HAND DELIVERED

FOR NEW Members	FORM B For New Members, Candidates, and New Employees	2016 JUN 15 PM 1: 50
Name: Michael John Gullacher Daytime Telephone:	one:	Configuration of All Advisorability
New Member of or Candidate for State: U.S. House of Representatives District: & Candidates - Date of Election: 11/3/16	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1, 2015 to 4112016	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	TIONS	
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?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? See Schedy le C	ng the reporting period Yes No No
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?	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
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	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 X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	HEDULE IF YOU ANSWER "YE! THAT YOU ARE REQUIRED TO	NSWER "YES" EQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOT	- ANSWER <u>BOTH</u> OF THES	H 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?	er "excepted trusts" need not be disclosed. H	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 child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	spouse or dependent child because they meet	tall three tests for Yes No X

Name: Michael John Gallasker Page 2 of 13

	42	•	ABBUTE Inclum	Apple Inc	ABC Hedge Fund X	Examples:	SP, DC, Mega Corp Stock EIF	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 addivites, and its geographic location in Block A. Exclude: Your personal residence, including second income during the reporting period; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Sevings 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 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 have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you have a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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 uneamed income during the year. Provide complete names of stocks and mutual funds	Assets and/or income Sources	BLOCK A
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Name: Michael John Gallajter Page 10 of 13

SCHEDULE C - EARNED INCOME

Name: Michael John Callaged Page 11 of 13

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 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.

	:		
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Arriount Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Salary Spouse Salary	\$20,000 \$0 N/A	\$76,000 \$1,000 N/A
United States Senato Foreign Relations Conte	Sclarz	B	16,414.00
Our American Revival	Salay	8	36,846.00
Scott Walker or America	Salar	R	30,669.0
Break Through Fuel	Salar	263,5	Q
Fletcher School, Tuffs U.	Lorosavium	1,000)	Ø
University School Milmankee	Honorarium	5v0	Ø
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SCHEDULE D - LIABILITIES

Name: Michael John Gallaghow

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(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. 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.

			SP, DC, JT		
	\mathcal{M}_{o}	Example			
	Morgan Stanely	First Bank of Wilmington, DE	Creditor		
		5/98	Date Liability Incurred MO/YR		
	Line of Gedit Involve	Mortgage on Rental Property, Dover, DE	Type of Liability		
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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.

Position	Name of Organization
	See Schedule (

SCHEDULE F - AGREEMENTS

Name: Michael John Page 13 of 13

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
	17 11	

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
Exemple:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	W.A	See Schedule C
:		