#### PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS PO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: UNITED STATES HOUSE OF REPRESENTATIVES D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or 2016 FINANCIAL DISCLOSURE STATEMENT **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. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? honoraria, or pension/IRA distributions) of \$200 or more during the C. Did you or your spouse have "earned" income (e.g., salaries, exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics 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 **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed, from this report details of such a trust that benefits you, your spouse, or dependent child? reporting period? REPORT TYPE STATUS Receive more than \$200 in unearmed income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? 2016 Annual (Due: May 15, 2017) House of Representatives Member of the U.S Shop State: District: Yes 18.E ĕ Yes Yes Yes X メ Daytime Telephone: 202-225-8104 **不** Amendment Z Š 몽 Z 몽 For Use by Members, Officers, and Employees メ 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single \$375 in value from a single source during the reporting period? reportable travel or reimbursements for travel totating more than source during the reporting period? Form A Employee Officer or Employing Office: Termination Date of Termination: Have you excluded A \$280 penalty shall be assessed against any individual who files more than 30 days late. 2017 APR 26 PM 3: 34 DELIVERED or \_\_ Shared Staff Filer Type: (If Applicable) Yes Yes Yes Yes Yes Yes Yes <u>≺</u> Principal Assistant Z Z S Z Š Š 区 K K

# SCHEDULE A - ASSETS & "UNEARNED INCON

		ED INCOME"
	Name: LANG (Jeriges Lishoo)	7.7
	Page of	

																																d	
•							X	_									*								<b>/</b>						4	$\boldsymbol{\sigma}$	
								×									メ	م							メ							Ľ	l
			ļ				×				-			<u> </u>			<b>×</b>								メ							4	l
						ス	<u> </u>							_	-		×					ļ		<del>                                     </del>	×							FAIT by Fee Barks	
		-							$\vdash$					-	$\vdash$	$\vdash$	$\vdash$							<del>                                     </del>				<del> </del>	<b> </b>			Mark of Frods	
		-						<del>                                     </del>	$\vdash$																			<b>.</b>				Fidelity True demonstra	1
		_					×	<b>-</b>	<b>-</b>	m	$\vdash$	Partnership Income	T				-						T		×						T	ABC Hedge Fund X	
								T	×	1	H	ROYAGES			1	_	-								<u> </u>		<del> </del>	in it	Indefinite			Examples: Simon & Schuster	- 5
S(part)		H						×	$\vdash$					$\vdash$	$\vdash$	$\vdash$	×									1 -	×					PP. SP Mega Corp. Stock Elf-	₹,7,₽
P, S, S(part), or E	Spouse/DC Asset with income over \$1,000,000*	\$1,000,001-\$5,000,000 Over \$5,000,000	\$100,001-\$1,000,000	\$50,001-\$100,000	\$15,001-\$50,000	\$5,001-\$15,000	\$2,501-\$5,000	\$1,001-\$2,500	\$201-\$1,000	\$1-\$200	None	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	TAX-DEFERRED	EXCEPTED/BLIND TRUST	CAPITAL GAINS	INTEREST	DIVIDENDS	NONE	Spouse/DC Asset over \$1,000,000°	Over \$50,000,000	\$25,000,001-\$50,000,000	\$5,000,001-\$25,000,000	\$1,000,001-\$5,000,000	\$500,001-\$1,000,000	\$250,001-\$500,000	\$100,001-\$250,000	\$50,001-\$100,000	\$15,001-\$50,000	\$1,001-\$15,000	\$1-\$1,000	None	property," and a city and state.  For an ownership interest in a privately-held business from an ownership interest in a privately-held business. 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 "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 from 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.	
follows: (S (part)). Leave this column blank if there are no transactions that exceeded \$1,000.	<u>¥</u>	× ·	×	≦	≦	≤	<	₹	=	=	_								Z	Г	*	t.	-	I	စ	п	m	D	c		>	the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in sail interest-bearing accounts. If the total is over \$5,000, sail interest-bearing accounts. If the total is over \$5,000 is 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 provide a complete address or description, e.g., "tental provide a complete address or description, e.g., "tental provide a complete address or description, e.g., "tental provide a complete address or description.	
an asset was sold please indicate as											H				Ī							Ι.									<u> </u>	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	ęΰ
in the reporting period.  If only a portion of		Column XII is for assets held by your spouse or dependent child n which you have no interest.	æ or de	spous	y your	held by rest.	ssets i o inter	*Column XII is for assets held in which you have no interest.	You is	hich	_	eses Senerale an frum enman an energy asses	٤	9		i d	genera	83301 (		1	Š		, 6	Š	§	9	į	you have no interest.	you have no interest.	have		Provide complete names of stocks and mutual funds (do not use only ticker symbols).	<u>등</u> 곳
sales (S), or exchanges (E) exceeding \$1,000		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.	even to he	ains.	No for	incon If no h	None as	Hosev Hock 1	다. 다. 등 등	St pk		column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the	column. Dividends, interest, and capital for reinvested, must be disclosed as assets held in taxable accounts. Check	disc	ust be	d, mi	r held	if rein		1 6	is ind	and one	be t	ting p	repon	# ₹	during	If an asset was sold during the reporting period and is included only because if generated income, the value should be 'None.'	et wa itgene	n ass ause i		and (b) any orner reportable asset or source of income that generated more than \$200 in "uneamed" income during the year.	
Indicate if the asset had purchases (P),		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.	ropriate	×-Defe e other	For a	check check	10 you	Which Non		Aloge Acto		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"	such as	y che	Check all columns that apply. generate tax-deferred income (su 529 accounts), you may check	defen	alle tax	Check genera 529 a		e mer you u	ecity ti	perio	, plea	value	arket th	fair m	et at	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.	meth:	d tation		identity (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,	8 2 2
Transaction			•	COM	y I	Amount of Income	ome						×	첫	ype c		•	!			:	•		Value of Asset	9	alue .	· <	•	•			Assets and/or income Sources	_
BLOCK E					BLOCK D						$\dashv$		V	BLOCK C	무				_	ļ				B	BLOCK B	멸					٦	BLOCK A	7

