UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	Page 1 of LCSISLATIVE RESBURGE OF MICH
Name: Angelo Hicks	Daytime Telephone	2016 JUL 27 PM 1: 32
New Member of or Candidate for State: U.S. House of Representatives District: Candidates Date of Election:	Check if Amendment	U.S. 相對認定 证字 REPRESENTATIVES (Office Use Only)
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.
PRELIMINARY INFORMATION - ANSWER EACH OF	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 unearmed income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? A DUNA STUELT Mob. 240-49	ig the reporting period Yes V No No No Might No Migh No Might No Might No Might No Migh No Migh No Might No Might No M
C. Did you or your spouse have "earned" income (e.f., salaries honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? RH, CLS Commission OUF	No F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current catendar year up through the date of filing?	arrangement with an Yes 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 you receive compensation of more than source in the current year and two prior years?	pensation of more than \$5,000 from a single Yes No
Mortgase on home ATTACH THE CORR	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO		TH OF THESE 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 "excepted trusts" need not be disclosed. Hi	ave you excluded from Yes 🔲 No 🗐
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	come, or liabilities of a spouse or dependent child because they meet all three tests for se on Ethics.	all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

							٦Ŗ.	For ball ir all	For a	producti producti exceedi and (b) income funeam funeam			
					ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock	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. 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 interest in, or income derived from, a federal 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 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 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 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 mutuel funds (do not use only ticker symbols).	Assets and/or Income Sources	BLOCK A	
								None >				П	
								\$1.\$1,000 📼		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 child in which you have no interest.			
L	<u> </u>					Indefinite		\$1,001-\$15,000	_	walue a va set wante only only only only only only only only			
			<u> </u>	ļ		ē	<u>L</u> _	\$15,001-\$50-000		the become.			
L							×	\$50,001-\$100,000 m		asset meth sold sause have	Y a		
						1	L-	\$100,001-\$250,000	_	tato etho nod u durir e it s hel	Value of Asset	멷	
				Ĺ	×		<u> </u>	\$250,001-\$500,000		Jose d off ised ised genu d by	9	BLOCK B	
							<u> </u>	\$500,001-\$1,000,000 ±		nert	Ass	В	
							L	\$1,000,001-\$5,000,000 — —		the r sporti	ĕ		
							L_	\$5,000,001-\$25,000,000		eportair ing r			
							_	\$25,000,001-\$50,000,000		mark mark e, th			
			I				Γ_	Over \$50,000,000		perio d an he v		1	
								Spouse/DC Asset over \$1,000,000*		alue alue			
						Γ	Π	NONE	Ì	Check that ge 401(k) check Divide even incom accoungement			
	1	1		ļ		T	×	DMIDENDS	- 5	Check all that gener 401(k), IR check Dividends even if re accounts.			
	1	<u> </u>	†	1		1	┢╌	RENT		Il columerate IRA, the the reinventory for	-		
H			╁──	+	-			INTEREST	_	o Charles	Type of Income		
\vdash	+		 	ļ	<u> </u>	+	├		 -	s the	<u>o</u>	91	
<u> </u>	+	 	ļ	<u> </u>	-	\vdash	<u> </u>	CAPITAL GAINS	_	tax-deferred incon or 529 eccounts; "Tax-Deferred" mitterest, and cap ested, must be di assets held i Check "None" if income during it	Ž	BLOCK C	
<u> </u>		ļ	ļ	ļ	-	<u> </u>	ļ	EXCEPTED/BLIND TRUST	_	ning	ğ	Ĭ	
					Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check all columns that apply. For accounts that generate tax-deferred income (such as 40f(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if relinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	•		(
	+	<u> </u>	-	-	흏흉	žŠ	<u> </u>	Maria	_				
<u> </u>	1	 	ļ	<u> </u>	1	-	_	None -		For assets other asset and capits accounts. "Column X			
	+	+	ļ	ļ		╁	×	\$1-\$200 = \$201-\$1,000 =		ssets asse asse mn x			
⊩	+		 	<u> </u>		+	<u> </u>			E Care in the		ı	
—	-	-		-		×	 -	\$1,001-\$2,500 <	പ	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. other assets indicate the category of income by checking the appropriate box below. Dividends, is and capital gains, even if reinvested, must be disclosed as income for assets held in 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.			
