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UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT		<b>Form A</b> For Use by Members, Officers, and Employees	Employees	MC 17 JI	MC 17 JUN 30 PH 1: 36
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Name:	tred lepton	_ Daytime Telephone:	225-	3761	Գ \$200 penalty shall i ndividual who files ո	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER STATUS	Member of the U.S.  House of Representatives  District:	o In	Officer or Employee	Employing Office:	Staff Fil	Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT TYPE	2016 Annual (Due: May 15, 2017)	Amendment		Termination  Date of Termination:	ination:	
PRELIMINAF	PRELIMINARY INFORMATION ANSWER EACH OF TH	THESE QUESTIONS	But the Tre	rests at which	id I have no and Those Stoc.	control did so
A. Did you, you a. Own any r end of the b. Receive m asset durir	A. Did you, your spouse, or your dependent child: <ul> <li>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or</li> <li>b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period?</li> </ul>	Yes No	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?	ole agreement or an orting period or in th iling?		Yes No X
B. Did you, you exchange any sexceeding \$1,0	ident child purchase, sell of eal estate in a transaction period?	Yes No X	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?	your dependent chil re than \$375 in valu period?		Yes No
C. Did you or you honoraria, or pen reporting period?	r spouse have "earned" income (e.g., salaries, sion/IRA distributions) of \$200 or more during the	Yes No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	our dependent chilements for travel to course during the re		Yes No
D. Did you, you liability (more the	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	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	ization make a don ch, appearance, or		yes No X
E. Did you hold in the current c.	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	E COR	ESPONDING :	SCHEDULE IF YO	RESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND E	EXCLUSION OF SPOUSE, DEPENDENT,	OR TRUST	INFORMATION - ANSW	WER EACH OF	THESE	QUESTIONS
IPO – Did you ocontact the Cor	IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answonted the Committee on Ethics for further guidance.	l Public Offering during t	ne reporting period? If you answe	wered "yes" to this question, please		Yes No X
TRUSTS - Det	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	nittee on Ethics and certa endent child?		not be disclosed. Ha	Have you excluded Y	Yes No X
EXEMPTION - all three tests for	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 three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ned" income, transaction sulted with the Committe	s, or liabilities of a spouse or your e on Ethics.	r dependent child b		Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Page\_ <u>Q</u>

TT Pepsico	H	7	3	3	77		_	1 R S	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 traced, 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 income during the reporting period); and any financial interest in, or income derived from, a faderal retirement program, including the Thrift Savings Plan.  If you have a privately-traded fund that is an Excepted knyestment Fund, bease check the "EIF" box.  If you so choose, you may indicate that an esset 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.	For all IRAs and other retirement plans (such 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds.	Provit (do na	Identity (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 that generated more than \$200 in "unearned" income during the year.	:		
مرا	#:	JP Mory	0	2	٤		Examples:		For bank and other cash accounts, fold the amount in all interest-beering 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, induding 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, blesse check the "EIP" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (Cic.), 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.	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.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	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 that generated more than \$200 in "unearned" income during the year.	Assets and/or Income Sources		İ
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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# SCHEDULE B - TRANSACTIONS

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# SCHEDULE B - TRANSACTIONS

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# SCHEDULE C - EARNED INCOME

Page 08

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

						Westminster Presbytenia Church	Ontario County Board of Education	Examples: State of Manyland	Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.
						Saove Solory	Spouse Salary	Approved Teaching Fee Legislative Pension	Туре	ted at or above the "senior staff" rate was ry relationship) are totally prohibited.
					7	NA	\$1,000 N/A	\$6,000 \$18,000	Amount	\$27,495. The 2017 limit is \$27,765.

### SCHEDULE D - LIABILITIES

Name: Page\_ 으

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. 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 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 property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless

	#	7	77		SP, DC, JT		
65	Strik	7.6	5.P. M	Example			
woolh Living Tood	a k. Who	Taxue Chese	Mayon Chose	First Bank of Wilmington, DE	Creditor		-
2/14		1%0	01/0	5/98	Date Liability Incurred MO/YR		
Promisory 18h		Home Morker	Home Egety this of crobs	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	<b>&gt;</b>	
		,	>		\$15,001- \$50,000	<b>D</b>	
					\$50,001- \$100,000	<i>с</i> ,	
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×					\$250,001- \$500,000	m	Amount of Liability
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			1 1	1	Over \$1,000,000*		1

#### **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.

Board From be	Troin to w/ SMills	Tuske	Tryse'	owner w/spock	Owner	Position
S.W. ROT First	cops or Docess, DV, LLC	EUL, LLC (Fourty principrosest company)	Red howked Parkership	Sele Limited Perforship (Fomily invisional company)	later Asset Mil. Corp (Sole parties of Leveling, Portraling)	Name of Organization

## SCHEDULE F - AGREEMENTS

Name: Page 20 으 N

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
	ne_	
	N 0 !	•

#### **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.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
Senator Alexander	Air Flight	\$1 184.74
•		

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

NTS Name: Cotton Page 21 of 21

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.

			C/6/ 1/	Ripon Society	( H days	Algen Inst.	55 55 55 55 55		American En	Habitat for Humanity (charity fundraiser)	Government of China (MECEA)	
	The state of the s		Chall Policy Exchange	Ripor Society & Frenklim Center Pour	(4 days at my own expense)	Afor Inst. Cons. Program			American Enterprise Inst.	(charity fundraiser)	a (MECEA)	Source
			Nov. 9-14		•	Ay 10-20			Max 3-6	Mar. 3-4	Aug. 6-11	Date(s)
			SBN-7 London-DC			Kolonezow -> Landon -> /40 lonezos	went back to DEY	(no return for me, spuce	D.C7 Sea Island	DC-Boston-DC	DC-Beijing, China-DC	City of Departure-Destination-City of Return
			~			Y		•	γ	У	Υ	Lodging? (Y/N)
			~			×			×	У	Υ	Food? (Y/N)
			Y		•	~			X	, Y	×	Family Member Included? (Y/N)