

		Page 1 of IO
UNITED STATES HOUSE OF REPRESENTATIVES For Use by	Form A LEGISLATIVE RESCUEDE CTATES. For Use by Members, Officers, and Employees 2016 JUN - 3 PM 2: 45	PM 2: 45
Name: Thorus East Emme Dr. Daytime Telephone:	U.S. HULDE E	(Office Use Only) If her Delify (1948) shall be assessed against any
Member of or Candidate for	_ 1	ore man 30 days late.
STATUS Member of or Candidate for State: MN U.S. House of Representatives District: 6	Officer or Employing Office: Employee	
REPORT 2015 Annual (Due: May 16, 2016) Amendment	Termination Date of Termination:	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS		
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?	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?	Yes No X
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 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 source during 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 No X	pendent child receive any for travel totaling more than during the reporting period?	Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes X No liability (more than \$10,000) at any point during the reporting period?	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes No
E. Did you hold any reportable positions during the reporting period or in Yes No X	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES")U ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	- ANSWER EACH OF THESE	QUESTIONS
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 contact the Committee on Ethics for further guidance.		Yes No X
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not this report details of such a trust that benefits you, your spouse, or dependent child?	be disclosed. Have you excluded from	Yes No X
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your 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 No X

SCHEDULE A -- ASSI

SETS & "UNEARNED INCOME"
Name: Thomas Earl
ا قسن کر
Page
2 of 10

		State of Min Piners-5	Citibark TEA		Rental Populy De	ABC Hedge Fund	Examples: Simon & Schuster	SP Mega Corp. Stock	so, vuo, 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 addriftes, 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 "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 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	Asset and/or Income Source Mently (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 that generated more than \$200 in "uneamed" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbots). Provide the value for each asset held in the account that exceeds the reporting these held in the account that exceeds the reporting these held in the account that exceeds the reporting these held in the account that exceeds the reporting these held in the account that exceeds the reporting these held in the account that exceeds the reporting these held in the account that exceeds the reporting these held in the account that exceeds the reporting these held in the account that exceeds the reporting these held in the account that exceeds the reporting the account that exceeds the exceeds the reporting the account that exceeds the reporting the account that exceeds the reporting the account that exceeds the exceeds the exceeds the reporting the account that exceeds the
$\vdash \vdash$	-[9	<u> </u>	•	3	×		4	mis. mis. mis. pion. pion.	Bmour Is ove	ent (k valu periou urca (same same kds.
	-{	_				Ĥ		-76	'> BCC TB P로트트로 당당성 약구 중 None	· \$ ⊋.	
	-				-			┼─	\$1-\$1,000		Value of Asset Indicate value of asset at dose 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.
