E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the Name: 2015 FINANCIAL DISCLOSURE STATEMENT **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? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? PRELIMINARY INFORMATION - ANSWER EACH OF UNITED STATES HOUSE OF REPRESENTATIVES three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics 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. IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS REPORT FILER STATUS b. Make more than \$200 in unearned income from any reportable end of the reporting period? or 5 < U.S. House of Representatives 2015 Annual (Due: May 16, 2016) Member of or Candidate for State: California District: 18 to CD THESE QUESTIONS Yes Yes Yes Yes Yes Daytime Telephone: 202 - 225 - 8 (04) メ 人 $\overline{\mathbf{Z}}$ Amendment Š Š Š Š 중 For Use by Members, Officers, and Employees × 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? 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" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any \$375 in value from a single source during the reporting period? reportable travel or reimbursements for travel totaling more than reporting period? Employee Officer or Employing Office: Termination Date of Termination: 1 1 ()2016 APR 28 USA 620,10 A \$200 penalty shall be assessed against any individual who files more than 30 days late. DELIVERED CISLATIVE RESOURCE SEXT Yes Yes ĕs Yes Ύes Yes Yes X Page 1 of 8 Š 중 증 Z S Z X K K X ×

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Daktowik Earth + Invane	ade Glabal	Trescont	T)	_	Fixed Taxestands	ABC Hedge Fund X	Examples: Simon & Schuster	SP Mega Corp. Stock E#	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second nomes 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.	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.	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 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 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).	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.	Identify (a) each asset held for investment or	Asset and/or Income Source	BLOCK A
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┪	· K	~	X			┢		×	DIVIDEND	3						1	period.	generate tax-deferred income (such as 529 accounts), you may check the column. Dividends, interest, and even if reinvested, must be disclost for assets held in taxable accounts. If the asset generated no income durin if the asset generated no income durin.	Check all columns that apply.		
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						Partnership Income	Royames	3 E	Other Type (Specify: e.	of Income g., Partnership I	ncome or Fa	rm Income)						401(k), IRA, or "Tax-Deferred" capital gains, ed as income Check "None" g the reporting	accounts that		
L									None						_	1 81	ر د ا	may check category of Dividends must be accounts.	For a		
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\vdash	+									Asset with Inco	me over \$1,	000,000*			<u>×</u>	1	Column XII is for assets held by your spouse or dependent child	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.	For assets for which you checked "Tax-Deferred" in Block C, you		
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1	1	8						1	S, S(part), or E						Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)).	period. If only a portion of	asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting	₹	Transaction	BLOCKE
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Page 3 of 8

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Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	₹	
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Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Ö	ဂ
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\$1,000,001-\$5,000,000		
Over \$5,000,000		I
Spouse/DC Asset with Income over \$1,000,000*		
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SCHEDULE B - TRANSACTIONS

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											FPA		Cakmark	T.L.	Example		Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose 'partial sale' as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your
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SCHEDULE C - EARNED INCOME

Name And Georges Shoot	
Page 5 of 8	

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 nonoraria)	Iype	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Side of Maryland Cot. 2)	Spouse Speech	\$18,000
Ontario County Board of Education	Spouse Salary	N/A
Country of the Mater Calibria	Legislative from sign	♣12,613.92
	Son Makes Counter	(aloss)
	Bound of Supervisors)	
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SCHEDULE D - LIABILITIES

	Name:
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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 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.

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			3	W _{cl} (Example			
SINCE TO SECURITY OF THE SECUR		/)) -	Charles California	5 Fargo Bank	First Bank of Wilmington, DE	Creditor		
			2002	March	5/98	Date Liability Incurred MO/YR		
) '	Washington D.C.)	(Recisional - not benton	Montage on Residence	Mortgage on Rental Property, Dover, DE	Type of Liability		
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						\$500,001- \$1,000,000	71	t of Li
						\$1,000,001- \$5,000,000	G	Amount of Liability
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						\$25,000,001- \$50,000,000	_	
						Over \$50,000,000	٠	
						Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. 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

Position	Position Name of Organization
	None

SCHEDULE F - AGREEMENTS

Name: And Lewises Eshors	
Page 7 of 8	

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.

		2015	Date
		2015 Currly of San Markes - California.	Parties to Agreement
		Legislative Pension	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.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
	None	

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name DIA ()	
es Cahoon	
Page S of S	

sponsor or were paid by you and reimbursed by the sponsor. 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

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)
Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	*	۲	z
Cxempless. Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	~	Υ	٧
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