A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: 2015 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** 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. 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 exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or 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 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 AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS reporting period? REPORT FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the Make more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period David A. Brai 7 7 Member of or Candidate for 2015 Annual (Due: May 16, 2016) U.S. House of Representatives State District: Yes Yes Yes Yes Yes V No Daytime Telephor 7 7 Amendment Š 몽 Š Z For Use by Members, Officers, and Employees < ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" 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? Did any individual or organization make a donation to charity in 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? 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 Employee Officer or Employing Office: Termination Date of Termination: A \$200 penalty પ્રસાધ છે. The Clark pany individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTER 2018 May 48 OPW 2: 48 HAND Page 1 of ___ Yes Yes Ύes Yes Yes Yes Yes Š S ĕ Š

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Page `⊈,

| Allima Mes Carl | That Rul Cotate | Vinderica Tot. Intistick | Version Lawn Fond | THINK FIRE WINTE | TTAA LIFE TWA | ABC Hedge Fund X | Exemples: Simon & Schuster | SP Mega Corp. Stock Elf | For hank 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 tocation 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 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 (DC), 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. | BLOCK A 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 "unearmed" income during the year. Provide complete names of stocks and mutual funds (do 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. |
|-------------------------------------|-----------------|--------------------------|-------------------|------------------|---------------|-----------------------|----------------------------|-------------------------|--|--|
| | | | | | | | | | None > | V + D = C < = |
| | | | | | | | īde | | \$1,001\$15,000 C | BLOCK B Value of Asset Value of the reporting period. If you use insulation method other than fair market value, please specify the methor ised. If an asset was sold during the reporting period and is included only secause 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. |
| 7 | * | メ | У. | × | × | | Indefinite | | \$15,001-\$50,000 | of as od oth od |
| \vdash | | | | | ^ | ┞ | | × | \$50,001-\$100,000 m | set at er than during incomes |
| | | | | | | - | | Ĥ | \$100,001-\$250,000 | BLOCK B Value of Asset t close of the report an fair market value, an fithe reporting pe fing the reporting pe me, the value should aid by your spouse or |
| | | | | | | × | - | | \$250,001-\$500,000 p | BLOCK B se of the se of the r market v re reportir he reportir se value sh your spou |
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| | | | | | | <u> </u> | ļ | | \$1,000,001-\$5,000,000 _ | or de |
| | | | | | | | | | \$5,000,001-\$25,000,000 | l and l and None |
| | | <u> </u> | | | | | | | \$25,000,001-\$50,000,000 | od. If not chill |
| | | | | | | | | | Over \$50,000,000 | you the m |
| | | | | | | | - | | Spouse/DC Asset over \$1,000,000* | ethod only |
| | | | | | | | | | NONE | |
| | | | | | _ | | | × | DIVIDENDS | Type of Inco Type of Inco Check all columns that apply. generate tax-deferred income (suc 529 accounts), you may check column. Dividends, interest, over it reinvested, must be differ assets held in taxable account if the asset generated no income period. |
| | | | | | | | | | RENT | ll column tax-do ounts) Divints binve et get |
| | | | | | | | <u> </u> | | INTEREST | Type columns the columns the ax-deferred introduced, you out the columns of the c |
| | | İ | | | | | | | CAPITAL GAINS | BLC that that a may in may in must be axed no |
| | | | | | | | | | EXCEPTED/BLIND TRUST | BLOCK C Type of Incom ms that apply. If iered income (such you may check it ends, interest, an ted, must be discli in taxable account erated no income du |
| | * | 3 | × | メ | × | | | | TAX-DEFERRED | ₽ <u>₹ 5 5 5 4 5 7 3</u> |
| | | | | | | Partnership Income | Royalties | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | accounts that 401(k), IRA, or Tax-Defended capital gains, and as income Check "None" ig the reporting |
| 人 | X | Ж | X | X | × | | | | None _ | For assets may check category colored must be accounts. generated, in which yo |
| | | | | | | | | | \$1-\$200 = | Arnoun Arnoun Arnoun For assets for which you checome by check the "None" column category of income by cheche blividends, interest, and cannot be disclosed as incomist. Check "None" generated. "Column XII is for assets held in which you have no interest in which you have no interest. |
| | | | | | | | × | | \$201-\$1,000 = | for wt the 11 of ince i, inter ilisclo Ch I is for u haw |
| | | <u> </u> | | | | | | × | \$1,001-\$2,500 < | Arr which you a "None" a "None" trerest, closed a Check for asse |
| $ldsymbol{ldsymbol{ldsymbol{eta}}}$ | | | | | | × | | | \$2,501-\$5,000 | BL nount ou chec column column oy chec and ca and c |
| | | | | | | | <u> </u> | ļ | \$5,001-\$15,000 < | Amount of Income h you checked "Tax-Deferred net column. For all other as a by checking the apposit, and capital gains, ever disconne for assets x. "None" if no income to interest. |
| | | | | | | <u> </u> | _ | | \$15,001.\$50,000 <u>≤</u> | Tax- Tax- or all gall all gall for no ii |
| | | | | | | | | \vdash | \$50,001.\$100,000 ≦ | Come Deferre other a appropriate arsets assets income spouse o |
| lacksquare | | | | | | L | | | \$100,001-\$1,000,000 | aven if ts hald se was even if ts hald se was even dependent or dep |
| | | | | | | | | | \$1,000,001-\$5,000,000 × | n Bloc ts ind te box ta in a s ea |
| | | | | | | | | | Over \$5,000,000 ≥ Spouse/DC Asset with Income over \$1,000,000* ≥ | Amount of Income Amount of Income 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 hald in taxable 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. |
| \vdash | | | | | | | _ | Q | # Art 3 # F | |
| | | | | | | | | S(part) | Leave this column blank if there are no transactions that exceeded \$1,000. | Transaction indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold please indicate as follows: (S (part)). |
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| + | _ | | | - | + | + | + | + | | | | | | | | EIF | None | |
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| | 7 | | | | † | | | T | † | <u> </u> | | | 1 | | | | Spouse/DC Asset over \$1,000,000⁴ Z | |
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| \top | 1 | | <u> </u> | ļ | + | | | T | | | | - | | | | | DIVIDENDS | |
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| | | | | | | | | | | | | | | | | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | Ó |
| | | | | | T | | 15 | <u> </u> | × | | <u>~</u> | 쏫 | × | \overline{x} | ~ | | None | |
| \dagger | \dashv | | | \vdash | \dagger | \dagger | 1 | T | \vdash | | | | | \vdash | | | \$1-\$200 = | |
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| + | \dashv | | \vdash | + | - | + | + | + | | \vdash | | | | - | - | | Spouse/DC Asset with Income over \$1,000,000* | |
| | | | | | | | | | | | | | | | | | P, s, s(part), or E | BLOCK E Transaction |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE B - TRANSACTIONS

