		DED OF THE STATE OF S
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	75 7015. ca. c. c.
Name: Mark Bircher	Daytime Telephone:	2616 JAN -5 PM 2: 06
New Member of or Candidate for State: Plets U.S. House of Representatives District: 13 Candidates - Date of Election: August 30,	Check if Amendment	(Office Use Only)
New Officer or Employee  Employing Office:	Period Covered: January 1, 2015 to December 26, 2015	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE	THESE QUESTIONS	
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?	No  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 No
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?	No  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?	No 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 No
ATTACH THE CORR THIS FORM INCLUDES ONLY T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S"  COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B		OTH OF THESE QUESTIONS
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?	n Ethics and certain other "excepted trusts" need not be disclosed. Ft child?	ave you excluded from Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "uneamed" income, transactions, or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	liabilities of a spouse or	dependent child because they meet all three Yes No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

nomes and vacation homes (unless there was rent noome during the reporting period); and any financi nterest in, or income derived from, a feder or an ownership interest in a privately-held busine hat is not publicly traded, state the name of t or rental and other real property held for investmen nore than \$1,000 in interest-bearing accounts. 5,000, list every financial institution where there or bank and other cash accounts, total the amount for bank and other cash accounts. If the total is over 401(k) plans) provide the value for each asset hel the account that exceeds the reporting thresholds. or all IRAs and other retirement plans do not use only ticker symbols). production of income and with a fair market value acceeding \$1,000 at the end of the reporting period and (b) any other reportable asset or source o leographic location in Block A. rental property," and a city and state. xclude: Your personal residence, including secon rovide complete names of stocks and mutual fund ineamed" income during the year equirements, please refer to the instruction booklet you so choose, you may indicate that an asset or come source is that of your spouse (SP) or pendent child (DC), or jointly held with anyone (JT). you have a privately-traded fund that is an Excepton westment Fund, please check the "EIF" box. the optional column on the far left. tirement program, including the Thrift Savings Plan Navy Navy Assets and/or Income Sources Navy Fed. Credit a. Navy Fed. Credit U. Noury Fed. Gratu. (a) each asset held for investment the nature of its complete Fed. Z, Simon & Schuster ABC Hedge Fund Mega Corp Stock discussion **BLOCK A** Credit il Credit U CD or description, activities, KOTH TRA CD Schedule CD S \$200 (Such 묶 × If an asset was sold during the reporting period and included only because it generated income, the value > \*Column M is for assets held by your spouse or dependen child in which you have no interest. Indicate value of asset at close of the reporting period. I you use a valuation method other than fair market value nduded only because it generated should be "None." None Mease specify the method used. \$1-\$1,000 \$1,001-\$15,000 O 0 \$15,001-\$50-000  $\times$  $\times$ \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 T BLOCK B ഒ \$250,001-\$500,000 I \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \_ income, \$5,000,001-\$25,000,000 €. ᆽ \$25,000,001-\$50,000,000 ,-Over \$50,000,000 Spouse/DC Asset over \$1,000,000\* Z Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 629 accounts), you may check the "Tax-Deferred" column. Dividends. ncome during the reporting period assets held in taxable account of the asset generated × DIVIDENDS RENT Type of Income **×**  $|\times|\times|$ INTEREST Name: BLOCK C CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED Mar as incom Other Type of Income (Specify; e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column, other assets indicate the category of income by checking the appropriate box below. Dividends, I and capital gains, even if reinvested, must be disclosed as income for assets held in None \*Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-\$200 Birchei \$201-\$1,000 ≖ Check "None" if no income was earned or generated ₹ メメ \$1,001-\$2,500 **Current Year** X \$2,501-\$5,000 ≤ \$5,001-\$15,000 >< ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × Amount of Income Over \$5,000,000 × BLOCK D ≚ Spouse/DC Income over \$1,000,000 None \$1-\$200 = \$201-\$1,000 = Page ₹ \$1,001-\$2,500 Preceding Year \$2,501-\$5,000 < s × \$5,001-\$15,000 ≦ × \$15,001-\$50,000 ≦ 으 \$50,001-\$100,000 ᆽ \$100,001-\$1,000,000  $\infty$ \$1,000,001-\$5,000,000 taxab ≥ Over \$5,000,000 Spouse/DC Income over \$1,000,000 ≚

Use additional sheets if more space is required.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mark Bircher

