (Primary residence)	First Bank of Wilmington, DE	Creditor		
11/114	90/1	5/98	Date Liability Incurred MO/YR		
Merstgage	Mortgage	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000	œ	
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X		×	\$100,001- \$250,000	D	ļ
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			\$500,001- \$1,000,000	च	t of Li
			\$1,000,001- \$5,000,000	၈	ability
			\$5,000,001- \$25,000,000	=	
			\$25,000,001- \$50,000,000	_	
			Over \$50,000,000	۷.	
			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: 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
	\
	W/A

SCHEDULE

	F - AGREEMENTS
	Name: ALDIO SIKS
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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 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.

		g	
	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
	NA		
	1 1		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Name: , MONO SINS	
Page 7 of 8	

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.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Covernment of China (MECEA)	Aug. 6-11	DC-Beşing, China-DC	Υ	۲	N
cxampies:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	٧	۲	Υ
	NA					

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: AlbiOSiRS Page O

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. Examples: Association of American Associations, Washington, DC XYZ Magazine Source Activity Speech Article Feb, 2, 2015 Aug. 13, 2015 Date Amount \$2,000 \$500