			15 2018 no 1 of
FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and	andidates, and New Employees	The second Control of
Name: Steve Chipps	Daytime Telephone:	9	2016 AUG 18 AM 10: 04
New Member of or Candidate for State: 1 U.S. House of Representatives District: 2 Candidates – Date of Election: 7-30 - 1	8 10 Z	Check if Amendment	บ.S. หนิงจะ of REFRESENTATIVES (Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1, 2016 to 7-29-2016	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	THESE QUESTIONS	S	
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. Did or in t	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
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. Do outsid 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 No No
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. Did	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 S?
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ULE IF YOU ANSWER "YES" AT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	INFORMATION - A	NSWER 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?	n Ethics and certain other "exc?	epted trusts" need not be disclosed. Ha	ave you excluded from Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent cl exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	come, or liabilities of a spouse se on Ethics.	or dependent child because they meet all three tests for	t all three tests for Yes No X

_

SCHEDULE A - ASSETS & "UNEARNED INCOME"

<u></u>	5	Ĭ	8	5		_		or bank and other cash accounts, total the amount in interest-bearing accounts. If the total is over \$,000, list every financial institution where there is ore than \$1,000 in interest-bearing accounts. or rental and other real property held for investment, ovide a complete address or description, e.g., ental property,* and a city and state. or an ownership interest in a privately-held business at is not publicly traded, state the name of the siness, the nature of its activities, and its sographic location in Block A. cutude: Your personal residence, including second mas and vacation homes (unless there was rental come during the reporting period); and any financial treast in, or income derived from, a federal treast in, or income derived from, a federal treast in, or income derived from, a federal streast in, or income derived from a federal stream of the federal stream of the first undient stream of the first undient stream of the federal stream of the first undient stream of the federal stream of the first undient stream of the first undient stream of the federal stream of the first undient stream of the fir	or all IRAs and other retirement plans (such as 1/(k) plans) provide the value for each asset held in account that exceeds the reporting thresholds.	come which generated more than \$200 in neamed income during the year. The provide complete names of stocks and mutual funds to not use only ticker symbols).	entity (a) each asset held for investment or oduction of income and with a fair market value caeding \$1,000 at the end of the reporting period, of the bary other reportable asset or source of the fig. and the first of the firs	Assets and/or Income Sources		
Shalin	brooky.	7.5.7	Michael	LANGE		Examples:		rid other t-bearing to every f to every f to every f to every f \$1,000 ir \$1,000 ir f \$1,000 ir f \$1,000 ir enship ir to enship ir ir ing the right ir enship ir ir enship ir e	As an	which generated d'income during the complete names of se only ticker symbo	(a) each asset held for investment n of income and with a fair market val \$1,000 at the end of the reporting peric any other reportable asset or source	ests a		
<u>-</u>	•	7	<u> </u>	L ,			₹	ing a y fina and a her re case where re case	wide i	gene ne dur nam ticker	Det t	īd/		
3	U	Bucker	es.	0	ABC Hedge Fund	Simon & Schuster	Mega Corp Stock	ash accounts as accounts. I account a city and s account a	ds to a	ing the symb	sset and he er	3	BLOCK A	
	Shin	÷	* * * * * * * * * * * * * * * * * * *	entopoica luty	ge Fu	Schus	TP Sto	instit. I instit. I hear institution in hear i	atiren alue fi e rep	more ne year. stocks a	ab of the d	<u>c</u>	>	
