UNITED STATES HOUSE OF REPRESENTATIVES	FORM B For New Members, Candidates, and	FORM B andidates, and New Employees	JAN U	JAN US Zulbrage 1 of D
Name: Brigge Edward DAILS	Daytime Telephonc		2015 JAN 13 PM 1:47	PM 1:47
New Member of or Candidate for State:		Check if Amendment	D. History Toffice	(Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1,to	A \$200 penalty shall be assessed against a individual who files more than 30 days late	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIO	NS		
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?	No E. D	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?		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 reporting period?	No an o	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	with	Yes No 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. Di	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?		Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF YO	DULE IF YOU ANSWER "YES" IAT YOU ARE REQUIRED TO (S" COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	INFORMATION - A	ANSWER <u>BOTH</u> OF THESE QUESTIONS	E 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 your dependent child?	n Ethics and certain other "ex	xcepted trusts" need not be disclosed. Ha		Yes No 12
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, transactions, or liabiliti	lies of a spouse or dependent child because they meet all three		Yes No

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDOLE A - ASSETS & UNEARNED INCOME	* UNDAKNED INCOME	Name: Bruch	Bruce Edward Davis	Page A of
BLOCK A	вгоск в	BLOCK C	вгоск р	
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	come
Identify (a) each asset held for investment or indicate value of asset at close production of income and with a fair market value you use a valuation method of exceeding \$1,000 at the end of the reporting period, please specify the method used, and (b) any other reportable asset or source of an asset was sold during the income which generated more than \$200 in included only because it gen unearmed income during the year. Provide complete names of stocks and mutual funds "Column M is for assets held by (do not use only ticker symbols).	of the reporting period. If her than fair market value, he reporting period and is erated income, the value your spouse or dependent st.	Check all columns that apply. For accounts for asset that generate tax-deferred income (such as ofter as 401(k), IRA, 529 accounts), you may check and cap the "Tax-Deferred" column. Dividends account interest, and capital gains, even if reinvested, must be disclosed as income Column for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Identity (a) each asset held for investment or Indicate value of asset at close of the reporting period. If Check all columns that apply. For accounts for assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all exceeding \$1,000 at the end of the reporting period, please specify the method used. Indicate value you use a valuation method other than fair market value, that generate tax-deferred income (such as other assets indicate the category of income by checking the appropriate box below. Dividends, and (b) any other reporting period, please specify the method used. Indicate value of the reporting period, please specify the method used. Indicate value asset to exceed a succession of the category of income by checking the appropriate box below. Dividends, and (city) and their assets indicate the category of income by checking the appropriate box below. Dividends, and (city) and their assets a local market value, that generate tax-deferred income (such as other assets indicate the category of income by checking the appropriate box below. Dividends, and capital gains, even if reinvested, must be disclosed as income. Income which generated more than \$200 in included only because it generated income, the value reinvested, must be disclosed as income. Column XII is for assets held by your spouse or dependent child in which you have no interest. Provide complete names of stocks and mutual funds "Column M is for assets held by your spouse or dependent child in which you have no interest. Income which generated as income. The asset sheld in taxable accounts. The interest and capital gains, even if reinvested, must be disclosed as income. The interest and capital gains, even if reinvested, must be disclosed as income. The interest and capital gains, even if reinvested, must be disclosed as income. The interest and capital gains, even if reinvested, must be disclosed as income. The interest and capital gains, even if reinvested, must be disclosed as income. The interes	C, you may check the "None" column. For all the appropriate box below. Dividends, interest, used as income for assets held in taxable ated. child in which you have no interest.
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.			Current Year	Preceding Year
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.	> 00 00 00 00 00 00 00 00 00 00 00 00 00			

Use additional sheets if more space is required.

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Partnership Income

xclude: Your personal residence, including secon

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blicly traded, nature of

and of

rental and other real property held for investm

you have a privately-traded fund that is an Exce

ement program, including the Thrift Savings Plan

during the reporting period); and any it in, or income derived from, a and vacation homes (unless there

you so choose, you may indicate that an come source is that of your spouse

(SP)

ndent child (DC), or

, or jointly held with anyone non the far left.

discussion of Schedule refer to the instruction booklet

None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50-000

\$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000

\$500,001-\$1,000,000 \$1,000,001-\$5,000,000

\$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000

NONE

DIVIDENDS RENT

INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED

None \$1-\$200

None \$1-\$200

\$201-\$1,000

\$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000

\$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000

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\$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000

Spouse/DC Income over \$1,000,000*

Spouse/DC Income over \$1,000,000*

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Spouse/DC Asset over \$1,000,000*

Other Type of income (Specify: e.g., Partnership Income or Farm Income)

SCHEDULE C - EARNED INCOME

Name: bruce Edward Page_

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.

SCHEDULE D - LIABILITIES

Name: Gruce Edward DAYKS

Page of the

exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.
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
(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
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 nighest amount owed during the reporting

				SP, DC, JT		
	·		Example		<u> </u>	
		None	First Bank of Wilmington, DE	Creditor		
		1	5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
Γ				\$10,001~ \$15,000	>	
	}			\$15,001- \$50,000]
				\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	_
				\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	78)	of L
				\$1,000,001- \$5,000,000	G	ability
				\$5,000,001- \$25,000,000	Ξ.	
				\$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, 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.

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Masono)	Position
	6	Kid Sopped Courine Center Tuc	Name of Organization

SCHEDULE

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;		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;	SCHEDULE F - AGREEMENTS Name: Pruce Enwand Dauls Page 5 of 5
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continuation or de Date 1 None Parties to Agreement Terms of Agreement

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
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	None	

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk

	Office of the Clerk, U.S. House of Representatives Legislative Resource Center	2016	: :				
	135 Cannon House Office Building						
	Washington, DC 20515-6601	<u>.</u> .					
Indicate Your Status: (Select One)	Dear Madam Clerk:						
	This is to notify you that I have not yet raised (either through contributions of	r loans from	myself				
Over \$5,000 Threshold Not	or others) or spent in excess of \$5,000 for my campaign for the U.S. House o	f Representa	atives.				
Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my campaign, I	must file a F	inancial				
	Disclosure Statement with the Clerk of the House of Representatives according	ng to the dea	adlines				
	set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy	y of which h	as been				
	provided to me by the Clerk.						
	This is to notify you that under the laws of the state of		,				
Withdrawal of Candidacy	I withdrew my candidacy for the U.S. House of Representatives on		 ·				
or Candidacy	[Note: If your Financial Disclosure Statement was due before the date on which you withdrew						
	from the race, you still must file a Financial Disclosure Statement with the Hou	ise.]					
	L						
	Name (Please Print or Type): Bruce E. Davis						
	State: District:	64					
	Date: 1-5-16						

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601 ON CO THE