FINANCIAL DISCLOSURE STATEMENT For New Member	FORM B For New Members, Candidates, and New Employees	MAY 11 2016
Name: KEITH MUNDY Daytime Telephone:	one:	2016 MAY 18 PM 1: 44
New Member of or Candidate for State: OHIO U.S. House of Representatives District: 16+10 Candidates – Date of Election:	Check if Amendment	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
STATUS 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	TIONS	
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 uneamed 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?	g the reporting period Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	r arrangements with Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	1 \$5,000 from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	HEDULE IF YOU ANSWER "YES"	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BI	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	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 your dependent child?	er "excepted trusts" need not be disclosed. H	ive you excluded from Yes . No .
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	liabilities of a spouse or dependent child because they meet all three	se they meet all three Yes No No

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DULE A – ASSETS	EDULE A – ASSETS & "UNEARNED INCOME"	Name:	Pageof	
BLOCK A	BLOCK B	вгоск с	BLOCK D	
ets and/or income Sources	Value of Asset	Type of Income	Amount of Income	
) each asset held for investment or of income and with a fair market value \$1,000 at the end of the reporting period, try other reportable asset or source of hich generated more than \$200 in income during the year.	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."	Check all columns that apply. For accounts that generate tax-deferred income (such as 40°(fk), IRA, 529 accounts), you risry check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income	each asset held for investment or indicate value of asset at dose of the reporting period. If Check all columns that apply. For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all income and with a fair market value you use a valuation method other than fair market value, that generate tax-deferred income (such as other assets indicate the category of income by checking the appropriate box below. Dividends, interest, store assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable income than \$200 in included only because it generated income, the value interest, and capital gains, even if included only because it generated income, the value interest, and capital gains, even if included only because it generated income, the value interest, and capital gains, even if included only because it generated income, the value interest, and capital gains, even if included only because it generated income, the value interest, and capital gains, even if included only because it generated income, the value interest, and capital gains, even if included only because it generated income, the value interest, and capital gains, even if included only because it generated income, the value interest, and capital gains, even if included only because it generated income, the value interest, and capital gains, even if included only because it generated income, the value interest.	umn. For all ids, interest, i in taxable

					ABC Hedge Fund	Examples: Simon & Sahuster	JT Mega Corp Stock	\$	For bank and other cash accounts, total the amount in all interest-bearing 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 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 vecation 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.	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 exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "uneamed" income during the year.	Assets and/or Income Sources	BLOCK A
					ge Fund X	ichuster	p Stock	9	other cash accounts, total the amount in sairing accounts. If the total is over very financial institution where there is 000 in interest-bearing accounts. I other real property held for investment, ormplete address or description, e.g., fy, and a city and state. Ship interest in a privately-held business unbidgy traded, state the name of the a nature of its activities, and its catton in Block A. I personal residence, including second acciding herically; and any financial or income derived from, a federal gram, including the Thrift Savings Plan. privately-traded fund that is an Excepted und, please check the "EIF" box. Soes, you may indicate that an asset or ce is that of your spouse (SP) or call (ICC), or jointly held with anyone (JT), alialed discussion of Schedule A, please refer to the instruction bookdet.	tirement plans (such as ue for each asset held in reporting thresholds	stocks and mutual funds	(a) each asset held for Investment or on of income and with a fair market value g \$1,000 at the end of the reporting period, any other reportable asset or source of which generated more than \$200 in of income during the year.	come Sources	^A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

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 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. professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. 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 Examples Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education Type **Current Year to Filing** \$20,000 **Amount** Preceding Year

SCHEDULE D - LIABILITIES

Name:	Page	Page of
ng the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting ured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence	age on your	uring the reporting personal residence
ousehold furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	s you are per	rsonally liable); and

exceeded \$10,000. period. New Members: Members are required to report all liabilities secu Report liabilities of over \$10,000 owed to any one creditor at any time duri 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 (unless you rent it out or are a Member); loans secured by automobiles, he *Column K is for liabilities held solely by your spouse or dependent child.

				SP. DC. JT		
			Example			
Į.			First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
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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.

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				Position	the current calendar year. First-year candidates and new e
				Name of Organization	ure current carefular year. Firstypear candidates and new emproyees report positions field in the current carefular year and two previous years.

SCHEDULE F - AGREEMENTS

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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 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

FILER NOTES (Optional)

Name:

NOTE NUMBER	NOTES	