tall three tests for Yes No X	ouse or dependent child because they meet	income, or liabilities of a spointee on Ethics	EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes," unless you have first consulted with the Committee on Ethics
ave you excluded from Yes No	"excepted trusts" need not be disclosed. Have you excluded from	e on Ethics and certain other hild?	TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts this report details of such a trust that benefits you, your spouse, or dependent child?
E QUESTIONS	- ANSWER BOTH OF THESE QUESTIONS	T INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER
COMPLETE	THAT YOU ARE REQUIRED TO COMPLETE	THE SCHEDULES 1	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU
S	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	RESPONDING SCH	ATTACH THE COR
n \$5,000 from a single Yes No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?		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?
arrangement with an Yes No 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?	No Control of the Con	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?
ng the reporting period Yes No No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No	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?
	IONS	OF THESE QUESTI	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	to pared: January 1,2016		New Officer or Employee Employing Office:
(Office Use Only)	Check if Amendment	2016	New Member of or Candidate for State: 17 U.S. House of Representatives District: 4 Candidates - Date of Election: Noucmbe
206 MAY 19 AM II: 06	208 ne(: - \frac{-\frac{5}{188} \text{H}}	Daytime Telephone:	Name: Doug Owens
NAY 13 2016 Page 1 of 6	FORM B FORM B FOR New Members, Candidates, and New Employees, LATIVE RESOURCE CENTER	For New Members,	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

Provide complete names of stocks and mutual funds (do not use only ticker symbols).

*Column M is for assets held by your spouse or dependen child in which you have no interest.

should be "None."

*Column XII is for assets held by your spouse or dependent child in which you have no interest

SCHEDULE A - ASSETS & "UNEARNED INCOME" Identify (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, and (b) any other reportable asset or source of income which generated more than \$200 in Assets and/or income Sources BLOCK A Indicate value of asset at close of the reporting period. It you use a valuation method other than fair market value please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value Value of Asset BLOCK B I. If Check all columns that apply. For accounts Found that generate tax-deferred income (such as of accounts), you may an is check the "Tax-Deferred" column, column is Dividends, interest, and capital gains, even if reinvested, must be disclosed as Column for assets held in taxable entaccounts. Check "None" if the asset generated no income during the reporting Type of Income Name: BLOCK C 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. Dividends, interest, and capital gains, even if relinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. wen Amount of Income BLOCKD Page 잌

For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	- W															8	period																																	
the account that exceeds the reporting thresholds.			\vdash	-1	-		'	,]			\Box		۲.	.		一	-					\dashv			T				ဂ	Current Year	€	⋠	ě	İ							_	3	Preceding Year	<u></u> ≒	١٩	ea l	,			ı
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.	973						7	G	3				7	-	3										-		=	~		<	≤	≦	¥	×	×	×	≚	-	=	=	₹		<u>`</u>		≦	S	≂	×	≍	¥
For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.																								me)															<u> </u>											
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	o w o																			-				me or Farm Inco																										
Exclude: Your personal residence, including second flornes 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.	. 2 = 2 0)*									., Partnership Incor													00*													0,
If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.							_						3		1.000.000							 RT		ecify: e.g													\$1,000,00													\$1,000,00
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 (JT), in the optional column on the far left.	- 4 -				100-000	100,000	-\$250,000	-\$500,000	-\$1,000,000		01-\$5,000,000)1-\$25,000,000	001-\$50,000,000	,000,000	C Asset over \$			DS		iΤ	GAINS	ED/BLIND TRUS					300						\$100,000	-\$1,000,000	01-\$5,000,000	000,000	C income over			000						\$100,000	-\$1,000,000	1-\$5,000,000	000,000	C Income over
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	None	\$1-\$1,00		\$1,001-\$	\$15,001-5	\$50,001-	\$100,001	\$250,001	\$500.001		\$1,000,00	\$5,000,00	\$25,000,0	Over \$50	Spouse/E		NONE	DIVIDEN	RENT	INTERES	CAPITAL		TAX-DEF		None	\$1-\$200	\$201-\$1,0	\$1,001-\$2		\$2,501-\$	\$5,001-\$	\$15,001-	\$50,001-	\$100,001	\$1,000,00	Over \$5,0	Spouse/D	None	\$1-\$200	\$201-\$1,0	\$1,001-\$	\$2,501-\$		\$5,001-\$	\$15,001-	\$50,001-	\$100,001	\$1,000,00	Over \$5,0	Spouse/D
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												· · ·				Spause/DC Income over \$1,000,000*	¥					[

SCHEDULE C - EARNED INCOME

Name: May Owers Page 4 of 6

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 file 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.

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 to professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

						Wasalch Pediatrics Inc. (Wife's employer) Spruse salarg	<u>.</u>	Examples: State of Maryland Civil War Roundlanks (Oct. 2)	ABC Trade Association, Baltimore, MD (July 15)	Source (include date of receipt for nonoraria)	
					/	Spruse salara	Spouse Salary	Salary Spouse Speach	Honorarium	ïype	•
					,	N/A	N/A	\$20,000	\$ 0	Current Year to Filing	
						N/A	N/A	\$76,000 \$1,000	\$500	Preceding Year	Amount

SCHEDULE D - LIABILITIES

Name:

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

			SP DC, JT		
		Example			
		First Bank of Wilmington, DE	Creditor		
		5/98	Date Liability Incurred MO/YR		
		Mortgage on Rental Property, Dover, DE	Type of Liability		
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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. ı

the culterit caleridar year. First-year carrollages and new	the current caternal year. First-year carrantees and new emproyees report positions their time cutternal year and two previous years.
Position	Name of Organization
Attorney	Hulland + Hart
ent manager	Wischelly LLC
	Little Farm Homeowners Association
director or president	

SCHEDULE F - AGREEMENTS

Name: Page_ 잌

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.

Date	Parties to Agreement	Terms of Agreement
Apres X	Halland + Hart, Dove Owers	I am on leave of absence newling
1.		the election Tem
		· firm
		the firm will be necotiated once the
		outcome of the election is known

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
N/A	