EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. 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? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? **C.** Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? 2015 FINANCIAL DISCLOSURE STATEMENT 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? IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: LEWY LINA) ACTON WESTMARELIND Daytime Telephone: 202-225-5901 **UNITED STATES HOUSE OF REPRESENTATIVES** reporting period? FILER STATUS REPORT TYPE a. Own any reportable asset that was worth more than \$1,000 at the . Make more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period? 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for District: State: 61 2 ¥es Yes Yes Yes Yes $\overline{\times}$ Amendment Z Z 8 Š For Use by Members, Officers, and Employees X G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" lieu of paying you for a speech, appearance, or article during the reporting period? reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any source during the reporting period? year up through the date of filing? Did any individual or organization make a donation to charity in Form A Employee Officer or **Employing Office:** Date of Termination: Termination A \$200 Selminy Shall be assessed against any individual who files more than 30 days late. Legis PALL 2016 AUGIFPE USHAPOWD3 VERED Yes. Yes ¥ <u>×</u> Yes Yes Yes ğ Page 1 of 6 중 ᇂ 8 좋 중 Š

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: LEON 35/2 Acto J. GUY LANGUALS. Page ٥, 0

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 For all #RAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. Provide complete names of stocks and mutual funds (do not use only ticker symbols). exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" (JT), in the optional column on the far left. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone Excepted investment Fund, please check the For an ownership interest in a privately-held busin that is not publicly traded, state the name of business, the nature of its activities, and For rental and other real property held for investment more than \$1,000 in interest-bearing accounts. ncome during the year. production of income and with a fair market value axceeding \$1,000 at the area of the Exclude: Your personal residence, including secon geographic location in Block A. etirement program, including the Thrift Savings Plan nomes and vacation homes (unless there was renta nooms during the reporting period); and any financia namest in, or income derived from, a federa equirements, please refer to the instruction booklet rental property," and a city and state. you have a privately-traded fund that is Examples Asset and/or Income Source THIE I GEORGE RA-FIREUTY (a) each asset held for investment INCOME ACPORTED RETIREMENT PLA detailed GROWTH complete address FINELITY INTE 성 discussion BLOCK A ABC Hedge Fund Simon & Schuster Mega Corp. Stock or description. of Schedule FLANCE 뼦 9.0 可量器 × used. *Column M is for assets held by your spouse or dependent child in which you have no interest. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." 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 None \$1-\$1,000 **0**0 hdefinite \$1,001-\$15,000 c 0 \$15,001-\$50,000 \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 71 **BLOCK B** \$250,001-\$500,000 × G \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 _ \$25,000,001-\$50,000,000 * _ Over \$50,000,000 Spouse/DC Asset over \$1,000,000 Œ 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' column. Dividends, interest, and capital galls, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if the asset generated no income during the reporting NONE DIVIDENDS × RENT INTEREST Type of Income BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Mest Royalties RETURE " Other Type of Income Partnership (Specify: e.g., Partnership Income or Farm Income) XX Category of income by checking the appropriate box below.

Dividends, Interest, and capital gains, even if reinvested,
must be disclosed as income for casets held in taxable
accounts. Check "None" if no income was earned or *Column XII is for assets held by your spouse or dependent child in which you have no interest. generated. For assets for which you checked "Tax-Deferred" in Block C, may check the "None" column. For all other assets indicate None \$1-\$200 = \$201-\$1,000 # × \$1,001-\$2,500 2 * Amount of Income \$2,501-\$5,000 < × \$5,001-\$15,000 BLOCK D ≤ \$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 Asset with Income over \$1,000,000 ≚ no transactions that exceeded \$1,000. exchanges (E)
exceeding \$1,000
in the reporting purchases (P), sales (S), or Leave this column blank if there are If only a portion of penog. Sipar. follows: (S (part)). an asset was sold, please indicate as Indicate if the Transaction S, S(part), or E BLOCKE

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SCHEDULE C - EARNED INCOME

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types of income (not	INCOME: LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited:	ompensated at or above the "senior staff" rate) were totally prohibited:	was \$27,225. In addition, certain
٠	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
Examples:	Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
STATE	STATE of GEORGIA RETIREMENT PLAN	KENKENENT KUME	TST 4#

SCHEDULE D - LIABILITIES

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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. Hembers: 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 \$10,000. *Column K is for liabilities held solely by your spouse or dependent child

		77		SP. DC. JT		
		BANK	Example	1		to H
		BANK of America	First Bank of Wilmington, DE	Creditor		
		3-06	5/98	Date Liability Incurred MO/YR		
	PERSONAL RESUMENCE	MONTENGE DA	Mortgage on Rental Property, Dover, DE	Type of Liability		
	ì			\$10,001- \$15,000	>	
				\$15,001- \$50,000	57	
				\$50,001- \$100,000	ი	
			×	\$100,001- \$250,000	0	
	X			\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	71	t of Li
				\$1,000,001- \$5,000,000	G	ability
				\$5,000,001- \$25,000,000	x .	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	٠.	
•				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.

Position	Position Name of Organization
N/A	

SCHEDULE F - AGREEMENTS

Name:	recon
WESTMARELINO	LEON (CYNN) Acton
Page of 6	

		12-04	Date	Identify the dat continuation or
		12-04 STATE OF GLOBEIA	Parties to Agreement	te, parties to, and general terms of any agreement or arrangement that you deferral of payments by a former or current employer other than the U.S. (
		RETIRENT MAN	Terms of Agreement	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.

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.

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Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
N/A		
		•

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling 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 expense. Disclosure is required regardless of whether 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	Ezempes:		
						THE HERITAGE FOUNDATION	Habited for Humanity (charity fundration)	Government of China (MECEA)	Source
						1/28-1/30	Mer. 3-4	Aug. 6-11	Date(s)
						OC-MIDDLEBURG VA-DE	DC-Boston-DC	DC-Bajing, China-DC	City of Departure-Destination-City of Return
						×	٧	٧	Lodging?
						×	Υ	٧	Food? (Y/N)
						×	Υ	z	Family Member Included? (Y/N)