\vdash	7						ž	-	\$1,001-\$15,000	ດ	value set w it ger noir
H		V	~			<u> </u>	Indefinate	<u> </u>			nod of a nod of a nerate for as theres
		X	X						\$15,001-\$50,000	0	her the duding of the control of the
\Box						<u>L</u>		×	\$50,001-\$100,000	m	Value of the value
			<u> </u>	_	X				\$100,001-\$250,000	**1	Value of Asset to dose of the report to dose of the report an fair market value, I may the reporting pare, the value should a by your spouse or
	_		Ш	-		×	_	<u> </u>	\$250,001-\$500,000	ေ	Je of Age of the market war reporting to value ship your spou
	_							<u> </u>	\$500,001-\$1,000,000	Ξ	reportable, per could to
						<u> </u>		<u> </u>	\$1,000,001-\$5,000,000		deper
Ш									\$5,000,001-\$25,000,000		eriod spec one."
	\perp					L	<u> </u>		\$25,000,001-\$50,000,000		child
	_					L			Over \$50,000,000		ou us e met in whi
									Spouse/DC Asset over \$1,000,000*	Z	
	_[<u>X</u>	X				<u> </u>		NONE		Type of Income Check all columns that apply. For generate tax-deferred income (such as 529 accounts), you may check the 529 accounts), must be disclosed the column. Dividends, interest, and even if reinvested, must be disclosed the columns. By the disclosed the columns of the columns of the columns of the columns of the columns. If the asset generated no income during period.
	_			_				×	DIVIDENDS		ate it
\Box					X	_		<u>L.</u>	RENT		colur occlur onts), Divid heid teid
Ш						<u> </u>		<u> </u>	INTEREST		Typenns temps to the distribution to the distr
Ш	_					<u> </u>			CAPITAL GAINS		Type of Income columns that apply. Fo ax-deferred income (auch ax-deferred income (auch ax-deferred income (auch ax-deferred income check the Dividends, Interest, and forwards d, must be disclothed in taxable accounts t generated no income durit
									EXCEPTED/BLIND TRUST	_	Income
	ı					i			TAX-DEFERRED		For For as k the as and and isclos units.
						Partnership Income	Royalbies		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		accounts that 401(tk), IRA, or Tax-Chelmed' capital gains, sed as income Check Thons' tg the reporting
		X	X			<u> </u>			None	_	For a may categories of the ca
Ш]			L			\$1-\$200		Amount Amount Amount For assets for which you checks may check the "None" column, category of income by check Dividends, interest, and cap must be discideded as income accounts, Check "None" i generated. *Column XII is for assets held b in which you have no interest.
							×		\$201-\$1,000	=	for w
Ш								×	\$1,001-\$2,500	₹	Airhich y Nome ome brest, based heck
					Ш	×			\$2,501-\$5,000	<	mot you ch colu by d and as ir "Non ets he intere
					X	Ĺ			\$5,001-\$15,000	×	Amount of Income hy you checked Tax-Deferre to column. For all other to by checking the approximation and capital gains, and das income for assett das income for assett x. "None" if no income x. "None" if no income to interest.
									\$15,001-\$50,000	¥	of In
Ш				<u>.</u>					\$50,001-\$100,000	≨	c-Defe L other sapp sapp incon
							<u> </u>		\$100,001-\$1,000,000	×	Pe pred" bread" bropria even broke hune w
Ш							<u> </u>		\$1,000,001-\$5,000,000	×	in Bio
Ш							<u></u>	Ш	Over \$5,000,000	×	Amount of Income Amount of Income For assets for which you checked Tax-Deferred in Block C, you 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. *Column XII is for assets held by your spouse or dependent child in which you have no interest.
	_								Spouse/DC Asset with Income over \$1,000,000*	¥	
								S(part)	that exceeded \$1,000.	Leave this column blank if there are	Transaction Indicate if the asset had asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows. (S (part)).