\vdash	+	+-		-	-	ř	 	\$2,501.\$5,000	§	h yo le the None			
\vdash	+	+		ļ	×	╀	 - -	\$5,001-\$15,000 S	3	ou ch e cant e n at e ifr e ifr			
\vdash	+	+	 	<u> </u>	 	-		\$15,001\$50,000 ≦ \$50,001\$100,000 ≦	Current Year	iecka jegor frei no ind			
\vdash	-	+	<u> </u>		 	╁	 -		*	y of T			
 	+	+	 	 	1	┼-	<u> </u>			ax-D incor ined, was spou	>	ı	
1	+	+				+	 -			x-Deferred" in Block C, y rooms by checking the ag ted, must be disclosed was earned or generated.	Amount of Income]	
 	-	-			-	-	 	Over \$5,000,000 ≥ Spouse/DC Income over \$1,000,000* ≥		ed"i	Ĭ	삗	
_	-	+-	1]	_	┢	_ -	SpouserDC income over \$1,000,000	-	in Bi eckir orge orge	<u>o</u>	BLOCK D	
 	+-	+	ļ	-	-	-	- -	\$1-\$200	1	ock (g th) sclor nera ent c	Ξ	ō	
<u> </u>	-				 	+-		\$201-\$1,000		C, you e apple sed inted.	ğ		
<u> </u>	+	+			-	├-	 -^ -			in wh	Φ	1	
\vdash					-	+-	 	\$1,001-\$2,500 < \$2,501-\$5,000 < \$2,501-\$5,000	<u> </u>	ray chec vriate box income hich you			
\vdash	-	_		-		×		\$2,501-\$5,000 < \$5,001-\$15,000	ğ	heck box me 1		ľ	
\vdash	+	1			×	f	<u> </u>	\$15,001-\$60,000 ≤	∮	the below		ļ	
!	-	-	-		<u> ^</u>		 - -	\$50,001-\$100,000 \(\leq\)	<u> </u>	70 in 10 In			
\vdash	+	-	 	-	-	-	 - -	\$100,001-\$1,000,000 R	ž	ne" c Vivid ta h			
⊩	+	1		!		├-		\$1,000,001-\$5,000,000 ×	1	k the "None" column. For all below. Dividends, interest, for assets held in taxable have no interest.		1	
<u> </u>	-	+		<u> </u>		╁		Over \$5,000,000 🗠		5 5 5			
\vdash	1	+	-		1	 	├	Spouse/DC Income over \$1,000,000*	1	For al terest axable		ſ	
<u> </u>		Į.					<u> </u>			<u>a, a</u>			

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & "UNEARNED INCOME"	•
Name: Angela Hick	
Page 3 of 6	

	7	2	> ~	\$	1	75	文	D	9	5 ,8,4	~		•
+ + -					_	2				,,. ,	R=Rich A= Argela dap= child 201/5dd	≽	
	Houster	MART	7,	73	S	73	R	SF	E		-6 V <u>··</u>	Assets and/or income Sources	
	ا تج ا	7	#	· ,		,	.,	1			I 상 높 종	<u> </u>	
			0	5		_		_			2 820	an	
	3	- E	>0	29	529	4011	5	2	RA	ASSET NAME	3.6.7	9	<u></u>
		Ses :	₹	70	25	~	To int our	2	~	4	5 5	=	BLOCK A
	20		7		"	1	7	l_	\boldsymbol{z}	Ž	9	8	×
	4	रि	٠,	dau	S		0	A. Hak	R. Hicks	m	6)	₹	
	8		70.	3	705		8	=	11		30	Ś	
	12		*	12	ן כן		1	8	<u>7</u>		<u> </u>	Ĭ	
	mperhes		长	12				T	ž,		7.7	293	
	- W									뫾	<u>a</u>	•	
				 							None >		
- 			-	-	-			1					
 			+	 			` `	1	1.0	·			
			ļ.	L.,							\$1,001-\$15,000 C		
			31 1 · ·	人		Y.			4		\$15.001-\$56.000 ==		
			\times				\succ				\$50,001-\$100,000 m	≲	
						X					\$100,001-\$250,000 - 71	Ĕ	<u> </u>
											\$250,001 -\$ 500,000 ග	ě	ပ္ပ
		1 1	1	1				1			\$500,001-\$1,000,000 ==	₹	BLOCK B
+		-++-	+-			<u> </u>			<u> </u>		\$1,000,001-\$5,000,000 —	Value of Asset	
			-	-	\vdash	, ,		-				~	
						, ,	, ,	. ` `	Z		\$5,000,001-\$25,000,000°		
	,			,	ļļ		,				\$25,000,001-\$50,000,000		
						· .				3 × ×	Over \$55,000,000		
											Spouse/DC Asset over \$1,000,000*		
		×			5.1	45		'' v lo	4	7 4 .	NONE TO THE TOTAL NAME OF THE PARTY OF THE P		
+ + -				7			-	<u> </u>	. 4. 3.3	35	DIVIDENDS		
						-		-		N			
						***		<u> </u>		17 (1)	(RENT	Ţ	
			\prec					i			INTEREST	8	B
	1×									100	CAPITAL GAINS	Type of Income	ő
+			+	-			<u> </u>		-	· · · · · · ·	· · · · · · · · · · · · · · · · · · ·	둙	BLOCK C
											EXCEPTED/BLIND TRUST	Ě	•
		```	<u> </u>			<b>X</b>	٠, ‹	*		3.4	TAX-DEFERRED	<u> </u>	
											Other Type of Income (Specify: e.g.,		
											Partnership Income or Farm Income)		
		<b></b>	-			Z		×		2	None		
<del>                                     </del>			*	4	1		-			<u> </u>	\$1-\$200 =		
		<del></del>		X	~	,				~ /	` 6004 AZ 806		
<del></del>									,		\$201-\$1,000 =		
				ļ			Z	, ,		, ; · · · ·	\$1,001-\$2,500 <		
			3 3 1		.		٠		*		\$2,501-\$5,000 < Cure \$5,001-\$15,000 \leq E \$15,001-\$50,000 \leq E \$50,001-\$100,000 \leq E		
											\$5,001-\$15,000 ≤ <b>a</b>		
			1				2.7				\$15,001-\$80,000 <u>≦</u>		
											\$50,001-\$100,000		
	<b>×</b>	1.	1	1.3		77.71		7	, , ;	, ,	\$100,0014\$1,000,000		
			1							<u> </u>	\$1,000,001-\$5,900,000 ×	>	
+		7	+				, , ,	·	. ;	7 3 3		3	