	SCHEDULE A – ASSETS & "UNEARNED INCOME"
Name: /	
<u> </u>	
)	)
`	\
	ر
ל	
N	

Page\_

읔

			1											Ï	누尺종				
		Carety of Sun Maters CA	•	an Fallant Dim /chat		First Roubline Bonk/ch		Kint Sames Plan /401		Cash Fred to Truest . Ha	) Market	FLIGHT CA Movin More	Remark Port Folio	Bown True Fund	ASSET NAME BF			BLOCK A Assets and/or Income Sources	
				5		<b>).</b>	7	7		4						None >>			
			<del> </del>		J											\$1-\$1,000	İ		
	$\vdash$			×		×				~		×		-		\$1,001-\$15,000			
			+	H		^						_				\$15,001-\$50,000			
	$\vdash$		$\vdash$	H		-		-	$\dashv$			<u> </u>	$\vdash$			\$50,001-\$100,000 m	1	_	
			-										×	X		\$100,001-\$250,000	l	BLOCK B Value of Asset	
	$\vdash$	-	<del>'</del>	Н			-+		—'	- ' '		<del> </del>	-			\$250,001-\$500,000 p	ì	BLOCK B	
	$\vdash$	<u> </u>	_						$\dashv$				$\vdash$	-		\$500,001-\$1,000,000 ±		⟨B Ass	
	$\vdash$	1	1					×				<u> </u>	$\vdash$			\$1,000,001-\$5,000,000		*	
		3	+	1								<u> </u>	╁╴			\$5,000,001-\$25,000,000			
	$\vdash$	3	-	Н									1			\$25,000,001-\$50,000,000	i		
			T													Over \$50,000,000			
													<u> </u>			Spouse/DC Asset over \$1,000,000*	1		
				メ												NONE			
			<b>†</b>										×	1		DIVIDENDS	1		
													ľ			RENT	1		ı
	$\Box$		1			×				×		X				INTEREST	1	Ϋ́	<b> </b>
	$\Box$															CAPITAL GAINS	1	BLC	
																EXCEPTED/BLIND TRUST	1	BLOCK C	ı
			1				1	×								TAX-DEFERRED	l	BLOCK C  Type of Income	
		Parti in														Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			,
				X												None _			
			<u> </u>			×										\$1-\$200 =			ĺ
										$ \lambda $		$ldsymbol{ld}}}}}}$				\$201-\$1,000			l
													×			\$1,001-\$2,500		≱	ı
	Ш		<u> </u>		$\Box$					٠ 		2	lacksquare	×		\$2,501-\$5,000	1	nou B	ı
		×										P				\$5,001-\$15,000		BLOCK D	
																\$15,001 <b>-\$</b> 50,000 <u>≤</u>		r inc	
<u> </u>						Щ		×				_				\$50,001-\$100,000 ≦		BLOCK D  Amount of Income	ĺ
						Ш			_							\$100,001-\$1,000,000			
			_	Ш								_	_			\$1,000,001-\$5,000,000			ĺ
	$\vdash \vdash$	$\perp$	<u> </u>	$\vdash$		-								_	ļ	Over \$5,000,000			l
		-	<del>                                     </del>			Щ			_							Spouse/DC Asset with Income over \$1,000,000*			
																, S, S(part), or E		BLOCK E  Transaction	

## SCHEDULE C - EARNED INCOME

Name
Gednes
Estra
Page of
[

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. 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 a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	ed at or above the "senior staff" rate was ( y relationship) are totally prohibited.	\$27,495. The 2017 limit is \$27,765.
Source (include date of receipt for honoraria)	Туре	Amount
Keene State State of Maryland	Approved Teaching Fee	\$6,000
C.Xd111p165. Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
County of San Mateo-California	Z .	19.44.67 ¢
	San Malco Cunta	( aross)
	Board of Supervisors)	') /

#### SCHEDULE D - LIABILITIES

_	
	Name: ph
	Sednes
	Shoo
	Pageof

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 \*Column K is for liabilities held solely by your spouse or dependent child.

			1			₽		
						, , , , , , , , , , , , , , , , , , ,		
			los an	Fellar	Exemple			
		- (	indial a	are Bank	First Bank of Wilmington, DE	Creditor		
			2002	March	5/98	Date Liability Incurred MO/YR		
	, ) ,	Washington D.C.)	(Reseased Not rental	Mortgage on Residence	Mortgage on Rental Property, Dover, DE	Type of Liability		
				1		\$10,001- \$15,000	>	
						\$15,001- \$50,000	w	
						\$50,001- \$100,000	n	
					×	\$100,001- \$250,000	9	
			,	×		\$250,001- \$500,000	m	Amount of Liability
						\$500,001- \$1,000,000	71	l of Lia
						\$1,000,001- \$5,000,000	ဓ	bility
					,	\$5,000,001- \$25,000,000	Ι	
						\$25,000,001- \$50,000,000	-	
						Over \$50,000,000	٠	
<b>—</b>	I					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 political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

		\\ane	1	$\{x_1, \dots, x_{n-1}, \dots, x_{n-1}$
		***	Name of Organization	

### SCHEDULE F - AGREEMENTS

Name AN Seoples C	
Sahar Pag	
)e of	

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

Date	Parties to Agreement	Terms of Agreement
2016	2016 Cooply of San Maleo-Calibraia	Leanslative Pension

#### **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
		None	