	Τ			Т	<u> </u>		Τ		Τ_	Т	Γ			1	Π	누尺똣				SC
\vdash	-	-		┝		\vdash		\vdash	+-	-	-	_		-		-			▶	Ξ.
		Į ;								ĺ				ļ		l			BLÖCK A Asset and/or Income Source	Ē
																			and	Ĕ
											İ					ASSE			BLOCK A	įπ
								-			ļ					ASSET NAME			중	>
								l		l			!			"			, m	ķ
l								ĺ									,		Ě	SS
ŀ												L					,		ê	ᄪ
					_											믝				S
								<u> </u>	_							. '	None	<u> </u>	1	<u>.</u>
																	\$1-\$1,000	∞		Z
																	\$1,001-\$15,000	<u></u>		E
\vdash	ļ <u>.</u>	\vdash		┢╌					-	\vdash	 			-	-		\$15,001-\$50,000	-		Ž
Н	\vdash		 			\vdash	\vdash	 	†	\vdash			-		_		400.00.000	m	₅	m
H	\vdash	\vdash							\vdash	┢	Т			 			\$100,001-\$250,000	-Ti	BLOCK B Value of Asset	=
-	Г	\vdash		┢	T				T	1		<u> </u>				—	\$250,001-\$500,000	၈	BLOCK B	ົດ
T	Г	Г						1	T								\$500,001-\$1,000,000	Ξ.	SSe (B	8
				Г		Γ		T		Γ				ļ .			\$1,000,001-\$5,000,000	-1	_	SCHEDULE A – ASSETS & "UNEARNED INCOME"
																	\$5,000,001-\$25,000,000	-		
																	\$25,000,001-\$50,000,000	~		
		<u> </u>								L	<u> </u>		L				Over \$50,000,000	_		
																	Spouse/DC Assel over \$1,000,000*	≈		
		$oxed{oxed}$			L	匚		<u> </u>		<u> </u>	_	L					NONE	_		Z
_	_					<u> </u>	ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_					DIVIDENDS	4	- 1	Name:
						<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	L.	_				RENT	_		1 1 1
				<u> </u>		<u> </u>		<u> </u>	_	<u> </u>							INTEREST	_]	¥ B	1604
	ļ	<u> </u>		<u> </u>		<u> </u>	_	ļ	_	ļ	ļ		<u> </u>	L.			CAPITAL GAINS	_	<u>a</u> 0	}
	<u> </u>	ļ				_		<u> </u>	<u> </u>	_	ļ				_		EXCEPTED/BLIND TRUST TAX-DEFERRED		BLOCK C Type of Income	12
									<u> </u>		<u></u>						1AA-DEFERRED	┛	æ	197
																	Other Type of Income (Specify: e.g., Perinership Income or Farm Income)			8
																	following and a more of the mo			-
<u> </u>		Ļ			_			<u> </u>	┞-					_	_	_	N	+		$ \omega $
dash		<u> </u>	ļ	<u> </u>	_	_			├-	-	<u> </u>	ļ <u>-</u>	<u> </u>	<u> </u>				-		5
\vdash		-		\vdash		-		\vdash		\vdash	\vdash	-		-					- 1	
\vdash		H			_	<u> </u>	\vdash	-		\vdash	-	 	<u> </u>	\vdash				=	1	
-	\vdash	-			-		-	\vdash	-	+	\vdash		<u> </u>	_			***	-	<u></u> ≩ [
	<u> </u>	 			-				┝	\vdash	<u> </u>	 				\vdash		≤	BLOCK D Amount of Income	5
\vdash	-	\vdash	_	-	\vdash	-	<u> </u>	<u> </u>	 -	-	_	-	-	-					BLOCK D	
\vdash		H				 	 -	-	ļ	+-			 					≦	<u> </u>	
\vdash					-	-		-	+-	\vdash	†			\vdash				×	a .	Page
	<u> </u>	 		 	<u> </u>			 	\vdash	\vdash			-		· · · · · ·		A	×	- 1	l° l
	<u> </u>				 -			-	-	T		Г					Over \$5,000,000	×		W
										Γ							Spouse/DC Asset with Income over \$1,000,000*	¥		[ဋ
																	ر . م		T _Z	1 1
																	S(pai		BLOCK E	0
1																	P, S, S(part), or E		BLOCK E Transaction]']
_			l					Ц.	Ц.	<u> </u>	<u> </u>		<u> </u>	L		1	т			

