UNITED STATES HOUSE OF REPRESENTATIVES For New Memb	FORM B For New Members, Candidates, and New Employees€	EmployeesC SLATIVE DESCURSE COVERS COVERS
	2016	7016 APR 29 AM 11: C4
Name: Charles S. Faddis Daytime Telephone	.5	CONTRACT TO THE CONTRACT OF TH
New Member of or Candidate for State: MD  U.S. House of Representatives District: 5  FILER  Candidates – Date of Election: April 26, 2016		(Office Use Only)
New Officer or Employee  Employing Office:	Period Covered: January 1, A \$; to indi	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	STIONS	
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 unearmed 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?	e reporting period Yes X 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 X 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?	ngement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes No X	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	,000 from a single Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU AND THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE RE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	OMPLETE
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?	other "excepted trusts" need not be disclosed. Have y	rou excluded from Yes No 🔳
<b>EXEMPTION</b> – 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.	f a spouse or dependent child because they meet all the	nree lests for Yes No

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Charles S. Faddis Page\_ 으

MFS -> MFS Research international	MFS -> MFS Massachussets Investors Trust	Lockheed Martin Savings Plan -> Target Date Fund 2025	Lockheed Martin Savings Plan -> Lockheed Martin Corporation	SP Location: Davidsonville: Description Consulting		Examples. Simon & Schuster	Mega Corp Stock	SP. EFF	in the optional column on the far left. For a detailed discussion of Schedule A	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 held with anyone (JT), the factors of the characteristics of the section of the sectio	If you have a privately-traded fund that is an Excepted investment Fund, please check the 'EIF' box.	ethement program, including the That Savings Plan.	nomes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal	Exclude: Your personal residence, including second	business, the nature of its activities, and its geographic location in Block A.	busin	For rental and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state.	more than \$1,000 in interest-bearing accounts.	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	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	(do not use only licker symbols).		than \$200 in		dentify (a) each asset held for investment or production of income and with a fair market value	Assets and/or Income Sources	BLOCK A
X	×	×	×		×	Indefinite	×	\$1,0 \$150 \$150 \$25 \$50 \$1,0 \$5,0 \$25 \$50 \$1,0 \$25 \$25 \$25 \$25	1.000 01-\$15.0 001-\$50- 001-\$100 .001-\$26 .001-\$1, 00,001-\$1, 00,001-\$ 00.001-\$	-000 0,000 50,000 00,000 00,000 55,000,000	0	00.							C C C C C C C C C C C C C C C C C C C	P 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		child in which you have no interest.		included only because it generated income, the value	_	Indicate value of asset at close of the reporting penod. If of you use a valuation method other than fair market value, it	Value of Asset	BLOCK B
×	×	×	×	×	Partnership	Royaties	>	REI	DENDS T REST TAL GA EPTED#	BLIND TRU		e.g., P	artnership	Incor	ne or Fan		me)					no income during	even a terressed, must be discussed as income for assets held in taxable accounts. Check "None" if the asset	Dividends, interest, and capital gains,	401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column	Check all columns that apply. For accounts that generate tax-deferred income (such as	Type of Income	BLOCK C
				×	× × ×	×	>	\$200 \$1,000 \$2,000 \$1,0	200 -\$1,000 -\$1,000 -\$1,50,001 -\$1,50,000 -\$1,50,000 -\$1,50,000 -\$1,50,000 -\$1	200 200 2000 2000 2000 2000 2000 2000										Current Year Preceding Year			Column XI is for assets held by your spouse or dependent child in which you have no interest.		and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if no income was earned or depended		Amount of Income	BLOCK D