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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USAA Intermetials Term USAA Money Market Walmost Corp Microsoft Corp. Mc+ life Asset and/or Income Source Fidelity Bolanced Turd Walt Distrey Co. Growth & Income Delta Pilots Plan Sportun US 1015 4 Blue Chip Growth Towst **BLOCK A** Z Z Stack IRASring Stac <u>ک</u>ر ➣ None 8 \$1 - \$1,000 C  $\overline{\times}$ \$1,001 - \$15,000 ァ O  $\overline{\times}$ \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 BLOCK B \$100,001 - \$250,000 ŢĮ >ດ \$250,001 - \$500,000 I ~ \$500,001 - \$1,000,000 \_\_ \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 \_ Over \$50,000,000 Σ Spouse/DC Asset over \$1,000,000\* X NONE  $\overline{\times}$ **DIVIDENDS** × Type of Income RENT BLOCK C INTEREST CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED  $\overline{\times}$ Other Type of Income--(Specify: e.g. Partnership Income or Farm Income)  $\overline{\times}$  $\sim$ × >None  $\overline{ imes}$  $\overline{\times}$ \$1 - \$200  $\times$ × = X \$201 - \$1,000 = Mark \$1,001 - \$2,500 Current Year \$2,501 - \$5,000 < \$5,001 - \$15,000 \$15,001 - \$50,000 Blaker \$50,001 - \$100,000 \$100,001 - \$1,000,000 × Amount of Income \$1,000,001 - \$5,000,000 × Over \$5,000,000 BLOCK D Spouse/DC Income over \$1,000,000\* ≚  $\mathbf{x}$ ×  $\times$ None \$1 - \$200 ×  $\mathbf{x}$ \$201 - \$1,000 ≡ Preceding Year \$1,001 - \$2,500 7 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000\*

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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None   Si - \$1,000   D			,	١ر	Fla. Pregard Collage Plan	Real Property, Beautiet S.C.	Real Property, Monorgalia W.V	USAA Cornerstone hund	USAA Comerstone had IRA	Short Term	Bond Fund			Asset and/or Income Source	BLOCK A	Continuation Sheet (if needed)
NONE   DIVIDENDS   RENT   INTEREST   CAPITAL GAINS   EXCEPTED/BLIND TRUST   TAX-DEFERRED   Other Type of Income or Farm Income)   Other Type of Income or Farm Income)     None   Current Year   Curren			×	×				×	*			\$1 - \$1,000 \$1,001 - \$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 - \$25,000,000 Over \$50,000,000	B C D E F G H I J K L	Value of Asset	BLOCK B	
			*	×	X	×	×	×	X	*	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specif	y: e.g.,	Type of Income	BLOCK C	
												None		Amount of Income	BLOCK D	rjar v bircher

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### **SCHEDULE C - EARNED INCOME**

Name: Page 6 잌 æ

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 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.	income may apply to you after you fler you after you send that is \$27,225. In addition, certains staff.	u are on House payroll. The 2014 ain types of income (notably honoral	I limit on outside earned income for ia, director's fees, and payments for
	•	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honoranum	\$0	\$500
Examples: Only Mar Roundlable (Oct. 2) Onlario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
D. Ita Air Lines Inc. Allanta GA	Salary	\$5.372,576.73	# 345, 332.90

#### **SCHEDULE D - LIABILITIES**

	Name: Mark Bircher	Page 7 of 8
any time during the reporting period b	any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	ount owed during the reporting
liabilities secured by real property inc	liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence	gage on your personal residence
utomobiles, household furniture, or ap	utomobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	ss 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. Report liabilities of over \$10,000 owed to any one creditor at period. New Members: Members are required to report all (unless you rent it out or are a Member); loans secured by an

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			SP, DC, JT		
	None	Example			
		First Bank of Wilmington, DE	Creditor		
		5/98	Date Liability Incurred MO/YR		
		Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
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			\$1,000,001- \$5,000,000	စ	Amount of Liability
			\$5,000,001- \$25,000,000	I	
			\$25,000,001- \$50,000,000	-	
			Over \$50,000,000	_	
			Over \$1,000,000* (Spouse/DC Liability)	*	L

#### **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.

the culterit calendar year. First-year calluidates and new t	the culterit carefular year. Fitseyear callulates and hew emproyees report posturior teld in the culterit carefular year and two previous years.
Position	Name of Organization
Emplayer Pilot	Delta Air Lines, Inc.
1	

#### SCHEDULE F - AGREEMENTS

of that you have with respect to: future employment: a leave of absence during the period of government service:	Name: Mark Bircher
eriod of government service:	Page 8 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.

Date	Parties to Agreement	Terms of Agreement
7/1/2012	Delta Air Lines, Inc. and the	Delta Pilot Working Agreement
-1431/2015		
	Delta Air Lines, Inc. Crepresented	
	by ALPA)	
-		

# 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