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UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	<u>.</u>	Pa	Page 1 of
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and N	s, and New Employees	lew Employees Endet ATIVE RESOURCE DENTER	
	! ! !		2016 AUG 31 PM 1:37	
Name: Nancy Wallace	Daytime Telephone:	! !		
New Member of or Candidate for State: <u>M</u> U.S. House of Representatives District: <u>8</u>		Check if Amendment	A M (Office Use Only)	
New Officer or Employee Employing Office:	Period C	Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	ıgainst any lays late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	F 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 unearned 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?	ž _{es}	No .
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No.	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?	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?	8	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes	₹ X
ATTACH THE CORRESPONDING SCHEDULE IF YOU THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU ARE	F YOU ANSWER "YES" U ARE REQUIRED TO COMPLETE	S" COMPLETE	·
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	T INFORMATION - ANSWI		TH OF THESE QUESTIONS	
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "excepted tn lid?	usts" need not be disclosed. He	not be disclosed. Have 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 chi exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse or depeittee on Ethics.	ndent child because they meet all three tests for	Yes	No.

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SCHEDULE A - ASSETS	& "UNEARNED INCOME"		in that are	7 L
		Maine. 1 V Co.	ar whereard	r aga
BLOCK A	вгоск в	BLOCK C	BLOCK D	
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	эme
		The second secon	Current Year	Preceding Year
	→	* 1	~	IN N W
	000	TRUST	DQ 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	00000000000000000000000000000000000000
	None \$1,91,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$250,001-\$500,000 \$250,001-\$500,000 \$1,000,001-\$5,000 \$25,000,001-\$5,000 \$25,000,001-\$50,000 \$25,000,001-\$50,000 \$25,000,001-\$50,000 \$25,000,001-\$50,000 \$25,000,001-\$50,000	DIVIDENDS RENT INTEREST CANTAL CANS EXCEPTED/BLIND TAX-DEFERRED Other Type of Incompaning income	\$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$50,001-\$100,000 \$100,001-\$5,000 \$100,001-\$5,000 \$5,000,000 \$1,000,00	\$1,001-\$1,000 \$1,001-\$2,500 \$2,501-\$15,000 \$5,001-\$15,000 \$15,001-\$100,000 \$100,001-\$1,000,00 \$1,000,001-\$5,000 Spouse/DC Income
SP, DC, ASSET NAME EF		本の人名		**************************************
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SCHEDULE C - EARNED INCOME

Name: Nany Wallace	Page_of_4
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n the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer surce for other spouse earned income exceeding \$1,000. See examples below.	reporting period. For both the filer
ment programs and benefits received under the Social Security Act	

List the source, type, and amount of earned income from any source (other than and filer's spouse, list the source and amount of any honoraria. List only the so 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. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	1	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
ERT, Inc. (Earth Resources Technology, Inc.)	Salary	\$55,000	484,000
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SCHEDULE D - LIABILITIES

Name: Nany Wallace Page	Page 4 of 4
the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting of by real property including mortgages on their personal residence. Exclude : Any mortgage on your personal residence sehold furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	owed during the reporting on your personal residence ou are personally liable); and

Report liabilities of over \$10,000 owed to any one creditor at any time during period. New Members: Members are required to report all liabilities secure (unless you rent it out or are a Member); loans secured by automobiles, hous exceeded \$10,000. 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.

						SP, DC, JT		
				C	Example			
				Chase	First Bank of Wilmington, DE	Creditor		
				12/09	5/98	Date Liability Incurred MO/YR		
			residence/port routed	Jan grad wi sonopacin	Mortgage on Rental Property, Dover, DE	Type of Liability		
			routed)		erty, Dover, DE			
		*			4	\$10,001- \$15,000	> .	
						\$15,001- \$50,000	c o	
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		1				\$500,001- \$1,000,000	п	t of Li
	1 1 x 5			*	3 4 5 4 5	\$1,000,001- \$5,000,000	ø .	ability
-		***				\$5,000,001- \$25,000,000	I	
	 			, , , ,	* * * *	\$25,000,001 \$50,000,000	-	
4 ,			1 . 3 .		/ .			
4 4 4			1 + 3 2			Over \$50,000,000	۲	

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 and two previous years.

Position Name of Organization Director (manufact of Board of Counter for Safer Wireless (uncompansated)
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iensated)