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Charles S. Faddis

Page\_

<u>o</u>

Ī														T	크 <sup>8</sup> k			
						The state of the s	A Principal de La Carte de La				USAA Accounts	MFS Total Return	MFS->	MFS -> MFS Technology	ASSET NAME			BLOCK A Assets and/or Income Sources
							ļ.,								E		_	
		<u> </u>	<u></u>			ļ	ļ	ļ	ļ		:					None >		
						ļ	<u> </u>		<u> </u>	-	<u> </u>			ļ		\$1-\$1,000 œ	-	
<b> </b>		ļ						ļ	ļ	† ···	×	ļ	<u> </u>			\$1,001-\$15.000		
_			ļ			-	-				ļ	L	<u> </u>	×		\$15,001-\$50.000	-	
					ļ	<u> </u>	ļ		-	<del> </del>			-			\$50,001-\$100,000 m	-	Val.
					ļ	<u> </u>			<del> </del>	<u> </u>	ļ	×	×	-		\$100,001-\$250,000	-	BLOCK B  Value of Asset
		<u> </u>	<u> </u>			-	-	<u> </u>				<u> </u>				\$250,001-\$500,000 G	-	BLOCK B
		ļ				<u> </u>	ļ		-				_			\$500,001-\$1,000,000 ± \$1,000,001-\$5,000,000		sse
					-	-			<u> </u>	1	<del></del>						-	^
			-			-	-			4	-		<u> </u>			\$5,000,001-\$25,000,000	-	
							-	<u> </u>		i	,	-	ļ			Over \$50,000,000 r	1	
			ļ					-	ļ	<u> </u>	<u> </u>	<b></b>				Spouse/DC Asset over \$1,000,000" <	-	
							1	<u> </u>	ļ Ī	<del>-</del>			_			NONE		
										-						DIVIDENDS	-	
		-							<del> </del>	Т			ļ	-	-		-{	
		ļ	ļ						-	١	×					RENT	-	Ϋ́
						ļ	ļ		<u> </u>	+						INTEREST		e B
							ļ.,		<u> </u>							CAPITAL GAINS		BLOCK C  Type of Income
										:						EXCEPTED/BLIND TRUST		Ç C
												×	×	×	-	TAX-DEFERRED		Ħ e
							Ī "			1						Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
										!						None		
	_									1	, ×					\$1-\$200 =		
											:					\$201-\$1,000 =		
				]							:					\$1,001-\$2,500 <		
											! 					\$2,501-\$5.000 <	Ì	
					<u></u>					<b></b>						\$5.001-\$15.000 \leq \text{S} \$15.001-\$15.000 \leq \text{S} \$55.001-\$15.000 \leq \text{S} \$55.001-\$15.000 \leq \text{S}		
		<u></u>														\$15.001-\$50.000 \( \leq \) \$50.001-\$100.000 \( \leq \)		
				ļ								<u> </u>		ļ				
									<u> </u>							\$100.001-\$1.000,000		_
					_			<u> </u>	ļ	:		ļ		<u> </u>		\$1,000,001-\$5,000,000		BLOCK D  Amount of Income
				<u> </u>	ļ	<u> </u>				<u> </u>	<u> </u>			ļ		Over \$5,000,000 ≚		oun B
_																Spouse/DC Income over \$1,000,000*	_	BLOCK D
				<u> </u>	<u> </u>				<u> </u>	-	-					None –		<u> </u>
			-	<u> </u>		-				<u> </u>	×	ļ				\$1-\$200 =		mox
			_						-		-					\$201-\$1,000 =		<u>e</u>
		ļ	<u> </u>	ļ			<u> </u>		-	1		-		$\vdash\vdash$		\$1,001-\$2,500 < \$2,501-\$5,000 < \$2	' <b> </b>	
								_		i	-			$\vdash$				
		-				<del> </del>			-	<del></del>	-			-		\$5.007-\$15,000 \leq 0	: [	
<b></b> -									-	-	<u> </u>			$\vdash$		\$15,001-\$50,000 \(\leq\) 0 \(\sigma\)	(	
				$\vdash$	-	-			<del> </del>	T	<del> </del>			ļ		\$50,001-\$100,000		
										<del>!                                    </del>	-			$\vdash\vdash$		\$100001-\$1000000 ×		
					-			-		<del>                                     </del>			ļ			\$1,000,001-\$5,000,000 ×		
		ļ	ļ				-		-		-			$\vdash$		Over \$5,000,000  Springs/DC Income over \$1,000,000*		
		ţ														Spouse/DC Income over \$1,000,000*	1	

### SCHEDULE C - EARNED INCOME

	Name: C	
	harles S.	
	Faddis	
•	Page of	
	•	

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 honorana. List only the source for other spouse earned income exceeding \$1,000. See examples below.

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

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.

		Am	Amount
cource (include date of feceipt for floriorana)	Туре	Current Year to Filing	Preceding Year
	Honoranum	\$0	\$500
Examples: Civil War Roundtable (Oct. 2)	Salary Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Uniang County Board of Education	Spouse Salary	N/A	N/A
Lockheed Martin	Salary	39,405	157,620
State of MD	Teaching	3,000	6,000
Artemis, LLC	Spouse Salary	10,000	40,000

#### **SCHEDULE D - LIABILITIES**

1	
	Name:
	Name: Charles S. Faddis
	Pageof

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 are 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.

				sp. DC, JT		
, ,			Example			
			First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	æ	
				\$50,001- \$100,000	C	
	 		×	\$100,001- \$250,000	ō	
				\$250,001- \$500,000	m	mour
				\$500,001- \$1,000,000	חד	nt of L
				\$1,000,001- \$5,000,000	G	Amount of Liability
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000.000	۷	
. 1				Over \$1,000,000* (Spouse/DC Liability)	*	

#### 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 honorate. New Members are candidates report positions held in the reporting period and the current relegantar year. First-year candidates and new employees report positions held in the current relegantar year and two previous years.

		Employee	Position	the current calendar year. First-year candidates and new emph
		Lockheed Martin	Name of Organization	the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

#### SCHEDULE F - AGREEMENTS

The state of the s	Name: Charles S. Faddis
	Pageof

Ϋ́	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;	
employer	Ċ.	

Date	Parties to Agreement	Terms of Agreement
	in the second se	

# 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.

Accounting Services	Example: Doe Jones & Smith, Hometown, Homestate
Brief Description of Duties	Source (Name and City/State)

FILER NOTES (Optional)

Name: Page\_ | 으

	NOTE NUMBER
	NOTES

FILER NOTES (Optional)

Name: Page\_ | |**라** 

							NOTE NUMBER
-							
							NOTES

Use additional sheets if more space is required.