UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	JAN 05 2016 Page 1 of 2
Name: Michael FagMay) Daytime Telephone:	one:_	2316 JAN 12 PM 1: 23
New Member of or Candidate for State: CA U.S. House of Representatives District: 10 Candidates – Date of Election:	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Employing Office:	Period Covered: January 1, <u>2012</u> to <u>Dzz. 31, 2012</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS	TIONS	
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 or in the current calendar year up through the date of filing?	portable positions during the reporting period Yes No You No
C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the 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 or in the current
D. 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?	an \$5,000 from a single Yes Vo No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	HEDULE IF YOU ANSWER "YES"	S" O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	N - ANSWER <u>BOTH</u> OF THES	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?	ner "excepted trusts" need not be disclosed. H	fave you excluded from Yes No
EXEMPTION – 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

SCHEDULE /

OCK A	A – ASSETS 8
BLOCK B	A – ASSETS & "UNEARNED INCOME"
BLOCK C	Name: W. Ch
BLOCK D	vice Eggman Page 2 of 7

SEITA	*****	SLGAX	Hlyand Tary	Bee Gas W		Examples. Simon & Schuster	DC, Mega Corp Stock	a detailed discussion of Schedule A uirements, please refer to the instruction booklet.	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.	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 federal 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 rental and other real property held for investment, 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 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.	 or 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 in production of income and with a fair market value by exceeding \$1,000 at the end of the reporting beriod, pland (b) any other reportable asset or source of the income which generated more than \$200 in uneamed income during the year.	Assets and/or Income Sources	BLOCK A
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*	ブ	×		*	Partnership Income	Royalties	×	NONE DIVIDE: RENT INTERE CAPITA EXCEP TAX-DE	ST L GAINS TED/BLIND TRU FERRED	ST	.g., Partnership Inc	ome or Farm Inc	ome)				Check all colun that generate t 401(k), IRA, 52 the "Tax-Defer interest, and reinvested, mu for assets h	Type of Income	BLOCK C
*	*	7			x ×	×	×	\$15,00 \$100,00 \$1,000,00 \$1,000,00 \$1,000 \$1,500 \$1,500 \$2,501 \$1,000 \$15,000 \$10,00 \$1,000 \$,000 \$2,500 \$5,000 \$15,000 -\$50,000 -\$100,000 001-\$5,000,000 //////////////////////////////						Current Year Preceding Year	. •	Is For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all soften assets indicate the category of income by checking the appropriate box below. Dividends, interest kand capital galins, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. **Golumn XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D

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			_	+	+	+		+	 	-	+-	+	╂──┤	Spouse/DC Income over \$1,000,000*	-	I	-	-1'

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

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	Page 4 of	
	4	

st the source, type, and amount of earned income from any source	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 both the	4
rid filer's spouse, list the source and amount of any honoraria. List	and filen'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.	_
		_

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. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Civil War Roundtable (Oct. 2)	Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
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Drita Anlines		34200	26000

SCHEDULE D - LIABILITIES

Name:	
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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. 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

			DC, JT		
	No	Example			
	OM 4	First Bank of Wilmington, DE	Creditor		
7, A.		5/98	Date Liability Incurred MO/YR		
		Mortgage on Rental Property, Dover, DE	Type of Liability		
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			Over \$50,000,000	_	
			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
Mome.	

SCHEDULE F

TEUCLE T - AGREEMEN O		,
	Name: Michael Esamon	Page 6 of 7
y 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;	espect to: future employment; a leave of absence during the period o	of government service;
uation or deferral of navments by a former or current employer other than the LLS inovernment; or continuing nadicipation in an employee welfare or benefit plan maintained by a former employer.	or continuing participation in an employee welfare or benefit plan ma	naintained by a former employer

Identif

Date	Parties to Agreement	Terms of Agreement
	iline	

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
Warchart Billing	Farm Rent
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Shutz Forms	Sale of Fairs Products
Park Between +	Sole of Farm Products
OBCITUO PROPERTIES	Sale of Farm Producto
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Page 7 of 7

							NOTE NUMBER
						Muchdernth disclosure Piled (6127) 13	NOTES

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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? Yes

EXENPTION – 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.

