

UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT

FORM B  
For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

2017 FEB 15 PM 1:58

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

Name: Corcoran, B. Hugh Daytime Telephone: \_\_\_\_\_

FILER STATUS

☒ New Member of or Candidate for U.S. House of Representatives  
State: MD District: 7th  
Candidates - Date of Election: 2014/2015  
☐ New Officer or Employee  
Employing Office: \_\_\_\_\_

☐ Check if Amendment

Period Covered: January 1, 2015 to Nov. 2015

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>A. Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u></p> <p>b. Make more than \$200 in unearned income from any reportable asset during the reporting period?</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<p>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?</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"  
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

<p>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?</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<p>EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Name: CORCORAN P. J. AUG 14

**Use additional sheets if more space is required.**

## Page \_\_\_\_\_ of \_\_\_\_\_

**Use additional sheets if more space is required.**



Name: Corcoran / AUG 14

Page \_\_\_\_\_ of \_\_\_\_\_

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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.

Name of Organization

**Use additional sheets if more space is required.**

# CAMPAIGN NOTICE

## REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk  
Office of the Clerk, U.S. House of Representatives  
Legislative Resource Center  
135 Cannon House Office Building  
Washington, DC 20515-6601

Indicate Your Status:  
(Select One)

☒ Over \$5,000  
Threshold Not  
Exceeded

Dear Madam Clerk:

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

☐ Withdrawal  
of Candidacy

This is to notify you that under the laws of the state of \_\_\_\_\_,

I withdrew my candidacy for the U.S. House of Representatives on \_\_\_\_\_.

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type):

Corrogan R. Vaughn

State:

MARYLAND

District:

7

Date:

2/6/17

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:  
The Clerk, U.S. House of Representatives  
Legislative Resource Center  
135 Cannon House Office Building  
Washington, DC 20515-6601

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