SCHEDULE B - TRANSACTIONS

Name: Thomas Earl Emme Dr. Page 4 of 10

	_			 _	_		_			_					 					
						!										SP	SP, DC, JT	Capital Ga the "capital the capital ' Column K	dependent resulted in Exclude in purchase or a portion of	Report any
																Erample		Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a blef description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	purchase,
																Меда		s transecti unless it v on Schedu	stment or ss. Provi setween) r personal cld, pleas	sale, or e
																Mega Corp. Stock		on resulte was an as- ule A.	the produce a choose	or real on
																	Asset	din a capi set in a ta	ction of in descripti spouse unless it partial sai	transaction
																		ital gain in x-deferred depender	come. In on of an or deper generate	ts that ea
																		excess of account, a child.	clude tran exchange ident chill d rental ind	coaded 1
																:		\$200, ch and disck	sactions to transaction, or dren, or come. If of nsaction.	1,000 in
																			ob at	옥 중
_					i										 			Purchase	··········	Тур
				 										-				Sale		e of Tra
								i								×		Partial Sale		Type of Transaction
																		Exchange		š
																×		Check Box If Ca Exceeded \$200	oital Gain	
			<u> </u>				_									3.5		Month wee	(MO/D)	Date
																3/5/15		Monthly, or B- weekly, if applicable	(MO/DA/YR) or Quarterly,	Ť
		<u></u>																\$1,001- \$15,000	>	
			ļ				į									×		\$15,001- \$50,000		
												ļ						\$50,001- \$100,000	<u>с</u>	
																		\$100,001- \$250,000		A
							_											\$250,001- \$500,000	m	Amount of
											 							\$500,001- \$1,000,000	ग	f Tran
										 		 			 			\$1,000,001- \$5,000,000	<u>-</u>	Transaction
					_					_			 					\$5,000,001- \$25,000,000	<u> </u>	┦╸┃
																		\$25,000,001- \$50,000,000	<u>-</u>	
<u></u>			ļ 							_								Over \$50,000,00		
									!									Over \$1,000,000 (Spouse/DC Ass		

SCHEDULE C - EARNED INCOME

Name: Thous East Error Dr. Page 5 of 10

IVO HOR. Attended to Matter Owned or Department of State

types of income (no	INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	sated at or above the "senior staff" rate totally prohibited.	d at or above the "senior staff" rate was \$27,225. In addition, certain y prohibited.
	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
Examples:	State of Maryland	Legislative Pension	\$18,000
	Ontario County Board of Education	Spouse Salary	N/A
			, , ,

SCHEDULE D - LIABILITIES

Name: There, Eurl Eurous DC, Page 6 of 10
There, Eur Emma de, Frispouse, or your dependent child. Mark the highest amount
your de
lent child.
Wark the hi
ζ, ghest amo
Page 6 of
6 of 10
reporting

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.

			DC JT Sp.		
k k	Klen	Example			
at shape Main MAN	Klein Bank, B. Jak MN 5/07	First Bank of Wilmington, DE	Creditor		
6/13	5/07	5/98	Date Liability Incurred MO/YR		
NoK	Morday of Prince Bridge	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000	Φ.	
			\$50,001- \$100,000	റ	
X	×	×	\$100,001- \$250,000		
			\$250,001- \$500,000	m	moun
			\$500,001- \$1,000,000	711	Amount of Liability
			\$1,000,001- \$5,000,000	6	ability
			\$5,000,001- \$25,000,000	ı	
			\$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, 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 nothing entities feathers and campaign organizations? and positions social fraternal or nothing entities feathers and campaign organizations?

Position	Position Name of Organization
3	
000000000000000000000000000000000000000	

SCHEDULE F - AGREEMENTS

Name: Thomas Earl Emms dr. Page 7 of 10

Identify the da	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an emp	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	Parties to Agreement	Terms of Agreement

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

Name: Joans	
Earl 1	
The same	
7	
Page & of 10	
0	

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? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
,	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	¥	γ	R
Examples	Haddet for Humanity (charty fundraliser)	Mar. 3-4	DC-Boston-DC	Υ	۲	۲
رمها	Center for Denocrowy in the Amount May 27-My 31 Br MSP + Harvana + DC	May 27- My 31	BY MSP+ HUVANUT DC	Y	Υ	\sim
Conto	leaks for U.S. Global lenkish ip April 4-April 13 DC 7 ADD is Abadon & Marie; ADL	Apr. 1 6- Ar: 18	DC -7 ABDis Alacha + Marid: +DC	~(7	>
		1				
	;					
				_		

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Thomas Eas! Emma dr. Page 9 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 separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	or of an event to a charitable organ	charitable organization in lieu of paying an honorarium to you. A	honorarium to you. A
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2015 Aug. 13, 2015	\$2,000 \$500

FILER NOTES (Optional) Name: Thomas Eurs Emma dr. Page 10 of 10

							NOTE NUMBER
					,		
							NOTES
				,		:	