Name:

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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 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. Source (include date of receipt for honoraria) Type Approved Teaching Fee State of Barryland State of Barryl | sated at or above the "senior staff" rate totally prohibited. Type Approved Teaching Fee Legislative Pension | Amount \$6,000 \$18,000 |
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SCHEDULE D - LIABILITIES

| Name: | _ | Pageof |
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| ing the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting | he highest amo | unt owed during the reporting |
| real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you | mortgage on your | r personal residence (unless you |
| there or appliances: liabilities of a husiness in which you own an interest fundess you are personally liable); and liabilities owed to | s voll are nersons | ally liable), and liabilities owed to |

Report liabilities of over \$10,000 owed to any one creditor at any time duri period. Members: Members are required to report all liabilities secured by rent it out or are a Member). Icans account to the secured by 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.

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| | | , | 747 | Example | | | |
| | | | SURTRUIT MIRTANIA | First Bank of Wilmington, DE | Creditor | | |
| | | , | 2007 | 5/98 | Date Liability Incurred MO/YR | | |
| | | | Mittaral | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| | | | | | \$10,001- \$15,000 | > | |
| | | | | | \$15,001- \$50,000 | 8 | |
| | | | | | \$50,001- \$100,000 | ဂ | |
| | | | | × | \$100,001- \$250,000 | D | |
| | | | × | | \$250,001- \$500,000 | m | Amount of Liability |
| | | | | | \$500,001- \$1,000,000 | 71) | it of Li |
| | | | | | \$1,000,001- \$5,000,000 | 6 | ability |
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| | | | | | Over \$50,000,000 | د | |
| L | | | | | 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, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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| | | | M M MM | Position |
| | | bount remination Scholarship Argama for K-12 | GRASP - uncommensation, | Name of Organization |
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| Name: | |
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| SCHEDULE F - AGREEMENTS | | |
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| | Name: | Pageof |
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| Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to the date, parties to, and general terms of any agreement or arrangement that you have with respect to the date, parties to, and general terms of any agreement or arrangement that you have with respect to the date, parties to, and general terms of any agreement or arrangement that you have with respect to the date, parties to, and general terms of any agreement or arrangement that you have with respect to the date, parties to, and general terms of any agreement or arrangement that you have with respect to the date, parties to, and general terms of any agreement or arrangement that you have with respect to the date, and the date is a second to the date. | spect to finding employment; a leave of absence during the period | d of government service; |
| continuation or deferral of payments by a former or current employer other than the U.S. government or continuing participation in | or continuing participation in an employee welfare or benefit plan maintained by a former employe | maintained by a former employer. |

| | | ackmt | 1996 | Date |
|--|--|-------------------|--------------------------------------|----------------------|
| | | | Romdollah - Marin Coll ML | Parties to Agreement |
| | | mointained by RML | Continuing anitadiation and military | 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.

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

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

| Name: | |
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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.

| | Source | Date(s) | City of Departure-Destination-City of Return | Lodging? (Y/N) | Food? (Y/N) | Family Member Included? (Y/N) |
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| | Government of China (MECEA) | Aug. 6-11 | DC-Beljing, China-DC | ~ | * | z |
| cxampres | Habitat for Humanify (charity fundraiser) | Mar. 3-4 | DC-Boston-DC | ~ | ۲ | Υ |
| MH | Hartane Foundation | 1/20-1/31 | 6 Jug 7/1/1 - 20 | Y | Y | Y |
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| LIEU OF HONORARIA | 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. | Source | Examples: Association of American Associations, Washington, DC XYZ Magazine | | | | | | |
|-------------------|---|----------|--|--|--|--|--|--|--|
| Name: | sor of an event to a charitable orga | Activity | Speech Article | | | | | | |
| Page | nization in lieu of paying | Date | Feb, 2, 2015 Aug. 13, 2015 | | | | | | |
| je of | an honorarium to you. A | Amount | \$2,000 \$500 | | | | | | |

FILER NOTES (Optional)

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