HAND

UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	2015 MAY 16 PM 5: 09 MC
Name: Douglas L. Lamborn	Daytime Telephone: 202-225-4922	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER Member of or Candidate for State: (6)	Officer or Employing Office:	Xe:
REPORT 2015 Annual (Due: May 16, 2016)	Arnendment Termination Date of Termination:	mination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	SE 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 F. Did you have any repond outside entity during the year up through the date	ortable agreement or arrangement with an reporting period or in the current calendar Yes No X
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes exceeding \$1,000 during the reporting period?	No G. Did you, your spouse, reportable gift(s) totaling source during the report	or your dependent child receive any more than \$375 in value from a single Yes No No ng period?
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 H. Did you, your spouse, reportable travel or reimt \$375 in value from a sing	t child receive any es totaling more than ves 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 I. Did any individual or or lieu of paying you for a sy reporting period?	ganization make a donation to charity in Yes No No
E. Did you hold any reportable positions during the reporting period or in Yes the current calendar year up through the date of filing?	No ATTACH THE CO	RRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT,	OR TRUST INFORMATION - ANSWER EACH OF	OF THESE QUESTIONS
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.	slic Offering during the reporting period? If you answered "yes" to this q	question, please contact Yes No No
TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or dependent child?	Ethics and certain other "excepted trusts" need r	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 your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, transactions, or liabilities of a spouse or your dependent child with the Committee on Ethics.	because they meet all Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Douglas L. Lamborn Page 2 of

	Winterest in Farm	K	SP Scorthade IRA	TRA	My Growth.	JT Wells Favio bank excts	ABC Hedge Fund X	Examples:	SP, SP Mega Corp. Stock EF	(JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	homes and varietion forms (unless there was tental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	ror an ownership integes in a privately-had business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.	ror pains and other cash accounts, total use 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 hank and other reach secretarity fold the amount	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).	and (b) any other reportable asset or source of income that generated more than \$200 in 'unearned' income during the year.	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,	Asset and/or Income Source	RI OCK A
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	•	کرم	P. S	PY					S(part)	P, S, S(part), or E						blank if there are no transactions that exceeded \$1,000.	Leave this column .	an asset was sold, please indicate as follows: (S (part)).		 sales (S), or exchanges (E) r exceeding \$1,000 in the reporting 		7	BI OCK E

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE B - TRANSACTIONS

Name: Douglas L. Lamborn Page 6 of [

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SCHEDULE B - TRANSACTIONS

Name: Dougles L. Lamborn Page_

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																\$1,000,001- \$5,000,000		Amount of Transaction
																\$5,000,001+ \$25,000,000	I	ă
																\$25,000,001- \$50,000,000	<u>-</u>	
																Over \$50,000,00	0	
			l	_]						Over \$1,000,000 (Spouse/DC Ass		

SCHEDULE B - TRANSACTIONS

Name: Douglas L. Lamborn

Page 8 of

								177	1/20 Just	SP Net Aga, True stack	-	L .		SP Net Apo Force often -13 Amicalic at 36	SP Example Mega Corp. Stock Mud rain according	SP.DC.JT Asset SP SCOTTAGE	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 far assets solely held by your spouse or dependent bijld.	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 rental income, if only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your
											X	X					Purchase		V,
				}					X	\times			X,	X			Sale		Type of Transaction
															×		Partial Sale		ansacti
•																	Exchange		S
	•													X	×		Check Box if Ca Exceeded \$200	pitat Gain	
					_			-	1224 15	12/15/15	10/30/15	10/19/15	10/16/15	6/24/15	3/5/15		Monthly, or Bi- weekly, if applicable	(MODAMR) or Quarterly,	Date
								,	X	X	×			X			\$1,001- \$15,000	>	
						-						X	X		×		\$15,001- \$50,000	89	
																	\$50,001- \$100,000	c	
																	\$100,001- \$250,000	0	<u> </u>
																	\$250,001- \$500,000	m	Amount of
																	\$500,001- \$1,000,000	71	
																	\$1,000,001- \$5,000,000	o 	Transaction
			ļ 														\$5,000,001- \$25,000,000	π	ā -
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																	Over \$50,000,00		
																	Over \$1,000,000 (Spouse/DC Ass]]

SCHEDULE C - EARNED INCOME

Name: Douglas L. Lamborn Page q of /

types of income (no	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.	nsated at or above the "senior staff" rate totally prohibited.	was \$27,225. In addition, certain
	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000 \$18,000
Examples:	Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
Lamb	Lamborn for Congress campaign	Spouse hourly fee	N/A
		for bookkeeping	
		and comphance	
		-	
			-
		:	

SCHEDULE D - LIABILITIES

Name: Douglas 2 Lamborn

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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. 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

			95		sp. DC. JT		
		,		Example			•
			Scottrade	First Bank of Wilmington, DE	Creditor		
			5/11	5/98	Date Liability Incurred MO/YR		
			Marain accil.	Mortgage on Rental Property, Dover, DE	Type of Liability		
				-	\$10,001- \$15,000	>	
			X		\$15,001- \$50,000	Φ.	
					\$50,001~ \$100,000	n	
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	TTI-	Amount of Liability
					\$500,001- \$1,000,000	п	it of Li
	_	-			\$1,000,001- \$5,000,000	о	ability
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	۹.,	
_	 ı	l			Over \$1,000,000*		ĺ

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, fraternal, or political entities (suc	held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Name:	
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bugles L. Lamborn	•
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Page [[-
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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 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 China (MECEA)	Aug. 6-11	DC-Bejing, China-DC	γ	Υ	Z
Examples	Habitat for Humanity (chanity fundraiser)	Mar. 3-4	DC-Bostor-DC	*	Υ	٧
્રે ક્ર	German Marshall Fund	15-12 Kal	Renner - Berlin - Wenner	Υ .	Y	٢
1	tenters Foundation	Jan. 28-30	b.C-Anddlebum VA-DC	イ	Υ,	-7
17	LIFFT America Summit	mar. 6-8	n.C Charlotto-D.C.	7	γ	4