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 reporting period? A. Did you, your spouse, or your dependent child: Name: 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 your dependent child? EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS EXEMPTION -- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. FILER STATUS end of the reporting period? or 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? JOAN MCCKRIHY LASONDE × U.S. House of Representatives New Officer or Employee New Member of or Candidate for Employing Office: Candidates - Date of Election: THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" State: District: CD-97H Yes Yes Yes X No Daytime Telephone × × For New Members, Candidates, and New Employees <u>z</u> ~ J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? 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? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? FORM B Period Covered: January 1, <u>2014</u> to *NOVEH BEIL* 30, 2015 Check if Amendment A \$200 penalty shall be assessed against any individual who files more than 30 days late. U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESCURCE CENTER 2016 FEB -8 AM 9: 48 FEB 04 2016 (Office Use Only) Ύes Yes Yes Yes Ύes Page 1 of <u>//</u> Š Š <u>ح</u> ۲ X X X X

Name: JOAN MCCARTHY LASONDE Page 2 of 10

Use additional sheets if more space is required	SEASPAN CORP	REGINS FIN PED	AES TR	CHARLES SCHWAB IRA:	ABC Hedge Fund X	Examples:	SP, EIF DC, Mega Corp Stock	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.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	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 faderal 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 renial and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.	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.	401(x) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For hank and other cash accounts total the account in	(do not use only ticker symbols).	Identify (a) each asset held for investment or production of moone and with a fair market value exceeding \$1,000 at the end of the reporting period, and of the period and of the period of income which generated more than \$200 in unearmed income during the year.	Assets and/or Income Sources	BLOCK A
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Name: JOAN MCCARTHY LASONDE
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Name: JOAN MCCARTHY LASONDE

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

Name: JOAN MCCARTHY LASONDE Page 8 of 10

List the source, type, and amount of eamed 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 are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

				AVRAN KRAFT	ARIZONA DEPT. OF ECONOMIC SECURITY SPOUSE COMP.	TRIAX INDUSTRIES LLC	NE HOLDINGS LLC	Ļ	Examples: State of Maryland	ARC Trade Association Reliferore MO (1-ty 15)	Source (include date of receipt for honoraria)
				SELF-EMPLOYHENT 15,375	SpousE COHP.	SADUSE SALARY	Spouse Strutey	Spouse Salary	Salary	Logoradin	Туре
				A 15,375	\$ 6,240	\$65,835	*/N	N/A	\$20,000		Am Current Year to Filing
				\$ 13, 245	N/A	N/A	\$136,974	N/A	\$78,000	\$500	Amount Preceding Year

SCHEDULE D - LIABILITIES

Name: JOAN MC CARTHY LASONDE Page 9 of 10

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 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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		Date		>	65	c	0	m	71	G	=	_	٠.	7
SP. DC. JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							
†C	CEEDYT CARD	03/04	BUEDVE CARD	×										
ンゴ	AMERICAN EXPRESS	07/14	07/14 CREDIT CARD		\times									
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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, sociat, 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.

	Table 1 Table	THE SECOND SECON		Position	
The state of the s				Name of Organization	Jew ements and new compressions produced in the content catalities and two previous years.

SCHEDULE F - AGREEMENTS

Name: JOAN MCCARTHYLASONDE

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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.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
AVRAM KRAFT	ELDERLY ASSISTANCE
(HICHLAND PARK IL)	