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Page 1 of	Hedin'r.

UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	MISTAL TELEVISION OF THE PROPERTY OF THE PROPE
Name: Edward Baldwin Fienning	Daytime Telephone:	017 MAY 30 AM 11: 26
New Member of or Candidate for State: South Carnina  U.S. House of Representatives District:  Candidates – Date of Election:	Check if Amendment	HOUSE OF RUNESER MITTALE  (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	THESE QUESTIONS	
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?	e date of filing?
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?	No 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 No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No
ATTACH THE CORF	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO		TH OF THESE 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?	n Ethics and certain other "excepted trusts" need not be disclosed. F	ave you excluded from Yes No No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent chi exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, or liabilities of a spouse or dependent child because they meet all three tests for ee on Ethics.	all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Edward Baldwin Flenning Page

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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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 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.

						Ontario County Board of Education	Examples: Civil War Roundfahle (Oct 2)		Source (include date of receipt for honoraria)	
						Spouse Salary	Salary	Honorarium	Туре	
						N/A	\$20,000	\$0	Filing	Am
						N/A	\$1,000	\$500	Preceding Year	Amount

### SCHEDULE D - LIABILITIES

Name:
  of 

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 exceeded \$10,000. 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 \*Column K is for liabilities held solely by your spouse or dependent child.

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	N/P Jack Alterman	SC J	Wells Fargo	C	e First Bank of Wilmington, DE	Creditor				
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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.

		Board Member Coastal Co	Position
		Coastal Council of Boy Scouts of America	Name of Organization

## SCHEDULE F - AGI

d reneral terms of any agreement or arrangement that you have with respect to future employment; a leave of absence during the period of government se	Name: Page	REEMENTS
period of government service.	Page of	

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer other.  Te	Name:
rr arrangement that you have with respect to: future employment; a leave of absence during the period of government service; ver other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.  **Terms of Agreement**	Name: Page

# 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: Page\_ 익

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