	<del>      </del>				<u> </u>	<u> </u>		:	* ^ _ 1		<del></del>	Š	Ψ
	<u> </u>		F 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			-00 pm					Spouse/DC Income over \$1,000,000°	õ	BLOCK D
1		7				<b>*</b>	. A T	X	<u> </u>		Novie	Amount of Income	õ
			<u> </u>								\$1-\$200 =	8	
				34	X		¥			1.5	\$201-\$1,000 <b>=</b>	₽ 7	
						1	X				\$1,001-\$2,500 <		
7 1 1				,	, .l					. , 1	\$2,501-\$5,000 < 6		
<del>                                      </del>		1	1	М	$\vdash$					440	\$5,001-\$15,000 ≤ <b>2</b>		
++		+ + + + + + + + + + + + + + + + + + + +	1	<del>                                     </del>	<del>  </del>	- 7	, ,	5			\$15,001,450,000		
	<del>                                   </del>	4	1		-		, 4	S /	<u> </u>	* · < * -	\$15,001-\$50,000 \$ 6		
1 1			-								\$2,591-\$5,000		
			1	3.	<u> </u>	<u> </u>		2 1 2		<i>A</i> • •	Solving a structure X		
										<u> </u>	\$1,000,001-\$5,000,000 ×		
							, ,				Over \$5,000,000		
											Spouse/DC Income over \$1,000,000° ≧		

### SCHEDULE C - EARNED INCOME

Name: Appla Hicks P	Page 4 of 6
an the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer ource for other spouse earned income exceeding \$1,000. See examples below.	porting period. For both the filer
ement programs, and benefits received under the Social Security Act.	
imit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for	nit on outside earned income for

**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. List the source, type, and amount of earned income from any source (other that and filer's spouse, list the source and amount of any honoraria. List only the source and amount of any honoraria. **EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retin

							Man, 6A	Ļ	Examples: State of Maryland St	Course (include date of federly for finite and	Source (include date of receipt for honoraria)
				•			Sause Compassi	Spouse Salary	Salary	- ype	Tuna
					( )	\$ 407,000 Lois)	000 IN	N/A	\$20,000	Current Year to Filing つのしら	Am
						(A) & CANADOLOGIA	133,000 H	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

#### **SCHEDULE D - LIABILITIES**

Name: Page_

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

					Amor		DC, JT		
					4	Example			
				0	Vells Faras	First Bank of Wilmington, DE	Creditor		!
				•	1106/2	5/98	Date Liability Incurred MO/YR		
				hore - pond	the sould be souppoor	Mortgage on Rental Property, Dover, DE	Type of Liability		
			,				\$10,001- \$15,000	>	
l							\$15,001- \$50,000	œ	
		,		,		ì	\$50,001- \$100,000	c	
					X	×	\$100,001- \$250,000	0	
					,		\$250,001- \$500,000	m	nnoun
							\$500,001- \$1,000,000	π	Amount of Liability
			,			,	\$1,000,001- \$5,000,000	6	ability
							\$5,000,001- \$25,000,000	<b>T</b>	
	,		,		,	,	\$25,000,001- \$60,000,000	_	
							Over \$50,000,000	_	
	,						Over \$1,900,000* (Spouse/DC Liability)	*	

#### **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.

	OWNE	Position	the culterit carefular year. First-year carrollates and in
NO componsation received in 2015 or 2014	Stuff It Mobile Storge Innovative Medical	Name of Organization	uis cuiteit cateinai yeat. Filatysai caitulaates attu item etilpioyses isport postiolis itelu it die cuiteit cateinai yeat attu (mo previous yeats.

#### SCHEDULE F -

			Date	Identify the date, partic	SCHEDULE F
		MONE	Parties to Agreement	Identify the date, perties to, and general terms of any agreement or <u>arrangement that you have with respect to: future employment</u> continuation of deferral of payments by a former or current employer other than the U.S. government; or continuing participation in	SCHEDULE F - AGREEMENTS
		NONE	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 of 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 Angela Hicks Page 6 of 6

# 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. Bo not repeat information listed on Schedule C. Example: Source (Name and City/State) MONE Doe Jones & Smith, Hometown, Homestate **Brief Description of Duties** Accounting Services