		1850 26 2015
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT For New Member	FORM B For New Members, Candidates, and New Employees	2015 SEP 30 AM 11: 20
Name: Michael J. Noland Daytime Telephone:	none:	U.S. P. LEWE OF REPRESENTATIONS.
New Member of or Candidate for State: IL U.S. House of Representatives District: 8 Candidates ~ Date of Election:	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1,to	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	STIONS	
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 unearned 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 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 No reporting period?	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
B. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	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 W No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	CHEDULE IF YOU ANSWER "YES" S THAT YOU ARE REQUIRED TO (S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOT		H 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?	ther "excepted trusts" need not be disclosed. H	lave you excluded from Yes No 🗹
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.	r liabilities of a spouse or dependent child beca	use they meet all three Yes No 🕢

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Michael Noland

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5 년 For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds. For an ownership interest in a privately-held busin that is not publicly traded etch. " For rental and other real property held for investmen 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 the total is own at interest-bearing accounts. If the total is own \$5,000, list every financial institution where there more than \$1,000 in interest-bearing accounts. homes 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. Provide complete names of stocks and mutual fund-(do not use only ticker symbols). dentify (a) each asset held for investment or rorduction of income and with a fair market value axceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of noone which generated more than \$200 in or a detailed discussion of Schedule equirements, please refer to the instruction booklet. you so choose, you may indicate that an asset on come source is that of your spouse (SP) of spendent child (DC), or jointly held with anyone (JT) hat is not publicly traded, stat suslness, the nature of its seographic location in Block A. ᆿ you have a privately-traded fund that is an Excepte westment Fund, please check the "EIF" box. meamed" income during the year. cclude: Your personal residence, including seco the optional column on the far left. Assets and/or Income Sources Securian/American Academy of Pediatri Chase Bank Checking Account IL 529 Bright Start Savings Plan IL Legislative Pension Chase Bank Savings Account Simon & Schuster ABC Hedge Fund BLOCK A ega Corp Stock activities, ᆲᅋ 9.9 × 쁶 3 If an asset was sold during the reporting period and included only because it generated income, the valushould be "None." Indicate value of asset at close of the reporting period. It you use a valuation method other than fair market value *Column M is for assets held by your spouse or depende child in which you have no interest. 401× None lease specify the method used. œ < \$1-\$1,000 \$1,001-\$15,000 O \$15,001-\$50-000 o × \$50,001-\$100,000 m Value of Asset ₹, \$100.001-\$250.000 BLOCK B × \$250,001-\$500,000 O \$500,001-\$1,000,000 Ŧ \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ے \$25,000,001-\$50,000,000 _ _ Over \$50,000,000 Spouse/DC Asset over \$1,000,000 z in Check all columns that apply. For accounts the transference trachered income (such as 40(K), IRA, 528 accounts), you may check the Tax-Deferred column. Dividends, is incomest, and capital gains, even if leainvested, must be disclosed as income for assets held in taxable accounts. Into Check "None" if the assets generated no income during the reporting period. NONE DIVIDENDS × RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED 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 disableed as income for assets held in accounts. Check "None" if no income was earned or generated. 'Column XII is for assets held by your spouse or dependent child in which you have no interest None \$1-\$200 × = \$201-\$1,000 ₹ \$1,001-\$2,500 **Current Year** < \$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 = ₹ \$1,001-\$2,500 Preceding Year \$2,501-\$5,000 ≤ × \$5,001-\$15,000 ≦ × \$15,001-\$50,000 ≦ \$50,001-\$100,000 e" column. For al vidends, interest s held in taxable \$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 A - ASSETS & "UNEARNED INCOME"

Name:

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SCHEDULE C - EARNED INCOME

Name Michael Noland
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and filer's socuse, list the source and amount of any honorara	ist 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 any filer's soouse, list the source and amount of any honorada. List only the source for other spouse earned income exceeding \$1,000. See examples below	or both the filer
and filer's spouse, list the source and amount of any honoraria.	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.

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'n	Source (include date of receipt for bonoraria)	Type		Amount
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	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples:	State of Maryland	Salary	\$20,000	\$76,000
7	Ontario County Board of Education	Spouse Speech	N/A	\$1,000 N/A
State of Illinois		Salary	58,622.22	76,366.08
American Academy of Pediatrics	y of Pediatrics	Spouse Salary	n/a	n/a
International Ass	International Association of Oral and Maxillofacial Surgeons	Spouse Salary	n/a	n.a
Law Office Michael Noland	ichael Noland	salary	9,997	10000
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SCHEDULE D - LIABILITIES

Name: Michael Noland Page S of G

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 are 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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		Key Bank	Florida D	Example			
		k	Florida Department Education	First Bank of Wilmington, DE	Creditor		
		6/1996	6/1996	5/98	Date Liability Incurred MO/YR		
		Student Loan	Student Loan	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, fratemal, 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.

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		Proprietor/Attorney	Position
		Law Office Michael Noland	Name of Organization

SCHEDULE F - AGREEMENTS

Name:
Michael Noland
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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.	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;	
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Date	Parties to Agreement	Terms of Agreement
1/2007	Michael Noland & State of IL	ዚ Legislative Pension

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, Hornetown, Homestate	Accounting Services
Kabuki LLC		Legal Services

CAMPAIGN NOTICE

REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

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The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

Indicate Your Status: (Select One)

Dear Madam Clerk:

Date: 9/1/15

Over \$5,000 Threshold Not Exceeded	
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This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

	This is to notify you that under the laws of the state of
Withdrawal of Candidacy	I withdrew my candidacy for the U.S. House of Representatives on
	[Note: If your Financial Disclosure Statement was due before the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]
	Name (Please Print or Type): Michael Nolouse State: Illinois District: 844

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:

The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601