UNITED ST FINANCIAL D Name: PRELIMINA A Did you, yours	EPRESENTATIVES  NT  Indidate for State:	For New Members, Candic  Daytime Telephone:	Idates, and New Employees  Check if Amendment  Period Covered: January 1, 2014  3677541867 39	2015 0CT 27 F11 2: 23  A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMIN/	Employing Office:  ARY INFORMATION - ANSWER EACH OF	OF THESE QUESTI	SEPTEMBER 301	individual who files more than 30 days late.
A. Did you, your a. Own any rey end of the r b. Make more asset during	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? at the end of the reporting period?  b. Make more than \$200 in uneamed income from any reportable asset during the reporting period?		E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ing the reporting period Yes No of filing?
C. Did you or you honoraria, or pen 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 Yes reporting period?	<b>X</b> №	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	or arrangements with Yes X No
D. Did you, your s liability (more than	D. Did you, your spouse, or your dependent child have any reportable Nes Nability (more than \$10,000) at any point during the reporting period?	**************************************	Did you receive compensation of more than source in the current year and two prior years?	pensation of more than \$5,000 from a single Yes No S
	ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU ARE	EDULE IF YOU ANSWER "YES" HAT YOU ARE REQUIRED TO COMPLETE	S" O COMPLETE
EXCLUSIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	ST INFORMATION -	- ANSWER <u>BOTH</u> OF THESI	E QUESTIONS
TRUSTS Details this report details	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 your dependent child?	e on Ethics and certain other ent child?	excepted trusts" need not be disclosed. He	lave you excluded from Yes No 🔀
EXEMPTION — Have tests for examption?	EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	" income, transactions, or liab he Committee on Ethics.		dependent child because they meet all three Yes 🔲 No 🔀

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Use additional sheets if more space is required.	· Bonds	·Stocks	capital-PothiRA	Ove capital/Brister	ABC Hedge Fund X	Examples:	SP, Mega Cop Stock EF	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 central and other real property held for investment, provide a complete actiones or description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-head business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Excitade: 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 serviced from a feet and interest in, or income serviced from the First Savinge Plan.  If you have a privately-traded fund that is an Excepted investment Fund, please check the EIFF box.  If you are choose, you may indicate that an asset or income source is that of your spouse (SF) of dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule Alforquirements, please refer to the instruction boolder.	For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	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 which generated more than \$200 in "unearned" income obtaining the year.  Provide complete names of stocks and mutual funds (do not use only sicker symbole).	BLOCK A  Assets and/or income Sources
X	><	×			×	indefinite	×	None         >           \$1-\$1,000         ∞           \$1,001-\$15,000         ↔           \$15,001-\$30-000         ↔           \$50,001-\$100,000         m           \$100,001-\$25,000         →           \$250,001-\$1,000,000         ↔           \$500,001-\$5,000,000         →           \$5,000,001-\$25,000,000         ←           \$25,000,001-\$25,000,000         →           \$25,000,001-\$25,000,000         →           \$25,000,001-\$25,000,000         →           \$25,000,000         →           \$25,000,000         →           \$25,000,000         →           \$25,000,000         →		Indicate value of asset at close of the reporting period. If you use a values on 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 onlid in which you have no interest.	BLOCK B
×	X	X,			Partnership Income	Royalles	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEDIBLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	-	Check all o that general 401(k), iRA the Tax-D inherest, a reinvested, for assets for assets Check No Income duri	BLOCK C
					×	×	×	None		ATTIOURS For assets for which you checked Tax-Deferred in Block C, you may check the "None" column. For all softer assets indicate the category of income by checking the appropriate box below. Dividends, interest, stand capital gains, even if retinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was semed or generated.  **Column XII is for assets held by your spouse or department child in which you have no interest.	BLOCK D

Name: JUN CHO!

Page 2 of 6

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Providence Equity	Growth	Providence Strategic	MAA CREF 4038	State of New Jersey	HOBC - UK Accounts	MBC Accounts	· Accounts	Merrill Lynch CMA	· Bonds	· Stacks	· Money Market	Merrill Lynch tolk	Shaveholder	CMC capital Paulpals	ASSET NAME		Assets and/or Income Sources	BEOCH
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

JUN CHOI

### SCHEDULE C - EARNED INCOME

Name: Jun Cho!	
Page 4 of 6	

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 both the filer and filer's 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: Be advised that the income limit and prohibited income may apply to you after you a Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	r staff.	u are on House payroll. The 2014 in types of income (notably honorar	are on House payroll. The 2014 limit on outside earned income for types of income (notably honoraria, director's fees, and payments for
Course (include date of receipt for honorarie)	Tuna	Am	Amount
Grance (illicance date of lecelption inclination)	lype	Current Year to Filing	Preceding Year
ABC Trade Association, Bellimore, MD (July 16)	Honorarium	\$0	\$500
EXBITIO166: CNI War Roundstate (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	N/A	\$1,000 N/A
CASHMAN & WHYERED OF NEW JEKSY	(G)	\$23,125	\$75,134
EAST RUTHER TORD, NJ	FEE/COMMISSIONS	NS (	•
CVC CAPITAL PARTNERS	SPOUSE-SAUARY	ZA	NA
PROVIDENCE EQUITY	5 POUSE SALAP	NA	

#### SCHEDULE D - LIABILITIES

Name: 5 <del>}</del> Page\_ 9

Q

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.

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						Over \$50,000,000	٠	
						Over \$1,000,000* (Spouse/DC Liability)	~	

#### **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
TRUSTEE,	NT POUCH PERSPECTIVE
VICE PRESIDENT HOUSTED	NJ LEAGUE OF MUNICIPALITIES EDUCATION FOUNDATION
TRUSTEE "	MIDDUESEX COUNTY COULS

#### SCHEDU

LE F – AGREEMENTS	Name: JUN CHO)	Page_6_ of_6_
have with	sspect to: future employment; a leave of absence during the period of	uring the period of government service;

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: nuture employerusing a reave or executive with the participation 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
vested	rested Myself & State of New Jessey	State Penoson Plan
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# 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.

government and any information considered confidential as a result of a p	доченниен ала ану пилнавия солвоенев солвоенея а в весе о а римере в венование орган. Во постарев, пилнавия солвоене солвоене в веноване солвоене в веноване в в веноване в в веноване в в веноване в в веноване в в веноване в в в в в в в в в в веноване в в в в в в в в в в в в в в в в в в в
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services