FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** RAPPA DAGUESSES U.S. House of Representatives Employing Office: Candidates - Date of Election: New Officer or Employee New Member of or Candidate for June District SIGN HILL Daytime Telephone: For New Members, Candidates, and New Employees FORM B Period Covered: January 1, 2016 Check if Amendment A \$200 penalty shall be assessed against any individual who files more than 30 days late. (Office Use Only) U.S. HERER ST REPRESENTATIVES Page 1 of 2 2016 JUL -8 PH 12: 59 TAUN 28 2016

Name:

FILER STATUS

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PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

THIS FORM INCLUDES ON	ATTACH THE C	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting 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?	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?
ILY THE SCHEDULE	ORRESPONDING S	Yes No	Yes A	Yes X No
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	J. Did you receive compensation of more than \$5,000 from a single Yes No source in the current year and two prior years?	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?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
		Yes V No	Ves No	Y68 No

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

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?	Yes N	X
EXEMPTION - Have you excluded from this report any other assets, "uneamed" 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.	Yes N	No 💢

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Referred BAISAIGSSES

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 2 of 1

SCHEDULE C - EARNED INCOME

Name: RAMEL DAGNESSES Page 4 of 7

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal rethement programs, and benefits received under the Social Secur	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) total 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	
eived under the Social Security Ac	y the U.S. government) totaling \$2 one exceeding \$1,000. See example to the example of the examp	
r.	totaling \$200 or more during the reporting period. For both the file See examples below.	
	iod. For both the filer	

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroil. 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.	income may apply to you after you income may apply to you after you into it is \$27,495. In addition, cert ior staff.	u are on House payroll. The 201s in types of income (notably honoral	I limit on outside earned income for ia, director's fees, and payments for
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ot	Honorarium	\$0	\$500
EXAMPLES: CM War Roundbable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Safary	\$0 V.A	\$1,000 N/A
QUANTUM REALTORS	Committee 4	\$<5,020=	\$ 159, 224 =

SCHEDULE D - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time durit period. New Members: Members are required to report all liabilities secu (unless you rent it out or are a Member); loans secured by automobiles, he 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.

						≥	Amount of Liability	of Lia	₽ 			
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SCHEDULE E - POSITIONS

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.

Position	Position Name of Organization
(73.)	Quantum Various Inc.

SCHEDULE D - LIABILITIES

Name:
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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, perent, 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 *Column 大 is for liabilities held solely by your spouse or dependent child.

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		1115	5/98	Date Liability Incurred MO/YR	
		THE MORNEY	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, 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 relander was a "First-year remotivations and new applicable to a current relander was and the current relander was an entities."

Position	Position Position Name of Organization

SCHEDULE F - AGREEMENTS

Name: [LATTEL DAGNESSES Page 7 9

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.

Date	Parties to Agreement	Terms of Agreement
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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.

government ar	nd any information considered confidential as a result of a	government and any intormation considered confidential as a result of a privileged relationship recognized by law. Do not repeat unformation instead on accretions to
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	DURATUM REDITURS INC.	Communication of the Thank Some MANSACTIONS
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