**UNITED STATES HOUSE OF REPRESENTATIVES** Candidates - Date of Election: U.S. House of Representatives New Member of or Candidate for 612816 State: NY
District: 24 Daytime Telephone: For New Members, Candidates, and New Employees FORM B Period Covered: January 1, **2014** to 12/31/2015 Check if Amendment A \$200 penalty shall be assessed against any individual who files more than 30 days late. I.S. HEUTE &F WEPRESCHIMIVES MANUALIVE RESOURCE SERVICE 2016 JUL - 1 AM 11: 01 (Office Use Only)

FINANCIAL DISCLOSURE STATEMENT

Name: Steven Williams

FILER STATUS

Employing Office: New Officer or Employee

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

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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?	Yes \int No	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 "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes Verporting period?	Yes 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 V
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?	Yes No	J. Did you receive compensation of more than \$5,000 from a single Yes No source in the current year and two prior years?	Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU	ESPONDING SC	HEDULE IF YOU ANSWER "YES"	
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	HE SCHEDULES	THAT YOU ARE REQUIRED TO COMPLETE	

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

<u>\$</u>	Yes	<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" 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.
₹ [ <b>\</b>	Yes	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?

Name:

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ন্দুৰ্ 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. For all IRAs and other retirement plans (such 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds. do not use only ticker symbols). xxxeeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of noome which generated more than \$200 in or an ownership interest in a privately-held busin rental property," and a city and state. or rental and other real property held for investr roduction of income and with you have a privately-traded fund that is an Except westment Fund, please check the "EIF" box. eographic location in Block A. mearned" income during the year. you so choose, you may indicate that an asset come source is that of your spouse (SP) spendent child (DC), or jointly held with anyone (J' tirement program, including the Thrift Savings Plan ovide a complete address whes and vacation homes (unless there was renta come during the reporting period); and any financia terest in, or income derived from a federa tclude: Your personal residence, including secon vide complete names of stocks and mutual fund is not publicly traded, Assets and/or Income Sources Beard hil rende The Dankal Burkel The stoen had stended Desidential Tender Vie Problem Bally Bankel optional column on the far Examples: detailed Simon & Schuster ABC Hedge Fund Mega Corp Stock discussion of Schedute refer to the instruction booklet. BLOCK A its activities, state a fair market value for investment description, name and of 梟 × If an asset was sold during the reporting period and included only because it generated income, the valuationable "None." indicate value of asset at close of the reporting period. you use a valuation method other than fair market valu please specify the method used. None Column M is for assets held by your spouse or depend \$1-\$1,000 w \$1,001-\$15,000 O >< \$15,001-\$50-000 0 × m \$50,001-\$100,000 Value of Asset \$100,001-\$250,000 71 PLOCK B 6 \$250,001-\$500,000 × I \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ٤... \$25,000,001-\$50,000,000 **×** Over \$50,000,000 \_ t value Spouse/DC Asset over \$1,000,000° 5 401(K), IRA, or 529 accounts), you may check the Tax-Deferred column. Is Dividends, interest, and capital gains, up even if reinvested, must be disclosed as the check of the Check all columns that apply. NONE merated no × DIV#DENDS ₫ \* RENT Type of Income income during the reportir INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST For account TAX-DEFERRED 귷 (SUCH Royalbes Other Type of Income (Specify: e.g., Partnership Income or Farm Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column other assets indicate the category of income by checking the appropriate box below. Dividencis, it and capital gains, even if relinvested, must be disclosed as income for assets held in accounts. Check "None" if no income was earned or generated. \*Column XII is for assets held by your spouse or dependent child in which you have no interest None × \$1-\$200 \*\*\* ≖ \$201-\$1,000 \$1,001-\$2,500 ₹ **Current Year** < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≨ \$15,001-\$50,000 ≨ \$50,001-\$100,000 × \$100,001-\$1,000,000 Amount of Income \$1,000,001-\$5,000,000 ×  $\succeq$ Over \$5,000,000 BLOCK D Spouse/DC Income over \$1,000,000\* ≚  $\sim$ None \$1-\$200 = × \$201-\$1,000 \$1,001-\$2,500 ₹ Preceding Year < \$2,501-\$5,000 5 \$5,001-\$15,000  $\times \times$ \$15,001-\$50,000 ≦ ≦ \$50,001-\$100,000 heid in taxabi \$100,001-\$1,000,000 ⋝ \$1,000,001-\$5,000,000 × × Over \$5,000,000 ģ Spouse/DC Income over \$1,000,000 ≚

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Name: Steve Williams

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#### SCHEDULE C -- EARNED INCOME

Name: Steve Williams	

	and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1.0	ist the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. governm	
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		ment) totaling \$200 or more during the reporting period. For both the filer	

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.

Source (include date of receipt for honoraria)  ASC Trade Association, Ballincre, MD (July 15)  State of Maryland Criff Wer Roundtable (Oct. 2) Onisto Courty Board of Education  Sa.: Nh handerich & Sugnet R.C.	Honoratum Salary Spouse Salary  Sal axry	Gurrent Year to Filing  \$0 \$20,000 \$20,000 N/A  (6 54, 222	Amount  Preceding Year  \$500  \$76,000  \$1,000  N/A   (57,67,643)
Snith, Soilh thandrich & Sugnet, R.C.	Salary	659,222	5491259)

#### SCHEDULE D - LIABILITIES

Name: Stave Williams
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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. 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. 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 \*Column K is for liabilities held solely by your spouse or dependent child.

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\$ \$ \square \s	Example	-		
Seller Holding	First Bank of Wilmington, DE	Creditor		
2017 2014	5/98	Date Liability Incurred MO/YR		
2014 Martyage on Bantul Gagarty 2015 Martyage on Bantul Gargarty 2015 Martyage on Bantul Gargarty	Mortgage on Rental Property, Dover, DE	Type of Liability		
		\$10,001- \$15,000	>	
××		\$15,001- \$50,000	В	
		\$50,001- \$100,000	C	
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		Over \$50,000,000	ـ ا	

#### SCHEDULE E - POSITIONS

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 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

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#### **SCHEDULE F - AGREEMENTS**

Name: Stave L	
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 Page 4of气	

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
	None	

## 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.

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Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
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