PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS 2016 FINANCIAL DISCLOSURE STATEMENT D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Name UNITED STATES HOUSE OF REPRESENTATIVES contact the Committee on Ethics for further guidance. IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of fläng? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, self, or A. Did you, your spouse, or your dependent child: EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet 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? reporting period? exceeding \$1,000 during the reporting period? all three tests for exemption? FILER REPORT Receive more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the TAPE end of the reporting period? or asset during the reporting period? メ 2016 Annual (Due: May 15, 2017) House of Representatives Member of the U.S Do not answer "yes" unless you have first consulted with the Committee on Ethics State: District Yes Yes ĕes Yes Yes 3 2 × $\overline{\mathsf{x}}$ Daytime Telephone: 202 225 × Y X Amendment Z 20 Z 중 ౭ For Use by Members, Officers, and Employees $2011\,\mathrm{MM}\,12^\circ\,\mathrm{PM}\,13^\circ\,1$ F. Did 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? Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" H. Did you, your spouse, or your dependent child receive any source during the reporting period? Employee Officer or **Employing Office** 3/11 Termination Date of Termination: r= 1] HOUSE OF REFORE USE ONLY) DELIVERED age 1 or 10 A \$200 penalty shall be assessed against any individual who files more than 30 days late. Shared Staff Filer Type: (If Applicable) Yes Υes Yes ĕs. Yes Yes Yes X Principal Assistant 중 좋 중 중 8 ö ş × × × X X ×

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Leave this column blank if there are no transactions that exceeded \$1,000.														 	,				· <u>-</u>											• • • • • • • • • • • • • • • • • • • •	than	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.	total is there	For bank and other cash accounts, (all interest-bearing accounts, if the to all interest-bearing accounts where ilst every financial Institution where \$ 1,000 in interest-bearing accounts.	ash ac equition aring a	other c aring a clai in	ik and est-ber ry finar in inter	For bar	44 = A) T
please Indicate as follows: (S (part)).	¥	×	×	≨	≦	≤	3	₹	=	=	_		_	-	4			十	₹	_	<u></u>	-	-	<u>-</u>	_	m	0	C .	8	_		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.	feach:	etireme alue foi emite	e the v	and c provide	pians)	for ac	+ • •
period. If only a portion of		Column XII is for assets held by your spouse or dependent child n which you have no interest.	or de	asmodi	your :	A D	sets h	for ass	E 2 3	*Column XII is for assets held In which you have no interest		eest ferming is a ferming to be a part of the second of th	6	i i	į	o de la	,	9		i		1		1			74	you have no interest.	8	Par los	-	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	and .	f stock bols).	Provide complete names of stoc (do not use only ticker symbols).	Nete na niy ticka	use or	Provide (do not	
asset had purchases (P), sales (S), or exceeding \$1,000		may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.	asset opdate ven if a held	i other	For all	heckir capti ncome	by con	"Non come breat losed	Check the	may check the "None" category of Income b Dividends, interest, a must be disclosed a accounts. Check "Nor		generati tax-deferred income (such as 401(t), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for asserts held in taxable accounts. Check "None" if the asserts here in a homose ruinting the convention pastor.	and ca	income may ci may ci accou	lemed I	bax-det unts), lividen sted, r	erate t accor emn. D pinves ets hel		which	y the n	specifi entch	wase:		cet val e sho e sho	r mark se rep e valu	man fail	ther the	valuation method other than fair market value, please spacify the method used. Lead. 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 that assets held by your spouse or dependent child in which	on me ⊪ssertv me #tge	valuatto used If an a because		production of Income and with a fair market value exceeding \$1,000 at the end of the reporting penod, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.	a fa⊪ i he repx or sour "unear	nd of the asset	the and ortable than \$	hicon ,000 at her rep d more ar.	production of I production of I exceeding \$1,0 any other and (b) any other that generated during the year.	produce exceed and (b) that get during	
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SCHEDULE B - TRANSACTIONS

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SCHEDULE C - EARNED INCOME

Name: William Richard Krating Page 6 of 10

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 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. 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.	come may apply to you after yo init is \$27,765. In addition, certs staff.	u are on House payroll. The 2010 in types of income (notably honoral)	5 limit on outside earned income for ria, director's fees, and payments for
Source (include date of receipt for honoraria)	Tuna	I ł	Amount
Contra (lineada data di lacalet loi lioi totalia)	Туре	Current Year to Filing	Preceding Year
	Honorarium Salary	\$0 \$20,000	\$500 \$78 MM
Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	SS SS	\$1,000 N/A
Commonwealth of Massachusts, Ratinoment Plan		8,414	627 "111
U.S. Airways Retirament Plan, spouse			
		223	

SCHEDULE D - LIABILITIES

Name: William Richard Kenting Page 7 of 10

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. 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.

		,		ρ. Σ.		
		45	Example	<u> </u>		
		Staron Oredit Union	First Bank of Wilmington, DE	Creditor		
		11/11	5/98	Date Liability Incurred MO/YR		
		Mortsage	Mortgage on Rental Property, Dover, DE	Type of Liability		
			,	\$10,001- \$15,000	*	
	,			\$15,001- \$50,000	8	
				\$50,001- \$100,000	c	
		×	×	\$100,001- \$250,000	D	
				\$250,001- \$500,000	ш	Amount of Liability
				\$500,001- \$1,000,000	ודי	t of Lie
				\$1,000,001- \$5,000,000	9	ability
				\$5,000,001- \$25,000,000	Ξ	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	<u>-</u>	
				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

		_		
			Director	Position
			Sharon Credit Union	Name of Organization

SCHEDULE F - AGREEMENTS

	Name:
	William
	Richard
7	Krating
	Page 8 of 17

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.

employer.		
Date	Parties to Agreement	Terms of Agreement
11.02/1	Compositely of Massachusetts	Retirement Plan
6/1999	V.S. Arrays Inc., Spouse	Rating mant Play

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (YN)	Food? (Y/N)	Family Member Included? (YM)
	Government of Chine (MECEA)	Aug 8-11	DC-Belging, China-DC	۲ ,	Y	Z
Exemples,	Habitat for Humarity (charity fundraleor)	Mar. 3-4	DC-Boaton-DC	*	٧	٧.
2	Shapes Credit Union	Jan 25-29	Boshon - Liberia tuchekica	٠,	4	γ
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: William Bickmed faction) Page 18 of 14

	Name: Will, som Bickery	() Page 10	10 of 10
List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	of an event to a charkable organization	in lieu of paying an honora	rium to you. A separate
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2016 Aug. 13, 2016	\$2,000 \$500