

	LEGISLATIVE RESOURCE COURS
UNITED STATES HOUSE OF REPRESENTATIVES Form A 2015 FINANCIAL DISCLOSURE STATEMENT For Use by Members, Officers, and Employees	
Name: Richard M. Nolan Daytime Telephone:	A \$200 penalty shall be assessed against any
00:3	A \$200 penalty shall be assessed against au individual who files more than 30 days late.
FILER STATUS Member of or Candidate for State: MN Officer or Employing Office: Employee Employee	Mice:
REPORT 2015 Annual (Due: May 16, 2016) Amendment Date	ermination ate 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 unaarned income from any reportable asset during the reporting period? **Test Company of the date of filing?** **Test Company of the date of filing.** **Test Company of the date of filing	reement or arrangement with an Yes No no No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable met estate in a transaction Yes No No 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?	ent child receive any i in value from a single Yes No X
	spendent child receive any sior travel totaling more than Yes No during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable Yes No No No In Did any individual or organization make a donation to charity in tending the reporting period?	e a donation to charity in Yes No X
E CORRESP	ONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER E	EACH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Inklei Public Offering during the reporting period? If you answered "yes" the Committee on Ethics for further guidance.	s" to this question, please contact Yes 🔲 No 💢
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?	1. Have you excluded from Yes 🔲 No 💢
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	dent child because they meet all Year No 🛛

SCHEDULE A - ASSETS & "UNEARNED INCOMI

& "UNRAKNED INCOME"	
Name:	
S	
<u>2</u>	I
icharo	l
\$	
2	ĺ
M. Notan	
2	
<u>\$</u>	l
2	l
ש	1
ğ	l
h	
0/ 10 - C 18	
6	
١٣	1