Yes

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

EDULE A - ASSETS	EDULE A - ASSETS & "UNEARNED INCOME"	Name: U.C	Wichell Eggnos	Page 2 of 7
BLOCK A	BLOCK B	BLOCK C	BLOCK D	
sets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	me -
(a) each asset held for investment or Indicate value of asset at close no di income and with a fair market value you use a valuation method ost g \$1,000 at the end of the reporting period, please specify the method used any other reportable asset or source of all ran asset was sold during the which generated more than \$200 in included only because it generated more during the year. To complete names of stocks and mutual funds "Column M is for assets held by see only ticker symbols) The same of stocks and mutual funds "Column M is for assets held by see only ticker symbols) The same of stocks and mutual funds "Column M is for assets held in which you have no interesting the walter for each asset held in	Indicate value of asset at close of the reporting period. If you use a valuation 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 child in which you have no interest.	Check all columns that apply. For accounts for assets for which you hat generate tax-deferred income (such as other assets indicate the capital gains, even if Tax-Deferred column. Dividends, accounts. Check None's interest, and capital gains, even if servested, must be disclosed as income Column XII is for assets held in taxable accounts. Check 'None' if the asset generated no income during the reporting period.	# = 3 Ω ∩	checked "Tax-Deferred" in Block C. you may check the "None" column. For all category of income by checking the appropriate box below. Dividends, interest, if reinvested, must be disclosed as income for assets held in taxable if no income was earned or generated.
unt that exceeds the reporting thresholds. and other cash accounts, total the amount in A est-bearing accounts. If the total is over list every financial institution where there is			Current Year	Preceding Year

State Town Sources the	•		Eggnun Ber Faril	ABC Hedge Fund X	Examples: Simon & Schuster	SP, DC, Mega Corp Stock	For bank and other cash accounts, total the amount in all interest-bearing 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 rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state. 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. 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 federal retement program, including the Trifft Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointy 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.	For all IRAs and other retirement 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 acceeding \$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 during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols)	Assets and/or Income Sources	BLOCK A
7	*	*	*	×	Indefinite	×	None > \$1-\$1,000		Indicate value of asset at close of the reporting period. If you use a valuation 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 child in which you have no interest.	Value of Asset	BLOCK B
*	*	*		Partnership	Royaties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, \$29 accounts), you may check the "Tax-Deferred" column. Divigends, interest, and capital gains, even if rainvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Type of Income	BLOCK C
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Use additional sheets if more space is required.

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														\$100,001-\$1,000,000	~	Year		
															VIII X X	Year		

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 3 of

SCHEDULE C - EARNED INCOME

Name: Page_

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 honorana, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0,000 \$0 N/A	\$1,000 N/A
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SCHEDULE D - LIABILITIES

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	Page S_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		
	_		Example		<u>-</u>	
		Non	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	>	
				\$15,001- \$50,000	œ	
				\$50,001- \$100,000	n	
			×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	ĺŧī	moun
				\$500,001- \$1,000,000	п	t of Li
				\$1,000,001- \$5,000,000	6	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)	~	

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.

		None	Position	
!			Name of Organization	

SCHEDULE F - AGREEMENTS

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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
		None	Parties to Agreement
			Terms of Agreement

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
Steven Marshall	Salf of Facul Products
Read Doug Kirt Datrick	Solo of Farm Products
Scholz Faires	Sole of Francis
Rose Betterrough	
Lagran Property S	~)

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					This is an authorit of the fire filed 8/25/14	the priting value of the trust not the cardidates stake	The reported value of the Eggidan Sharley Roy Trust methods	NOTES