April 11, 2016



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U.S. HOUSE OF REPRESENTATIVES

Committee on Ethics U.S. House of Representatives 135 Cannon House Office Building Washington, DC 20515

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RE: Amendment to Financial Disclosure Statement (Form B)

To Whom It May Concern:

Please accept the enclosed timely-filed Amendment to my Financial Disclosure Statement (Form B) initially filed March 18, 2016. The Amendment includes the following information not included in my initial filing due to inadvertent omission:

- Schedule A
  - Listed income amounts for "Rental Antelope, CA."
  - Listed "Sacramento Co. Pension" along with corresponding value and income type and amount.
- Schedule E
  - Listed position as "President, California Peace Officers' Association" and position as "Member of the Board of Directors, Make-A-Wish (Northeastern CA and Northern NV).
- Schedule F
  - o Listed Sacramento County Pension, a defined-benefit pension plan.

Sincerely,

**Scott Jones** 

		POSTILLEY WILLIAMS
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT For New Members	FORM B For New Members, Candidates, and New Employees	LERISLATIVE RESPURCE CENTER
Name: Scott R. Jones Daytime Telephone	one	U.S. HUGGE OF REPROSERVATIONS
New Member of or Candidate for State: CA  U.S. House of Representatives District: 07  Candidates – Date of Election: 11-7-16	Check if Amendment	(Office Use Only)
New Officer or Employee  Employing Office:	Period Covered: January 1, 2215 to 12/3//5	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	TIONS	
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 uneamed 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 filing?	ing the reporting period Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	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?	ortable agreement or arrangement with an reporting period or in the current calendar Yes No of filing?
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a single Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU  THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S" O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	I - ANSWER <u>BOTH</u> OF THES	TH OF THESE QUESTIONS
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?		not be disclosed. Have you excluded from Yes No 🔀
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.	pouse or dependent child because they mee	et all three tests for Yes No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

		BLOCK C  Type of Income  Type of Income  od. If Check all columns that apply. For accounts value, that generate tax-deferred income (such as 401(t), IRA, or 529 accounts), you may	For assets for wi	IX D  If Income  Slock C, you may check the "None" column. For all ling the appropriate box below. Dividends, interest line of the property of
				ich you checked "lax-Delened" in Block C, you may check the "None" columate the category of income by checking the appropriate box below. Dividends is, even it retirested, must be disclosed as income for assets held in None" if no income was earned or generated.  "None" if no income was earned or generated.  assets held by your spouse or dependent child in which you have no interest.
Provide complete names of stocks and mutual funds (do not use only ticker symbols).	*Column M is for assets held by your spouse or dependen child in which you have no interest.	daccounts. Check "None" i		
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in		period.		
the account that exceeds the reporting thresholds.			Current Year	Preceding Year
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.	3 C C C C C C C C C C C C C C C C C C C		×	
For rental and other real property held for investment, provide a complete address or description, e.g., rental property, "and a city and state.		na)		
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.		ne or Farm Incor		
Exclude: Your personal residence, including second homes and vacation 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.		, Partnership Incom	0.	
f you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.		at .	81,000,00	
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 had with anyone (JT), in the optional column on the far left.	50-000 100,000 \$250,000 \$500,000 \$1,000,000 1-\$5,000,000 1-\$5,000,000	C Asset over \$ S S GAINS DIBLIND TRUS	500 000 5,000 50,000 100,000 \$1,000,000	500 000 5,000 50,000
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$1,000,00 \$5,000,00	NONE DIVIDEND RENT INTEREST CAPITAL C EXCEPTE TAX-DEFE	Over \$5,00 Spouse/D0	None \$1-\$200 \$201-\$1,00 \$1,001-\$2, \$2,501-\$5, \$5,001-\$11 \$15,001-\$1 \$100,001-\$1
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Examples:	Indefinite	Royalties	×	×
ABC Hedge Fund X	×	Partnership Income	×	×
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	X	×	×	×
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SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name: SCOTT R. JONES

Page 3 of 6

### SCHEDULE C - EARNED INCOME

Name: SCOTT JONES	
Page 4 of 6	

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.

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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for bonoraria)	1		Amount
Source (microbe date of receipt for holloralia)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland	Salary	\$20,000	\$76,000
Ontario County Board of Education	Spouse Salary	N/A	31,000 N/A
SACRAMENTO COUNTY	SALARY	215, 443.01	207,984.57
PLACE ITILLS SCHOOL DISTRICT	SADUE SALARY	2/2	2/2
LOS MOS COMMUNITY COULSE DISTRICT	SALARY	668,37	1,299,66
CS.U. HUMBOCOT	SALARY	3,360	7,520

#### SCHEDULE D - LIABILITIES

Name:
Scott
Po
JONES
Page 5 of 6

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 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.

	#	YY	47		SP, DC, JT		
		C	NAD.	Example			
	SACRAMENTS CASO IT UNION 4/13	CHASE	NATIONSTAR MILE.	First Bank of Wilmington, DE	Creditor		
	4/13	2111	4/92	5/98	Date Liability Incurred MO/YR	•	
	PLASOVAL LOAN	CREDIT CARD	mt6: RENTAL -ANTLORED	Mortgage on Rental Property, Dover, DE	Type of Liability		
	X				\$10,001- \$15,000	>	
		X			\$15,001- \$50,000	<b>(30</b>	
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		_			Over \$50,000,000	٠	
1		1	1		Over \$1,000,000*		

#### **SCHEDULE E - POSITIONS**

the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. 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 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

Position	Name of Organization
PRES IDENT	CALIFORNIA PEACE OFFICERS ASSOCIATION
TEMBEL - BOMED OF DIRECTORS	MAKE - A - WISH (NORTHEASTERN CA AND NORTHERN NY)

#### SCHEDULE F - AGREEMENTS

Name: R. JONES Page\_ <u>o</u>

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# 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
	N/A	