	schwale	schwab	•		moneykt.	•	~ ~ ~	** / ·	The second of th	× 0000 1 0000 1	
State of MN-Punsion	SPURA-Roth -money bt.	-	IRA-Schwab-advantage	-	I'M Riverwood book-	ABC Hudge Fund X	Example: Silven & Schooler	SP Hega Corp. Stock	For bank and other cash accounts, total the amount to all interest-baseing accounts. If the state is over \$5.000, feit every fracesful feitsfellen where there is smore than \$1,000 in interest-breating accounts. For result and other real property had for inneshmet, provide a complete address or description, e.p., rends property, and a city and state. For an ownership interest in a privately-hald business that is not publicly traded, stric the name of the trisiness, the name of its activities, end its geographic becales in Block A. Exclude: Your personal residence, including second increase and supplied in property profesoly, and any financial increase during the reporting periodic part of from, a federal element programs, including the Thrift Berings Pfain, interest in, or income derived from, a federal retirement programs, including the Thrift Berings Pfain, interest in, or income derived from, a federal retirement programs, including the Thrift Berings Pfain. If you have a privately-traded fund that it am Excepted investment fund, please check the "EIF" box. If you a choose, you may indicate that an exporte (SP) or dependent oxid (DC), or jointly held with seyons (JT), in the oxidenal oxidenal column on the late left. For a detailed discussion of Schedule A requirements, please refer to the instruction bookled.	Provide comblete names of stocks and multiel funds (so not use only sicher symbols). For all IRAs and other retirement plans (such as 401(t) plans) provide the value for each asset had in the account hat exceeds the reporting thresholds.	
									Nue		
k-	 	\vdash	\ \ \	\vdash		<u> </u>		L	\$1.61.000		BLOCK B 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 upecify the method used. If an asset was sold during the reporting period and is included only because it generated iscome, the value should be "from." Column M is for assets held by your spouse or dependent child in which
8	X		ム		X	╙			\$1,001-\$15,009 c		nod of
unblekelmined			_			L			\$18,001-\$50,000	4 7	Action of the column of the co
C	_	V			_	┡		×	\$50,001-\$100,000 m		BLOCK B BLOCK B dose of Asset dose of the report in fair market value, in the reporting pe ne, the value aboutd id by your spouse or
5		X	<u> </u>	Δ	-	×	_	ļ	\$250,001,\$500,000	-	BLOCK B ase of Ag ase of the remarket w remarket w remarket w
2			 - -	_					\$500,001-\$1,000,000	1	ASS National Production
						H			\$1,000.801-\$5,000,000		de la
			_			┪	-	Г	\$5,000,001-\$25,000,000		and and a special section of the sec
									\$25,000,001-\$50,008,000]	d. Ny
		Ш							Over \$50,000,000 -		H 60 80 15
L									SpouseDC Asset over \$1,000,000*		
\vdash	Ļ		<u>_</u>						NOHE DAYDENDS	- P	BLOCK C Type of Incom Check all columns that suply, generate tax-deferred income (auch SSB accounts), you may check, column. Dividents, interest a result if estimated in data for assets held in taxable accoun- if the asset held in forcing a
\vdash	H	Н			Н	H		×	RENT	-	the last
Н	∇	X	V	V	∇	-		-	WTEREST		2 2 2 2 X 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1
H		М		X	Δ	-		Н	CAPITAL GAINS	4	
H	П		၂			Н		H	EXCEPTED/BUND TRUST	1	BLOCK C BLOCK C Type of Incon res that apply, arred income (auzi arred, inforest, a led, mate to die in transite execu- readed no income o
П	П	П	╗			_			TAX-DEFERRED	1	COTTRO
persion						Partnership Income	Royalines		Other Type of Income (Specify e.g., Partnership Income or Farm Income)		BLOCK C Type of Income Check all columns that apply. For accounts that generate tax-deferred income (auch as 461(8), IPA, or 528 accounts), you may check the "Tax-Deferred column. Dividented residents, interest, and capital gains, account to the column of the column
			[_						None	3 C	For assets may check collegary of Dividends, must be a accounts, generated.
Н	X	X	X		当	Щ	_	Ш	\$14200	"Coturen XII is for assets held in which you have no interest	BLOCK D Amount of Income For seeds for which you checked 'Tex-Defende' in 8 may check the 'None' column. For all other seesas, colegory of income by checking the appropriate Dividends, indexet, and captain gains, went if must be displaced as facourse for seesas hald accounts. Check 'None' if no income was generated.
	Н	dash	{	_		Н	×	×	\$201-\$1,000	- E	Automatic Check
H	Н	\vdash	┯╂	\dashv	-	×		\dashv	\$2,501,\$5,000 <	- 38	78 4 2 0 5 3 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5
H		\vdash	ᅱ	A	\dashv			Н	\$5,001-\$15,000 ≤		BLOCK D BLOCK D Amount of Income h you checked Tax-Delen of column. For all other a by checking the appa- tit, and capida ghe, or d as fecome for smaal it "home" if no income it mo inco
M	H		-		_			Н	\$15,001-\$30,000 \$	1 1 1 1	BLOCKD Int of Inc ected Tax- ment, For all vecting for explain gal
						П			\$50,001-\$100,000	1 🚦	ncome
									P 000.000.18-100.0018]	BLOCK D BLOCK D ROUNT of Income In character Tex-Defend In cohum. For all other assets you checking the appropriate and capital gither, even if the streeme for assets had thore I'vione I'vione two.
\square			_]						× 000,000,28-100,000,18] {	
Щ			_[_]		Over \$8,000,000 25	Column XII is for essets held by your spouse or dependent childs which you have no interest.	Block C, you is indicate the box below. I reinvested, if reinvested, in taxable s asmed or
⊢∤	_		_	4	_			(A)	Sponga@C Asset with Income over \$1,000,000*		
								the dis	Leave this column blank if here are no bransactions that exceeded \$1,000.	period. If only a portion of an ease! was sold, please indicate as follows: (5 (part)).	ELOCK E Transaction Indose if the asset had purchase (P), sales (S) er cuchunges (E) in the seconds

