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UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES For New Members	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name:	David Kustoff Daytime Telephone:	phone: (202) 225-4714	/ 18 FEB 26 PM 1: 16
FLER	New Member of or Candidate for State: TN U.S. House of Representatives District: 8 Candidates - Date of Election: Nov. 8, 2016	X Check if Amendment	(Office Use Only)
STATUS	New Officer or Employee Staff Filer Type (if Applicable): Employing Office: Shared Principal Assistant): Period Covered: January 1, <u>2015</u> to <u>May 15, 2016</u>	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMIN	PRELIMINARY INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS	STIONS	
A. Did you, you any end of the b. Receive I asset dur	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. Receive more than \$200 in ureamed 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 fling?	ng the reporting Yes X No
C. Did you or you honoraria, or pen reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraris, or pension/IRA distributions) of \$200 or more during the Yes X No neporting period?	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?	e agreement or arrangement with an thing period or in the current calendar Yes No X ng?
D. Did you, you liability (more to	D. Did you, your spouse, or your dependent child have any reportable Yes X No 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 Yes X No
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	CHEDULE IF YOU ANSWER "YE	WER "YES"
EXCLUSIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH	_	OF THESE QUESTIONS
TRUSTS - De from this repor	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethica and certain other "excepted trusts" need not from this report details of such a trust that benefits you, your spouse, or dependent child?		be disclosed. Have you excluded Yes No X
EXEMPTION - exemption? D	EXEMPTION - Have you excluded from this report any other assets, "unasmed" income, or liabilities of a spouse or dependent child be exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	of a spouse or dependent child because they me	cause they meet all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

		Name: Dayling	Kudusk	Page 2 of 1
BLOCK A	grock b	BLOCK C	n.ocx o	
Assets andfor Income Sources	Value of Appet	Type of income	Amount of booms	1
ideally (s) each asset held for investment or production of trooping and with a fair market value	indicate value of sees at dose of the seposing parted, you see a valuation seefand other than fat market value	Check all columns that apply. For account that generate tra-datemed income (such as	ou chected "Yes-Defe	reef in Block C, you may check the "None" colu by chathing the properties have below. Divisions
and (b) any other reportable seem or source of	The series was raid during the employed paried and i	dieds the Tax-Defend column	l	so Income for speeds toda
magnes with greated more than 1800 in	included only because it generated income, the value phouse he record.	Come of redression, and to destine a series	is baid by your source or desired	
Provide conclude offices of stocks and ended funds	Column M is for assets half for your appears or department	Property and had be sent		
(do not use only tidar symbols).	Ì	penerated to know duting the reporter		
For all 1999 and other religionary place (such as 6016) plans) provide the value for each asset hale in				
the appoint that exceeds the reporting thresholds.				
For hank and other cash accounts, total the amount to all lutimest heaving accounts. If the total is one			FINE NAMES AND STREET	N N N N N N N N N N N N N N N N N N N
more than \$1,000 in Interest-bearing ecocurats.				
For rental and other mai groparty hald for investment, provide in complete address or description, e.g., "sental property," and a day and alate.		•)		
For an ensembly interest in a privately-ladd business that to not publicly tracked, attached to resme of the mainteen, the names of the articular, and the		Farm Incom		
prographic location in Block A		The of		
brefade: Your personal residence, including except former and vocation house (united there was rental mouse during the expensing sealed), and stry threshold		cruble hos		
relienters program, including the Thell Savings Plan.				
If you have a privately-tracked fined that to an Ecosphed Investment Fund, please check the "ESF" box.		T	11,800,00	
Fyou so choose, you may indicate that se useet or nones source is that of your spours (SP) or	100 100 100 1,000 100,000	D TRUE	400	000
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

Name: David & Parstoff

18 of 18

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 earnities below. EXCLUDE: Milhary pay (such as National Guard or Reserve pay), federal rethernent programs, and benefits received under the Social Security Act.

INICOME LIMITS and PROMESTED INICOME: Be advised that the income limit and prohibited income may apply to you after you a Members and employees compensated at or above the "senior staff rate was \$27,225. The 2018 limit is \$27,495. In addition, certain professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	income may apply to you efter yo 3 limit is \$27,495. In addition, certs or eleff.	u are on House payroli. The 2011 in types of income (notably honoral	re on House payroli. The 2015 limit on outside earned income for types of income (notably honoraria, director's fees, and payments for
Course (include date of months for homographs)		_	Amount
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Report liabilities of over \$10,000 owed to any one creditor at any three during the reporting period by you, your apouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all flabilities secured by real property including mortgage on their personal residence. Enablede: Any mortgage on your personal residence (unless you are littless); and includes one in the child, perent, or sibing 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 hald solely by your spouse or dependent child.

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D, 37	Creditor	Liability Incurred MOYTR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$60,001- \$100,000	\$100,001- \$250,000	\$280,001- \$500,000	\$500,001- \$1,000,000	81,000,001- 95,080,000	\$5,000,001- \$25,000,000	\$25,000,001- \$60,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Lieb#ity)
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, busine of an organization, perher, representative, employee, or consultant of any corporation, firm, perhership, or other business enterprise, comprofit 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 partice and campaign organizations); and positions existly of an honorary nature. New Mambers and second-year candidates report positions held in the reporting period and the current calendary year. First-year candidates and new employees report positions held in the current calendar year and tags previous years.

Position	Name of Organization
Director	BONKENESIE
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. You your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all flabilities secured by rest property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are personally liabile); and liabilities owed to you by a apouse or the child, perent, or ability of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the ciose of the reporting period exceeded \$10,000. *Column K is for liabilities held aciety by your spouse or dependent child.

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				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, perfers proprietor, representative, employee, or consultant of any corporation, firm, perfership, or other business enterprise, nonprofit organization, lebor organization, or educational or other institution other than the United States. Exclude: Positions had in any religious, social, findered, or political cutch as political perfect and positions and positions had not positions and positions had not positions and positions had not positions and positions had in the reporting period and the current of the political period and campaign organizations and positions had in the current calculations and the political period and the current of the political period and the political period and the political period and the period and the political period and the political period and the political period and the p

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			Terms of Agreement	identity the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a base of absence during the period of government service; continuation or defend 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.

Report sources of compensation received by you or your business elittation for services provided directly by you during the current year and <u>hap prior years.</u> This includes the names of clients and customers of any composition, firm, perhamble, or other business enterprise if you chectly 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 represt information is lead on Schedule C.

Source (Name and City/State)	Brief Description of Duties
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Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and <u>tags</u> prior years. This includes the names of clients and customers of any compensation, firm, perhership, 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 confidentials as a result of a privileged retailment by law. Do not repeat information the Schedule C.

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SCHED	SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE	F \$5,000 PAID BY ONE SOURCE
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Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and the prior years. This includes the names of clerats and customers of any compension, firm, perherality, 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 conflicted as a result of a privileged relationship recognized by law. Do not repeat information fixted on Schedule C.

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