s of a spouse or your dependent child because they meet Yes No 🔀	med" income, transactions, or liabilities nsutted with the Committee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
epted trusts" need not be disclosed. Have you excluded Yes	mittee on Ethics and certain other "exception of the certain other oth	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?
period? If you answered "yes" to this question, please	al Public Offering during the reporting p	IPO - Did you purchase any shares that were allocated as a part of an tnitial Public Offering during the reporting period? If you a contact the Committee on Ethics for further guidance.
TION - ANSWER EACH OF THESE QUESTIONS	T, OR TRUST INFORMATION	IPO AND EXCLUSION OF SPOUSE, DEPENDENT,
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No X ATTA	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes No I. Did an lieu of par reporting	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes No H. Did yo	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?
G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single Yes No X	Yes No Source d	dent child purchase, sell, or eal estate in a transaction period?
F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar Yes No Kalendar Year up through the date of filing?	Yes No F. Did yo outside of year up i	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. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
	THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF TH
Termination Date of Termination:	Amendment	REPORT 2016 Annual (Due: May 15, 2017)
Officer or Employing Office: Staff Filer Type: (If Applicable) Employee Shared Principal Assistant		FILER Member of the U.S. State:
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Daytime Telephone:	Name: Thomas Earl Emo De
Form A Form A 100 DELIVER 15 of 100	Form A For Use by Members, Officers,	UNITED STATES HOUSE OF REPRESENTATIVES

X C:X:Sunk IRA	m~0,	Dr Kentul Property in	ABC Hedge Fund X	Examples:	SP Mega Corp. Stock EIF	For bank and other cash accounts, total the amount 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-bening 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 derived 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 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. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Assets and/or income sources 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 that generated more than \$200 in 'unearned' income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	BLOCKA
×		*	×	Indefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$15,000 \$15,001-\$100,000 \$50,001-\$100,000 \$250,001-\$250,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000	> 8 C D E F G H J K L	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." "Column M is for assets held by your spouse or dependent child in which you have no interest.	BLOCK B
×		*	Partnership income	Royalbes	X	NONE DMIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(t), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	BLOCK C
×		X	×	×	×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 Spouse/DC Asset with Income over \$1,000,000*	IX IX X NI IIIN IN A A NI III	t For assets for which you checked "Tax-Deterned" 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 reinvested, remark the 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
					S(part)	blank if there are no transactions that exceeded \$1,000.	follows: (S (part)).	indicate if the asset had saset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as	BLOCK E

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																ASSET NAME EF			BLOCK A Assets and/or income Sources	SCHEDULE A – ASSETS & "UNEARNED INCOME"
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																	TAX-DEFERRED		BLOCK C Type of Income	
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																	S, S(part), or E		BLOCK E Transaction	

SCHEDULE B - TRANSACTIONS

Name: Thomas East Emme Dr. Page_

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Type of Transaction Transa																Example		ims: If a sa 'capital gain e capital gai	ansactions or sale of you thon of an	child for inv	purchase,
Type of Transaction Transa															:	Mega		tes transac s" box, unit n income o	between your persona asset is so	estiment or i	sale, or ex
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SCHEDULE C - EARNED INCOME

Name: Thomas Earl Emms Dr. Page 5 of 9

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	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 a spouse, list
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INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited	d at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765.	\$27,495. The 2017 limit is \$27,765.
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland County Board of Education County Board of Education	Spouse Speech Spouse Salary	\$18,000 \$1,000 N/A
Jaquis Emmo Collimie Antiques Estate Sales	Spower Sulvey	\$1500
	•	•

SCHEDULE D - LIABILITIES

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period. 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 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.

Creditor Creditor Liability Incurred MO/YR Example First Bank of Wilmington, DE 5/88 Example First Bank of Wilmington, DE 5/88 Example First Bank of Wilmington, DE 5/88
2 5
Jun M 6/13 Note
Plun, MV (6/13 /Va
40 Plan MV 6/13 No

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

			Position
			Name of Organization

SCHEDULE F - AGREEMENTS

Name: Thomas East Emand Dr. Page

Identify the da continuation o employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in ar employer.	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
_		

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude:
Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source Description Value Figure Mr. Joseph Smith, Adington, V/A Silver Platter (determination of personal friendship received from the Ethics Committee) \$400 Seample: Mr. Joseph Smith, Adington, V/A Silver Platter (determination of personal friendship received from the Ethics Committee) \$400 Seample: Mr. Joseph Smith, Adington, V/A Silver Platter (determination of personal friendship received from the Ethics Committee) \$400 Seample: Mr. Joseph Smith, Adington, V/A Silver Platter (determination of personal friendship received from the Ethics Committee) \$400 Seample: Mr. Joseph Smith, Adington, V/A Silver Platter (determination of personal friendship received from the Ethics Committee) \$400 Seample: Mr. Joseph Smith, Adington, V/A Silver Platter (determination of personal friendship received from the Ethics Committee) \$400 Seample: Mr. Joseph Smith, Adington, V/A Silver Platter (determination of personal friendship received from the Ethics Committee) \$400 Seample: Mr. Joseph Smith, Adington, V/A Silver Platter (determination of personal friendship received from the Ethics Committee) \$400 Seample: Mr. Joseph Smith, Adington, V/A Silver Platter (determination of personal friendship received from the Ethics Committee) \$400 Seample: Mr. Joseph Smith, Adington, V/A Silver Platter (determination of personal friendship received from the Ethics Committee) \$400 Seample: Mr. Joseph Smith, Adington, V/A Silver Platter (determination of personal friendship received from the Ethics Committee) \$400 Seample: Mr. Joseph Smith, Adington, V/A Silver Platter (determination of personal friendship received from the Ethics Committee) \$400 Seample: Mr. Joseph Smith, Adington, V/A Silver Platter (determination of personal friendship received from the Ethics Committee) \$400 Seample: Mr. Joseph Smith, Adington, V/A Silver Platter (determination of personal friendship received from the Ethics Committee) \$400 Seample: Mr. Joseph Smith, Adington, V/A Silver Platter (determination of personal friendship received from the Ethics	CI \$100 OF 1000 HOLD BURGER TOWARDS HE \$010 HISBOR	CI #100 or look flot to detaile and #000 and or for an or for any (reason) and any or any from the formation of the formation	
Mr. Joseph Smith, Arlington, VA. Silver Platter (determination of personal friendship received from the Ethics Committee)	Source	Description	Value
		Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

נום ווכו.						
	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Faod? (YN)	Family Member Included? (Y/N)
	Covernment of China (MECEA)	Aug. 6-11	Dc-Beijkrg, China-DC	*	٧	Z
Dompros	Habital for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-OC	۲	Y	γ
مهم	lands for Derousey in the Awing Ed 13-17		DC-Tampa-Havana	~	4	7
	•		- Midumi - Mincapolis			
Poor		March 3-6	DC-Boca Ruton-Minuspher	-(~	>
Assoc	Association of Forms Members					
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Aich	Aigh Hattoral of New York	May 31-227	Minnapolis - Nemark-Tel	~	~	5
			Aviv - Decumber - New			
			York City-DC			

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Thomas Earl Comes 20. Page 1 of 9

ist the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	of an event to a charitable organization	ı in lieu of paying an honoraı	rium to you. A separate
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2016	\$2,000
XYZ Magazine	Article	Aug. 13, 2016	\$500
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	60 10 10 10 10 10 10 10 10 10 10 10 10 10		