SCHEDULE A - ASSETS & "UNEARNED INCOME"	
Name:	
0	
cha	
7	
≥	
2	
o fa	
S	
Pag	

	Ι_	Т	7-	T	Т	Т	Т	Т	Т	Ŧ	Т	Т	Ħ	13	8	ጎ ጸደ		
				 					+		-		ceast-	_	22			Asset an
												ŀ	- Barito		いれば	ASSET HAME		BLOCK A Asset and/or income Source
													501115	arbsiy (1-5)	200 A			Source
		T	1	T	T	+-	\top	1	1	1		1		18	Ī	4	1	
					T	Т		T	Т			Π		Γ			Hone >	
	T	╈	┪	十	+	十	T	†-	╁╴	1	T		Т	T	†		\$1-\$1,000 00	
	├	╆	╁	╀	╁	╀	╁	╀	╀	+-	╀	╢	 	├	\vdash	┢	\$1 (101.\$15 (101	
	L	┡	┺	┖	<u> </u>	╄	╀	4	╀	╀	┞		L	<u> </u>	Ļ			
	_	-	┼	↓	╀	╄	╄	_	╀	╀-	↓_	_	<u> </u>	L,	X	!	\$15,001-\$50,000	_
	<u> </u>	╄	↓_	┞	↓_	╄	╄	↓	↓_	╀	<u> </u>	ļ		X	<u> </u>	<u> </u>	\$50,001-\$100,000	BLOCK B Value of Asset
	ļ	 _	ļ	<u> </u>	<u> </u>	╄	╄	╄	┦	-	╄	<u> </u>	Ļ,	_	₩	_	\$100,001-\$250,000	BLOCK B
	<u> </u>		 _	┞	┺	╄	╄	╄	 	ļ	╄	<u> </u>	×	↓_	_		\$250,001-\$500,000	₹X
		╄	ļ	┖	╙	╙	╀	┸	┸	↓	┖		L	L	ļ	<u> </u>	3500,001-\$1,000,000	g -
	<u> </u>	 	<u> </u>	ļ	╀-	╀	<u> </u>	╀	╄	_	↓	 _		<u> </u>			\$1,000,001-85,000,000	
_	_		<u> </u>	<u> </u>	<u> </u>	╙	1	┸	┺	↓_	上	<u> </u>	L		<u> </u>	_	\$5,000,001-\$25,000,000	
_	L	上	1_	上	上	上	\perp	┸	丄	_	丄	╙		L			\$25,000.001-\$50,000,000	
		<u> </u>	<u> </u>	L		L	L					L					Over \$50,000,000	
		L															SpouserDC Asset over \$1,000,000*	
								į –									NONE	
								Ι.							X		DIVIDENDS	
				Π		Г			Γ				X	X			RENT	
				Г	T	Г	Т		П		П	Г					MIEREST	¥ _
						Π			Π	Ī	П						CAPITAL GAINS	BLOCK C
		П	Γ			Τ	Т	Ī	Т	1	Π	Г					EXCEPTED SLIND TRUST	ᇎᆽ
																	TAX-DEFERRED	BLOCK C Type of Income
																	Other Type of Income (Specify e.g., Partnership Income or Farm Income)	:
٦		┢	 	Т	T	t	╈	╈	T	1	╁			 			Nane	
┪		Τ	1	Н	H	╁	╁	╁╾	╁┈	1-	\vdash	\vdash	\vdash	-	\vdash		\$1-5200	
\dashv		\vdash	 	\vdash	H	H	十	t	+	t	 	\vdash	\vdash		X		\$201-\$1,000 🙃	
		Н		\vdash	十	╁	╁	╁╌	╁	+-	 	\vdash	-	X			\$1,001-\$2,500	_
	_	\vdash		┝	\vdash	├-	╁╾	╂	╁╌	+-	⊢	┥	_	\vdash	\vdash	\vdash	\$2.501-\$5.000	BLOCK D Amount of Income
-	-	-	╁─	┝	┢	╀	╁	+	\vdash	╁	┢	-	X	\vdash	\vdash		\$5,001-\$15,000 ≤	en B
\dashv		⊢	┝	⊢	┢	┢╾	╁	╁	┦	┼-	├		Δ	-		\vdash	\$15,001-\$50,000 <u>\$</u>	BLOCK D
\dashv	—	┢	-	-	-	├-	╁	╂	+	╁	\vdash	\vdash	\dashv	 	dash	\vdash	\$50,001-\$100,000	ng ô
4	_	├	-	\vdash	\vdash	Ͱ	\vdash	+	\vdash	\vdash		┝╌┤		_	\vdash	 	\$100,001-\$1,000,000 g	3
4		\vdash	-	\vdash	├	-	 	┼	-	┼	-	\vdash	Щ	\vdash	Н	$\vdash\vdash$	4. 24. 24. 24. 24. 24.	
4	_	 -	-	\vdash	├	-	⊢	╀╌	⊢	\vdash	-	$\vdash\vdash$	Н	Н	_	\vdash		
\dashv		H	 		┝	-	H	\vdash	┢	 	\vdash	Н		Щ			SpouseIDC Asset with Income over \$1,000,000' S	
																	79 st. Separati, or m	BLOCK E
				i													## P P P P P P P P P P P P P P P P P P	ection CX m

