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 Name: CRANG F. **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 your dependent child? A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS UNITED STATES HOUSE OF REPRESENTATIVES EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS FINANCIAL DISCLOSURE STATEMENT tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three reporting period? FILER STATUS b. Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? X U.S. House of Representatives Employing Office: Candidates – Date of Election: New Member of or Candidate for New Officer or Employee THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" SIN District: State: NEW \* \* ž X ž X Daytime Telephone: For New Members, Candidates, and New Employees 2016 425210 Š 중 공 J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? calendar year up through the date of filing? FORM B Period Covered: January 1, Amendment Check if A \$200 penatty shall be assessed against any individual who files more than 30 days late. U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 2016 MAY 18 PM 12: 31 MAY 13 2016ge 1 of 6 (Office Use Only) Yes ¥es Yes Yes Yes X X X ĕ z Š

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Class P. HEARO

Page 2 of 6

/ //	Lorda VAMILEY N. J.	STIRPLEADANT GRAVE	ABC Hedge Fund X	Examples:	DC, Mega Corp Stock	he optional column on the far left.  a detailed discussion of Schedule A juirements, please refer to the instruction booklet.	If you no choose, you may indicate that an asset or income source is that of your spouse (SP) or	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 derived from, a federal retirement program, including the Thrift Savings Plan.	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.	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 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.	_		Identify (a) each asset held for investment or in production of income and with a fair market value ye exceeding \$1,000 at the end of the reporting period, pland (b) any other reportable assets or source of income which generated more than \$200 in in "unearned" income during the year.	Assets and/or Income Sources	BLOCK A
	_	×	×	Indefinite	×	None \$1.\$1,000 \$1,001-\$15,000 \$15,001-\$50-00 \$50,001-\$100,01-\$250 \$250,001-\$100,01-\$250 \$500,001-\$1,00 \$1,000,001-\$25 \$25,000,001-\$25 \$25,000,001-\$25 \$25,000,001-\$25 \$25,000,001-\$25	000 000 000 0,000 00,000 000,000	D00°			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	D D D D D D D D D D D D D D D D D D D	child in which you have no interest.	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 used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	вгоск в
		<b>X</b>	Partnership Income	Royalties	×	NONE DMIDENDS RENT INTEREST CAPITAL GAIN EXCEPTED/BL TAX-DEFERRE	ND TRUST	e.g., Partnership Inco	ome or Farm Inc	ome)			generated no income during the repertod.	f 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, the interest, and capital gains, even if reinvested, must be disclosed as lincome for assets hadd in taxable taccounts. Check "None" if the assets accounts.	Type of Income	BLOCK C
		×	×	×	×	None \$1,\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$50,001-\$100,0 \$100,001-\$1,00 \$1,000,001-\$5,00	00 0,000 00,000 00,000 00 00 00 00,000					Current Year Preceding Year	J	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all sother assets indicate the category of income by checking the appropriate box below. Dividender interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable 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.	Amount of Income	BLOCK D

### SCHEDULE C - EARNED INCOME

Name: LAMGE Page 3

List the source, type, and amount of eamed 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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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.

					WTINE.	Civil War Roundtable (Oct. 2) Ontario County Board of Education		Source (illicitude date of receipt for florioraria)	
					EAGNED INCOM	Spouse Speech Spouse Salary	Honoradum Salary	ıype	T
					0	NA NA	\$0 \$20,000	Current Year to Filing	
					47191	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

#### SCHEDULE D - LIABILITIES

Name: CRAPS R HEARD Page 4 of 6

(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. 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

		70		SP. DC, JT	<del></del>	
		COM	Example			
	1.5.	CORNELT ONE SANK	First Bank of Wilmington, DE	Creditor		
		14/16	5/98	Date Liability Incurred MO/YR	_	
		MORTHUE PERS	Mortgage on Rental Property, Dover, DE	Type of Liability		
		1		\$10,001- \$15,000	>	
				\$15,001- \$50,000	<b>8</b>	
				\$50,001- \$100,000	o	
			×	\$100,001- \$250,000	0	
		X		\$250,001- \$500,000	гя	moun
				\$500,001- \$1,000,000	771	t of Li
				\$1,000,001- \$5,000,000	ေ	Amount of Liability
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	<u>-</u>	
				Over \$1,000,000* (Spouse/DC Liability)	*	

#### 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.

the current calendar year. First-year candidates and new	the current catendar year. First-year candidates and new employees report positions neighbor the current catendar year and two previous years.
Position	Name of Organization
PRESIDENT	HET MANAGEMENT, INC.
	•
	The state of the s

#### SCHEDULE F - AGR

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: ruture employment, a leave or absence during the period of your annual 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 NONE Terms of Agreement

# 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
124	HET MAMPE GENERATING	PRESIDENT
	Loren Valle 15	
:		

FILER NOTES (Optional)

Name: Page of Co

							NOTE NUMBER
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