UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT		Form A For Use by Members, Officers, and E	JEC 27 2016 LEGISLATIVE RESCURCE CENTER 2011 JAN -6 ANIO: 3.1	2016
Name: James R. Comer	_ Daytime Telephone:	one:	U.S. HOUSE OF THE CLERK U.S. HOUSE OF THE CLERK A \$200 penalty shall be asse Individual who files more th	FIDE OF THE CLERK SE OF THE CLERK SE OF NEFRESENIATIVES A \$200 penalty shall be assessed against any Individual who files more than 30 days late.
FILER Member of or Candidate for State:	7	Officer or Er	Employing Office:	; ;
REPORT	Amendment		Termination Date of Termination:	
PRELIMINARY INFORMATION - ANSWER EACH OF TH	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? 	Yes X No	F. Did you have any reportable ag outside entity during the reporting year up through the date of filing?	F. Did 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?	Yes No X
ndent child purchase, sell, or eal estate in a transaction period?	Yes X No	G. Did you, your spouse, or your de reportable gift(s) totaling more than source 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 source during the reporting period?	Yes No X
C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No X	H. Did you, your spouse, or yo reportable travel or reimburser \$375 in value from a single so	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 X
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes X No	Did any individual or organize lieu of paying you for a speech reporting period?	organization make a donation to charity in speech, appearance, or article during the	Yes No X
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes X No	EC	ORRESPONDING SCHEDULE IF YOU ANSWER "YES"	YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDEN	DEPENDENT, OR TRUST INFORMATION	À	SWER EACH OF THESE QUESTIONS	ESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Public Offering during the rep	orting period? If you answered	"yes" to this question, please contact	Yes No K
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other 'excepted trusts' neethis report details of such a trust that benefits you, your spouse, or dependent child?	ittee on Ethics and certain other t child?	er "excepted trusts" need not b	d not be disclosed. Have you excluded from	Yes No X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ed" income, transactions, or li ed with the Committee on Ethi		your dependent child because they meet all	Yes No Y

SCHEDULE A - ASSETS & "UNEARNED INCOME" LEGISLATIVE RESOURCE CENTER Name: James R. Comer Page 2 100

KY Refigurent System	KY Ligislative Retirement			Bray Farm (33% Int)	Amerium Funds (Roth IRA)	ABC Hedge Fund X	Examples:	SP, SP Mega Corp. Stock EIF	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. 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.	Asset and/or income Source identity (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 that generated more than \$200 in 'unearned' income during the year. Provide complete names of stocks and multual funds (do not use only ticker symbols). For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.
X	X		×	X	Х	×	Indefinite	×	None > \$1-\$1,000 œ \$1,001-\$15,000 c \$15,001-\$50,000 m \$50,001-\$100,000 m \$100,001-\$250,000 m \$250,001-\$1,000,000 c \$500,001-\$1,000,000 c \$5,000,001-\$5,000,000 c \$25,000,001-\$5,000,000 c \$25,000,000 c \$25	Value of Asset Value of Asset
X	X	X		Tarm the	X	Partnership Income	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS. EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income Type of Income Type of Income I check all columns that apply. For accounts that apply, For accounts that apply accounts, I check the Tax-Deferred column. Dividends, interest, and capital gains, even if relevanted, must be disclosed as income for assets held in taxable accounts. Check 'None' if the asset generated no income during the reporting period.
		X	×	L 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 × Spouse/DC Asset with income over \$1,000,000° ≤	Amount of Income Amount of Income Amount of Income It For assets for which you checked "Tax-Deferred" in Block C, you can you 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, a 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.
								S(part)	Leave this column blank if there are no transactions that exceeded \$1,000.	Transaction (Indicate if the asset 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 follows: (S (part)).

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							<u> </u>										Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	•
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		i								ı							P, S, S(part), or E	BLOCK E Transaction

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: James R. Comer

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SCHEDULE B – TRANSACTIONS

Name: Page_ <u>`</u>q

										1	SP Example Mega Corp. Stock	SP, DC, JT Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gains' box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions, between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated renationaries. If only	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by your vour spouse or you
┝													Purchase	< 0 - H;	-
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													Over \$1,000,000* (Spouse/DC Asset) ^	

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TEDULE C - EARNED INCOME		
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ie source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totalli	nployment by the U.S. government) totaling \$200 or more during the	ing \$200 or more during the reporting period. For a spouse, list
xurce and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below	ing \$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: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. None Examples: Source (include date of receipt for honoraria) Type Amount \$6,000

SCHEDULE D - LIABILITIES

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	3 of 5	

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

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		Farm	South	Example			
		Farm Credit Services	South Central Bunk	First Bank of Wilmington, DE	Creditor		
				5/98	Liability Incurred MO/YR	?	
	20	Morthage on Graham Farm	Mortgage on Kirkpotrak Form	Mortgage on Rental Property, Dover, DE	Type of Liability		
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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

	_	_	_		-
		:	to-owner	Position	reld in any religious, social, fraternal, or political entities (suc
			Comer Land + Cattle Co.	Name of Organization	held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

SCHEDULE F - AGREEMENTS

Date

Parties to Agreement

Terms of Agreement

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Name:	
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ageofofororovernment service; tained by a former employe	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.	Name:
*	od of government service; n maintained by a former employer.	Page of

SCHEDULE G - GIFTS

Example: 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. Done Mr. Joseph Smith, Arlington, VA Source Silver Platter (determination of personal friendship received from the Ethics Committee) Description **\$400** Value

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:	
Page of	

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 relimbursed 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 the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of Chana (MECEA)	Aug. 6-11	DC-Beijing, China-DC	٧	*	z
Express.	Habilat for Humanity (charity fundraliser)	War. 3-4	DC-Baston-DC	۲	*	٧
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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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	sor of an event to a charitable organ	ization in lieu of paying an	honorarium to you. A
separate connuentar ist of originas (всемну застраўпенз must be med directly with the Connintee on Ediks.			
Source	Activity	Date	Amount
	Speech	Feb, 2, 2015	\$2,000
XYZ Magazine	Article	Aug. 13, 2015	\$500
None			
	200		

ime: Jumes R Comer

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							NOTE NUMBER
						The only changes in this Amendment is a breakdown of the assets held in my Hillard Lyons IRA	NOTES