SCHEDULE B - TRANSACTIONS

1		-
	Name:	
1	2:	
ı	Q.	
	and	
1	2	
	26	
	25	
	Page_	
I	1	ı
I	읔	
I	0	

														None	gp Erampin Minga Coop. Stack	SP,DC, IT Asset	purchase or saw of your present interceror, university generated tental incurrent, it dray it profition dem insert is used, please choose "partial sale" as the type of transaction. Capital Gales: If a sales transaction resulted in a capital gain in encass of \$200, check the "capital gains" box, unless it was an assat in a tax-determed account, and disclose the capital gain ecome on Schedule A. *Column IX is for essets solely held by your spouse or dependent child.	departise orbit for investment or the production of income, include insections that resided in a capital loas. Provide a brief description of an exchange transaction, transactions between you, your spouse, or dependent criticies, or the Exclude transactions between you, your spouse, or dependent criticies, or the	Report any purchase, sale, or exchange bransactions that exceeded \$1,000 in the reporting period of any security or real property hald by you, your excess, or your
ľ																	Purchase		او
																	Sale	•	ype of 3
															×		Partial Sale		Type of Transaction
	ļ			<u> </u>		-		_		-							Exchange		tion
 				<u> </u>	<u> </u>										×		Check Box of Capital G Exceeded \$200	in .	<u> </u>
\vdash												_	_		_				
											•				35/15		Curterly, Curterly, Monthly, or Bi- weekly, if applicable		Date
			i							 							\$1,001- \$15,000	>	
															x		\$15,001- \$50,000	•	
																	\$50,001- \$100,000	3	
																	\$100,001- \$250,000	0	٨
																	\$258,001- \$508,000	В	Amount of
																	\$500,601- \$1,000,000	T T	of Trail
																	\$1,000,001- \$5,000,000	6	Transaction
																	\$5,000,001- \$25,000,000	#	š
		_															\$25,000,001- \$60,000,000	_	
																	Over \$50,000,000	٠.	
																	Over \$1,000,000* (Spouse/DC Asset)	~	

SCHEDULE C - EARNED INCOME

Name: Richard M. Nolar Page 5 of 10

List the source, type, and amount of earned income from any source (other than the filler'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 honoranis; 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: The 2015 limit on outside earned income for Members and employees compensated at or above the "serior staff rate was \$27,225. In addition, certain types of income (notably honorania, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	rnent) totaling \$200 or more during the r slow. locial Security Act. sated at or above the "senior staff" rate totally prohibited.	reporting period. For a spouse, list was \$27,225. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
Syste of Harvard	Approved Teaching Fine Leaking Panaion	\$6,000
Chil War Roundlable (Oct. 2) Ontario County Board of Education		\$1,000
2775		1/4

SCHEDULE D - LIABILITIES

Name: Richard M. Nolan Page 6 of 10

Report liabilities of over \$10,000 awed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount awed 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); bears secured by suternobles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabilities owed to you by a spouse or the child, parent, or sibling of 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.

				50 mg		
r			Example			
		none	First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR	1	
			Hortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	9	
				\$50,001- \$100,000	6	
			×	\$100,001- \$250,000	•	
				\$250,001- \$500,000	ſΠ	Amount of Liability
				\$500,001- \$1,000,000	71	언니
				\$1,000,001- \$5,000,000	Ð.	bility
				\$5,000,001- \$25,000,000	T	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	-	
				Over \$1,000,000* (Spouse/DC Liability)	*	Ц

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 has the United States. Exclude: Positions

neid in any religious, social, italemail, or political emilles (su	ned in any religious, social, traterial, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization
None	

SCHEDULE F - AGREEMENTS

Name: RichardM. Nolan Page 7 of 12

			1/1/2000	Date	Identify the date, continuation or d	
		, ,	myself and the state of things	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or errangement that you have with respect to: future employment; a leave of absencentinuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee wet	
			1/2000 myself and the state of principal continued participation in Pension Plan	Terms of Agreement	Identify the date, parties to, and general terms of any agreement or errangement 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 wettere or benefit plan maintained by a former employer.	

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 meats, 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 Snith, Affington, VA	Sher Patter (determination of personal thendship received from the Ethics Committee)	#88
none		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

1	-
Ì	Name:
ı	3
ı	
ı	
ı	0
ı	<u>``</u>
ı	7.
ı	2
į	22
I	2
Ì	-
	35
ı	7
Ì	'
i	2
ı	6
ı	-
ı	6
ı	د
ı	_
ı	Paga
1	age_
l	L _
	Ġ
ı	i
I	1
ı	lo -
ı	•
1	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses tolating 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 expenses. Disclosure is required regardless of whather the expenses were paid directly by the sponsor or were paid by you and reimbursed 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.

						none	Habitat for Humanity joinetty hundralest)	Government of China (AECEA)	Source
							Mer.3-4	14-9-fley	Date(e)
							DC-Booker-DC	DC-Bappy, Chiny-DC	City of Departure-Destination-City of Return
							7	۲	Ladging? (Y/N)
							*	٧	Food? [YM)
							≺	=	Family Member Included? (VIII)

Use additional sheets if more space is required.

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:	
Richard	
M. Nolan	
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 charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	or of an event to a cherilable organ	tzation in Heu of paying an	honorærium to you. A
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2015	\$2,000

FILER NOTES (Optional)

Name: Richard M. Nulon Page 10 of 10

							NOTE NUMBER
							NOTES
							ES