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UNITED STATES HOUSE OF REPRESENTATIVES	ii	FORM B	9107 52 50 to	Page 1 of 5
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and		New Employees ATVE RESSURGE CRATTE	
Name: ANTONIO C. AMADOR	Daytime Telephon <i>ւ</i>	3 316c	7916 MAY -6 PM 1:35	
New Member of or Candidate for State: C  U.S. House of Representatives District: C  Candidates – Date of Election:	THE PLIFT WAS IN	Check if Amendment	POE OF REFIREVERTATIVES (Office Use Only)	only)
STATUS  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.	ssed against any ın 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	F THESE QUESTION	NS .		
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?	Yes No X	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	₹ ∑
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No F. Do outsic year u	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	* 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. Dic	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 No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"  THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU ARI	ULE IF YOU ANSWER "YES" AT YOU ARE REQUIRED TO (	S" COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	T INFORMATION - A	NSWER <u>BOTH</u> 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 "exc ld?	epted trusts" need not be disclosed. Hi	ave you excluded from Yes	NS
<b>EXEMPTION</b> – 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.	income, or liabilities of a spouse ttee on Ethics.	or dependent child because they meet	all three tests for Yes	 ₹  X

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SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: MADOR Page 2 으

WE TSOOMS RETIREMENT	STARBUCKS	RELITAL DAIMINER CA	AMHIDE LOGI, CA	ABC Hedge Fund X	Examples:	SP, Mega Corp Stock EIF	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 retirement program, including the Thrift Savings Plan.  If you have a privately-traded fund that is an Excepted investment Fund, please check the "Elf" 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 jointly 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 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 interst-bearing accounts.	(do not use only ticker symbols).  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 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 unearmed income during the year.  Provide complete names of stocks and mutual funds	Assets and/or Income Sources	BLOCK A
	X	×	×	×	Irdefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$1,001-\$15,000 \$50,001-\$100,000 \$50,001-\$250,080 \$250,001-\$50,000 \$500,001-\$1,000,000 \$1,000,001-\$250,000,000 \$250,000,001-\$250,000,000 \$50,000,001-\$250,000,000 \$50,000,001-\$250,000,000 \$250,000,001-\$250,000,000	> 00 00 00 00 00 00 00 00 00 00 00 00 00	child in which you have no interest.	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	Value of Asset	BLOCK B
		X	OŽ	Partnership	Royalties	×	Spouse/DC Asset over \$1,000,000*  NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		generated no income during period.	if Check all columns that apply. For accounts that apply, and that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may the "Tax-Deferred" column. It is check the "Tax-Deferred" column. Dividends, interest, and capital gains, we are if reinvested, must be disclosed as income for assets held in taxable income for assets held in taxable income for assets held in taxable that accounts.	Type of Income	BLOCK C
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## SCHEDULE C - EARNED INCOME

Name: ANTONIO C. AMADOR Page 4 of 5

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.

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

	•	Am	Amount
<b>Source</b> (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
		K	8
	SALHRY	P 13,950.00	720000
PUBLIC EMPLOYMENT RETTREMENT (SELF)	RETHEMENT	# 48,000.00	# 48,000.cv
$II \qquad I' \qquad (\omega_I \mathcal{F} e)$	RETHEMENT	12,000.cd	\$ 12,000.00
		,	

## SCHEDULE D - LIABILITIES

Name: PMADOR, HATONIO C.

Page 5 of 5

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 exceeded \$10,000. 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 \*Column K is for liabilities held solely by your spouse or dependent child.

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			CHASE VISA (AND JURY 2015	DITUGH MONTEAGE	COLOWELL BANKED MIT, 2010	Example First Bank of Wilmington, DE	Creditor		:
				2009	acto	5/98	Date Liability Incurred MO/YR		
	:	and the state of t	RevolVING CHARGE CHAD X	MUSTEAGE	RENTAL PROD	Mortgage on Rental Property, Dover, DE	Type of Liability		
			X				\$10,001- \$15,000	>	
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,			,				Over \$1,000,000* (Spouse/DC Liability)	~	

## SCHEDULE E - POSITIONS

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 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 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
RESIDENT/CEO	AMADOR + ASSICIATES REALTY
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