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UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	FORM B		Page 1 of
FINANCIAL DISCLOSURE STATEMENT	or rew members, o	1		e de la companya de l
March Coop			2016 APR 21 AM 11: 19	11:19
Name: 1 14(14 Girledo	Daytime Telephone:	Te:	The state of the s	7.50 V H 2000
New Member of or Candidate for State: VA U.S. House of Representatives District: 675	Y	Check if	(Office Hise Only)	
FILER Candidates – Date of Election: 06/14/	6	Amenament		*
New Officer or Employee Employing Office:		Period Covered; January 1, 2016 to 4/15/16	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	essed against any an 30 days late.
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PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	F THESE QUESTION	ONS		
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?	No E.	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 X
C. Did you or your spouse have "earmed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	X	F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes	**************************************
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?	S 5.	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	8
ATTACH THE CORRESPONDING SCHEDULE IF YOU	RESPONDING SCHE	EDULE IF YOU ANSWER "YES"	S"	
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	HE SCHEDULES T	HAT YOU ARE REQUIRED TO COMPLETE	COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	INFORMATION -	ANSWER BOTH OF THESE QUESTIONS	E 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 dependent child?	on Ethics and certain other "d?	'excepted trusts" need not be disclosed. Hi	ave you excluded from Yes	
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, 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.	ncome, or liabilities of a spotee on Ethics.	ruse or dependent child because they meet	all three tests for Yes	∏ ₹ ⊠

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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Page 1

up Ju	At Business Madines Go	l	Cisco Systems INC	Alcoa Inc	ABC Hedge Fund X	Examples:	DC, Mega Corp Stock	a detailed discussion of Schedule uirements, please refer to the instruction bookl	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 park 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.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	"uneamed" income during the year.	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$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	Assets and/or Income Sources	BLOCK A	
X	*	*	×	×	×	Indefinite	×	None \$1.\$1,001- \$1,001- \$15,001 \$50,001 \$160,00 \$250,00 \$1,000,00 \$5,000,00 \$5,000,00 \$5,000,00	00						A L L H G F G H L X L		*Column M is for assets held by your spouse or dependent child in which you have no interest.	should be "None."	Indicate value of asset at close of the reporting per you use a valuation method other than fair market please specify the method used. If an asset was sold during the reporting period included only because it generated income, the	Value of Asset	BLOCK B	
×	>	>	×	×	Income	Royalties	×	Spouse: NONE DIVIDE: RENT INTERE CAPITA EXCEP	DC Asset over \$ IDS ST L GAINS TED/BLIND TRU	ST	.g., Partnership Inc	ome or Farm Inc	ome)	3	W	penoc.		_	iod. If Check all columns that apply. For accounts value, that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may and is check the "fax-Deferred" column. Value Dividends, interest, and capital gains,	Type of Income	BLOCK C	
×	×	×	×	×	× ×	×	×	\$50,001 \$100,00 \$1,000,0 \$1,000,0 Over \$5 Spouse None \$1,\$200 \$201-\$1 \$1,001- \$5,001- \$15,001 \$50,001 \$100,00 \$1,000,0 Over \$5	,000 \$2,500 \$5,000 \$15,000 \$100,000 \$100,000 1-\$1,000,000 DC Income over						Current Year Preceding Year		ng ng	as Column XII is for assets held by your spouse or dependent child in which you have no interest.	nts For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all as other assets indicate the category of income by checking the appropriate box below. Dividends, interest, way and capital gains, even if reinvested, must be disclosed as income for assets held in taxable in. accounts. Check "None" if no income was earned or generated.	Amount of Income	BLOCK D	

Use additional sheets if more space is required.

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SCHEDULE C - EARNED INCOME

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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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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.

	•	Am	Amount
Source (include date of receipt for nonoraria)	iype	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	0\$	\$500
Examples: Civil War Roundtable (Oct. 2)	Spouse Speech	#20,000	\$1,000
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SCHEDULE D - LIABILITIES

orting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	, ,	Name: Hassy (Srieso
nount owed during the reporting		Page S of

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.

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	7		:	SP. DC, JT		
	USAA	ામુખ	Example			
	A Car	Wells Faren	First Bank of Wilmington, DE	Creditor		
	03/2016	100c/ 90	5/98	Date Liability Incurred MO/YR		
	03/2016 Car Payment	Mostgage	Mortgage on Rental Property, Dover, DE	Type of Liability		
	7			\$10,001- \$15,000	>	
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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 and two previous years.

Position Name of Organization