		30 2016
UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	APR 25 200 Page 1 of 1
_	For New Members, Candidates, and New Employees	E RECOURSE STATE
Name: だいれったの E. Van Glaign Daytime Telephone:	2016 MAY - 6	PM 1:27
New Member of or Candidate for State: 🗸 🗘 :	34.58 4.3 35.05H.S.D	EFRESCRIMINES
U.S. House of Representatives  Candidates – Date of Election:	Check if Amendment	(Office Use Only)
New Officer or Employee  Employing Office:	Period Covered: January 1, A \$20 to indiv	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	STIONS	
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?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	reporting period 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?	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?	gement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes X No liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	000 from a single Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU	SCHEDULE IF YOU ANSWER "YES"	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ON - ANSWER BOTH OF THESE QU	UESTIONS
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?	other "excepted trusts" need not be disclosed. Have yo	ນ excluded from Yes No 🔀
<b>EXEMPTION</b> – 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.	a spouse or dependent child because they meet all thr	ree tests for Yes No X

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: PICHALO E. VANGLAHY Page\_

	SPVALLE NATION GARK		RUSIOINTIAL-DINV.	ROSIOGNIAL OINE	ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock	For bank and other cash accounts, total the amount in salf 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 rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  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.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income denied from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule Arequirements, please refer to the instruction booklet.	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.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value production of income and with a fair market value scaeding \$1,000 at the and of the reporting penod, and (b) any other reportable asset or source of income which generated more than \$200 in the come which generated more than \$200 in the come during the year.	Assets and/or Income Sources	BLOCK A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: The Varbland

## SCHEDULE C - EARNED INCOME

Name: LICH VA+ 64 HN Page 4 of 3

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.

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.	ncome may apply to you after yo limit is \$27,495. In addition, certs r staff.	น are on House payroll. The 2015 sin types of income (notably honorari	limit on outside earned income for a, director's fees, and payments for
		Am	Amount
Source (include date of receipt for honoraria)	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
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#### **SCHEDULE D - LIABILITIES**

Name: Muc VAN GLANN

Page 5 of 3

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 (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.

	19		SP. DC, JT		
5 6 5	FNVS	Example		_	•
SAMANDAK GANK	SANTANOAL BANK	First Bank of Wilmington, DE	Creditor		
477/08	4/7/08	5/98	Date Liability Incurred MO/YR		
MURTHAGE ON 10 BNEING	MANY SAI, AS 1949ALL	Mortgage on Rental Property, Dover, DE	Type of Liability		
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			Over \$1,000,000* (Spouse/DC Liability)	~	

#### **SCHEDULE E - POSITIONS**

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. 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

Position	Position Name of Organization
TRUSIBE	N.S. TAXPAYLU ASSICATION.

### SCHEDULE F - AGREEMENTS

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Name: Olan Van Jan	Page 6 of 8
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 or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained 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 or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained 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 or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained 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 or current employee.	a leave of absence during the period of government service; an employee welfare or benefit plan maintained by a former employer.

# 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
MINDINDAK LANDORH NJ	CANTINGIN SERVIGS
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FLYNN, MOLMSTOWN N.S.	
GOLNACI OFNING NO.	
HUDSIN RANOOUN NU	
CARDINALL, 1,	
ANTOWORD	

FILER NOTES (Optional)

Name: Quel Van Glain

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