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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and N	FORM B andidates, and New Employees	Page 1 of // LEGISLATIVE RESOURCE CONTO
Name: ADAM LOPEZ	Daytime Telephone:		2015 JUN 18 AM 11: 55
New Member of or Candidate for State: IL U.S. House of Representatives District: 18 Candidates – Date of Election:		Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1, 2014 to MAY 31, 2015	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIO	NS	
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? Or b. Make more than \$200 in unearmed income from any reportable asset during the reporting period?	X No E. D	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period Yes $igwedge$ No $igwedge X$
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?	X No F. D an o cate	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 No X
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	X No J. D	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes X No S?
ATTACH THE CORRESPONDING SCHEDULE IF YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ARE	DULE IF YOU ANSWER "YES" IAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	INFORMATION - A	ANSWER <u>BOTH</u> OF THESI	TH OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or your dependent child?	on Ethics and certain other "ext child?		not be disclosed. Have you excluded from Yes No X
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or detests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, transactions, or liabilit Committee on Ethics.	ties of a spouse or dependent child becau	ependent child because they meet all three Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: ADAM LOPEZ

Walle 67 Asset Amount of Income Amount of Inc						_	_	- 0	s I	эт асаж аж хаарм юрфп үрт амып :	π4‡	2 D			_
NONE						ABC Hedge Fund	Examples:	Mega Corp Stock		r bank and other cash accounts, total the amount in interest-bearing accounts. If the total is over 5,000, list every financial institution where there is ore than \$1,000 in interest-bearing accounts. If the total is over 5,000 in interest-bearing accounts. If rental and other real property held for investment, ovide a complete address or description, e.g., and property, and a city and state. If an ownership interest in a privately-held business is not publicly traded, state the name of the siness; the nature of its activities, and its orgaphic location in Block A. If a complete Your personal residence, including second where the property of the second mes and vacation homes (unless there was rental teamer during the reporting period); and any financial terest in, or increporting period from any financial terest in, or increporting period from any financial terest in, or increporting the Thrift Savings Plan, you have a privately-braded fund that is an Excepted vestment Fund, please check the "EIF" box. You so choose, you may indicate that an asset or come source is that of your spoudent child (D), or jointly held with anyone (JT), the optional column on the far left.	or all IRAs and other retirement plans (such as 1)(k) plans) provide the value for each asset held in a scount that exceeds the reportion thresholds.			Assets and/or Income Sources	BLOCK A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

ADAM LOPEZ

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SCHEDULE C - EARNED INCOME

Name: ADAM LOPEZ Page_ of 7

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 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.	ncome may apply to you after yo limit is \$27,225. In addition, certainstaff,	u are on House payroll. The 2014 in types of income (notably honoral	The 2014 limit on outside earned income for by honoraria, director's fees, and payments for
	•	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
↲	Honorarium	\$0	\$500
EXAMPles: Civil War Roundlable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salery	\$0 N/A	\$1,000 N/A
CC SERVICE, INC. (COUNTRY FINANCIAL)	Candidate 1099 income	\$41,340.00	\$113,130.29
MEMORIAL HEALTH SYSTEM	Spouse salary	N/A	N/A
			9

SCHEDULE D - LIABILITIES

Name: ADAM LOPEZ Page 5 of 7

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.

				SP, DC, JT		
		United	Example			
		United Community Bank, Gillespie, IL	First Bank of Wilmington, DE	Creditor		
		07/2011	5/98	Date Liability Incurred MO/YR		
		mortgage on residence; Springfield, II	Mortgage on Rental Property, Dover, DE	Type of Liability		
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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, 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.

n/a	Position	Position Name of Organization
	n/a	
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SCHEDULE F - AGREEN

I farms of any agreement or arrangement that you have with respect to future employment: a leave of absence during the period of gove	MENTS
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ture employment: a leave of absence during the period of	ADAM LOPEZ
of government service:	Page_6_ of_7

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.

n/a	Date	Parties to Agreement	Terms of Agreement
		n/a	

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
Ехатрів:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
On advice	of Country Financial's Compliance Department,	On advice of Country Financial's Compliance Department, the names and addresses of clients are privileged, confidential and are exempt from disclosure.

FILER NOTES (Optional)

Name: ADAM LOPEZ

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NOTE NUMBER	NOTES
l	Schedule A - 401(k) Portfolio Details have been requested from Country Financial and will be disclosed on an amendment to this filing)