UNITED STATES HOUSE OF REPRESENTATIVES For No.	ew Members, Ca	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Mervin L. Horden Daytime	ne Telephone	•	2016 JUN 22 AM 10: 29
New Member of or Candidate for State: LA U.S. House of Representatives District: Z.nd FILER Candidates – Date of Election: 10V 8 2516		Check if Amendment	CETIOS OF THE CLERK Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	SE QUESTIC	SNC	
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? No		E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes X N	No F. I out	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?	arrangement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	No J. C	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	m \$5,000 from a single Yes No X
ATTACH THE CORRESPO	NDING SCHE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	S"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	CHEDULES TH	AAT YOU ARE REQUIRED TO	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ORMATION -	ANSWER BOTH OF THESE	E QUESTIONS
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?	s and certain other "e	excepted trusts" need not be disclosed. Ha	ave you excluded from Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	or liabilities of a spou thics.	use or dependent child because they meet all three tests for	all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: MELVIN L HOLDEN

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ERE Panh Could Using	Southern U. Carbon Hausen	CAPITAL ON BANK	Chase Bank	CRESCMT BANK	ABC Hedge Fund	Examples: Simon & Schuster	Mega Corp Stock	nents, please refer to the instruc	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.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second tromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from a federal interest in, or income the first 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 bark and other cash accounts, total in emburk in all interest-bening accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names or stocks and mutual runds (do not use only ticker symbols).		which generated more than discome during the year.		identify (a) each asset held for investment or	Assets and/or Income Sources	BLOCK A
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						T		\$500	001-\$1,000,000						I		child in which you have no interest.		If an asset was sold during the reporting benod and included only because it generated income, the val-	36	Indicate value of asset at close of the reporting period. If	Value of Asset	0
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Melvin L Holosy

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SCHEDULE C - EARNED INCOME

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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 ar Members and emplo professional services	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.	come may apply to you after yo mit is \$27,495. In addition, certa staff.	u are on House payroll. The 2015 in types of income (notably honorar	i limit on outside earned income for ia, director's fees, and payments for
S	Source (include date of receipt for honoraria)	Type	1. I	Amount
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	ABC Trade Association, Beltimore, MD (July 15)	Honorarium	\$00.00\$	\$500
Examples:	Civil War Roundtable (Oct. 2) Onlario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
City of	CITY of BARN Pouge	Salany	00 ps(130,000
Southern	Southern Unrusing	Shouse SAlmay	38,008	38,000
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SCHEDULE D - LIABILIT

SCHEDULE D - LIABILITIES	Name: McLWA L	Horora	Page) of Z
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.	y you, your spouse, or your depe luding mortgages on their perso	andent child. Mark the highest am nai residence. Exclude : Any mort	ount owed during the reporting gage 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	pliances; liabilities of a business	in which you own an interest (unle-	ss 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	revolving charge account (i.e	(i.e., credit card) only if the balance at the close of the reporting period	the close of the reporting period
exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.			

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DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	10,001- 15,000	15,001- 50,000	50,001- 100,000	100,001- 250,000	250,001- 500,000	500,001- 1,000,000	1,000,001- 5,000,000	5,000,001- 25,000,000	05 000 004	25,000,001- 50,000,000
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×						
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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.

Position Name of Organization Poff	the culter calcidal year. That year callulates and new	nie culterii calerical yedi. Tii stysel califurates attu iiew eniproyees isport positoris tietu ii tiie culterii yedi attu iiwo previous yedis.
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SCHEDULE D - LIABILITIES

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editor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed du	you, your spous	e, or your dependent child	Mark the highest am	nount owed during the reporting
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period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Excusure: Any increased in your personally liabilities 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. Réport liabilities of over \$10,000 owed to any one cre

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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.

Position	Name of Organization

SCHEDULE F - AGREEMENTS

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;		Name:	Mecvin "	4	Holden	Page of
3						
- 2	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government, or continuing participation in	spect to: future e or continuing par	3 × 1	e of abs	ence during the period o velfare or benefit plan ma	if government service; ₃intained by a former employer.

Date) one Parties to Agreement 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.

Resolution and any applications considered confidential as a resolution	gerentinetis and any anomalous commenta as a room of a privileges transmissing roots; not not appear intermeter instead on occupants of
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
None	