	dan	8	•	Add	콥	ter	₽	s, toti if the unition ining a / held or de tate. / ivatel te th actif ecs, ir ecs, ir ecs, ir ecs, ir ecs, ir actif actif actif actif actif actif actif in Thrif in Thrif eff.	or ea	ris ar a	for a fail	3 8 1		
Cruell	'	þ		2				al the total when to total when to total when to total when to total total total total there and all there are total there a	plans ch as thre	than	t eport	Š		
<u>, </u>	7			٤				the amour total is controlled in the then then then then counts. or investm cription, or investm or investment of its sea, and day final or investment	shold	\$200 utual fur	stmer ing p	Ces		
				Ž	×	H	4	ove ere is ove ere is innent e.g. finess of the distribution of the economic rental annual plan.	S E E	funds	Series S	•		
					1	H		None >	1					
						Ħ		\$1-\$1,000 œ	1	uded uid b	use ase s			
又	ス	X	-			inde		\$1,001-\$15,000	1	in an expect was some curing the reporting period and a 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.	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.			
		*				Indefinite		\$15,001-\$50-000		you you	e of luation			
			X				×	\$50,001-\$100,000 m		cause asset	mega m	٧a		
								\$100,001-\$250,000		s hel	e e e	Ē	腔	
			ļ		×			\$250,001-\$500,000 ග		gene gene d by iteres	Sed of the	Value of Asset	BLOCK B	
				<u> </u>		1		\$500,001-\$1,000,000 ±]	ratec	9 Q 5 ≠	SS	Φ.	
				X	L			\$1,000,001-\$5,000,000 —	_	Spot ind	31 TE	*		
						1		\$5,000,001-\$25,000,000		ise o	# 70 ∃ #			
			ļ <u>.</u>			-		\$25,000,001-\$50,000,000		rder #a	, 10 kg			
					ļ	 		Over \$50,000,000		o val	val.			
								Spouse/DC Asset over \$1,000,000°	-	78 				
		<u> </u>	<u>L</u> .	L	<u> </u>	<u> </u>		NONE	_	Dividends, interest, and capite even if reinvested, must be disc income for assets held in accounts. Check "None" if the generated no income during the period.				
						<u> </u>	×	DIVIDENDS		ated and a				
\leq	×	\checkmark	×	_				RENT	_		a > # ≥ =	₹		
								INTEREST		nterest, and casted, must be assets held Check "None" income during	다 있습니 보 및 및	Type of Income	굗	2
								CAPITAL GAINS			ax-D	=	BLOCK C	Name
								EXCEPTED/BLIND TRUST		turing of the	efect at a poly	20	ô	
	""							TAX-DEFERRED		를 하고 있습니다. 다 하고 있습니다.	8 <u>1</u> 8 8	Пe		
<u>></u> ⊊	25	3 5	4	~ š	a a	8				tal	გემ გემებ			
	35	3	2	20.00	Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column.			4
,	<u> </u>				18 - 5			None -	╅					- 12
					<u> </u>	T	×	\$1-\$200 =		*Column XII	For assets for the capital and capital			
ズ						Г		\$201-\$1,000 =		= ,	pital pital			
		区				1		\$1,001-\$2,500 <		is Q				1
,	~			 	<u> </u>	×		\$2,501.\$5,000 <	δ	288				}
-					×	<u> </u>		\$5,001-\$15,000 ≤	3	ets h				$ \mathcal{X}_3 $
		 		1	T .			\$15,091-\$50,000 ≦	Current Year	<u>o</u>	for which you checked 'Tax-Deferred' in Block C. y indicate the category of income by checking the ag I gains, even if reinvested, must be disclosed that 'None' if no income was sened by consisted.			13
			X					\$50,001-\$100,000	<u>82</u>	y yo				5
				X				\$100,001-\$1,000,000		Fr sp	Tax finc			
								\$1,000,001-\$5,000,000 ×		orse	of the feet	₹		
								Over \$5,000,000 🔀		or d	t by o	Amount of Income	_	
								Spouse/DC Income over \$1,000,000*		epen	\$ 8 6 5	☆	BLOCK D	
								None —	1	dent	ing t	3	Ä	
								\$1-\$200 =		chile		ဇ္ဓ		
X		ļ <u>.</u>					×	\$201-\$1,000			pprogr	2		
		×			<u> </u>	ļ		\$1,001-\$2,500 <	اج	is for assets held by your spouse or dependent child in which you have no interest	nay . orlate inco			aye
	×		ļ		_	4	<u> </u>	\$2,501-\$5,000	Preceding Year	you	chec box			
		ļ	ļ.,	<u> </u>	<u> </u>	×		\$5,001-\$15,000 ≤	<u> </u>	have	5 6 5 5 6			
			<u> </u>	ļ	×	↓_	<u> </u>	\$15,001.450,000 ≦	2	no ii	855 € 			را ا ا
		<u> </u>	-	مر با	-	+		\$50,001-\$100,000 ≦ \$100,001-\$1,000,000 ⋝		ntere	PAKE PAKE			
-	ļ		X	X	<u> </u>	+		× 100,001,610,001		i.	eld _ end: olun			
		 		⊢	-	+-		\$1,000,001-\$5,000,000 × Over \$5,000,000 ×			5 7 3 5 3 _			
	-	-	ļ	 	₩	+	-	Over \$5,000,000 ★ Spause/DC income over \$1,000,000* ★			for which you checked "Tax-Deferred" in Block C. you may check the "None" column. For all sindicate the category of income by checking the appropriate box below. Dividends, interest, it gains, even if reinvested, must be disclosed as income for assets held in taxable Check "None" if no income was senad or proposited.			[1
		1	1		1		1							

Use additional sheets if more space is required.

Longrapher -

Assets and/or Income Sources	SCHEDULE A – ASSETS	ASSETS & "UNEAKNED INCOME"	Name:	two compas
None	BLOCK A	BLOCK B	BLOCK C	
None >	Assets and/or Income Sources	Value of Asset	Type of Income	
None >				
None >		p c c c c c c c c c c c c c c c c c c c		Current Year
None		00 mm		₹.
None				= = = = = = = = = = = = = = = = = = =
12 100		000	RUST	(Specify: e.g., Farm Income)
		\$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$50,000 \$1,000,001-\$1,000,000 \$1,000,001-\$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUS TAX-DEFERRED Other Type of Income (Sp	Partnership Income or Fal None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500
				The state of the s
			\rightarrow \frac{\rightarrow}{2}	
			7	
				0
				/
				/

SCHEDULE C - EARNED INCOME

으

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.

										û				INCO Memb profes
										Examples:		Į.		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.
									Ontario Co	Civil War R	ABC Trade	Source (Include date of receipt for nondialia)		nd PROHI oyees comes involving
									unty Board of	loundtable (O	ABC Trade Association, Baltimore, MD (July 15)	include		BITED IN pensated a fiduciar
		\				\geq			Education	2)	Baltimore, MD	date of	J-16	COME: Bat or above y relations
											(July 15)	receipt		e advised e the "seni hip) are to
												IOI TIOI	f l	that the in ior staff" ra tally prohit
)						orana)		ncome limate was \$2
														it and prof 27,225. The embers ar
_					_									nibited inc le 2016 lim nd senior s
_									s	ş				ome may nit is \$27,4 staff.
		X							Spouse Salary	Spouse Speech	Honoranum	Type	•	apply to y 95. In add
				7										ou after yo dition, cert
	7											Cui		ou are on ain types
				:					N/A	\$0	0\$	rent Year		House pa of income
											5	Current Year to Filing		yroll. Th (notably h
										+			Amount	e 2015 lin ionoraria, i
			i i									Pra	ınt	nit on outs director's t
						•			N/A	\$1,000	\$500	Preceding Year		ide earne ees, and l
												ear		d income payments
														ਨੂੰ ਨੂੰ

SCHEDULE D - LIABILITIES

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 Name: ったって Page_ 잌

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

<u> </u>	T		 			
				sp, DC, JT		
			Example			
			First Bank of Wilmington, DE	Creditor		
	7	N/N	5/98	Liability Incurred MO/YR	Date	
	and the second s		Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	<u> </u>	
				\$50,001- \$100,000	c	
			*	\$100,001- \$250,000	0	
				\$250,001- \$500,000	m	moun
	1			\$500,001- \$1,000,000	'n	Amount of Liability
				#4 000 004		1 8
				\$1,000,001- \$5,000,000	စ	₹
		-		\$5,000,000 \$5,000,000 \$5,000,001 \$25,000,000	о 1	ility
				\$5,000,000 \$5,000,001-		ility
				\$5,000,000 \$5,000,001- \$25,000,000 \$25,000,001-		ility

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.

				Г
		Postner	Position	and content convented years a more year contentation and near a
		CRANDE ENTER BRITER LLLP	Name of Organization	THE WHITE IT IS IN THE PART CHILD AND THE PART OF THE

SCH

		Date	Identify the dat continuation or	SCHEDU
		Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation is	SCHEDULE F – AGREEMENTS
9		Terms of Agreement	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.	Name: (Lung) Page & of

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
Cuhn		partner - tree form
(/:	ive Oak, FLD	

FILER NOTES

(Optional)	Name: Sture	Cappy Page 7_of
NOTE NUMBER	NOTES	