	, , , 7
FINANCIAL DISCLOSURE STATEMENT FOR New Members, Candidates, and New Employees 2017 COMMUNICATION OF REPRESENTATIVES FOR New Members, Candidates, and New Employees	Page 1 or /
Name: Jan Schneider Daytime Telephone: US. HOUSE REPORTED TO AM 10: 15	Ar IO: IS
New Member of or Candidate for State: Florida U.S. House of Representatives District: 16 Candidates – Date of Election: November 8, 2016 Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office: Period COSET 1, 2016 A \$200 penalty shall to Individual who files	A \$200 penaity shall be assessed against any Individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE 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? b. Make more than \$200 in unearmed income from any reportable asset during the reporting period? Yes X No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes X No
C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the honoraria, or pension/IRA distributions) of \$200 or more during the 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?	Yes X No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? No X J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	
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 No X
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.	Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Jan Schneider Page 2

						- !	7 R %	\$5,5 more for the same for the	= ort	# 40 F	g .	Ç	un di	exc ord de		\neg
International Paper	Comcast	Bank of America	АТ&Т	Amer. Electric Power	ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock	aring according to the first of	or bank and other cash accounts, total the amount in	For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols).	Provide complete pames of stocks and mutual funds	inc to any outer reportance ease; or access or income which generated more than \$200 in unearmed income during the year.	(a) each asset held for investment on of income and with a fair market valing \$1,000 at the end of the reporting periods.	Assets and/or Income Sources	BLOCK A
X	×	×	X	×	×	Indefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50-000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$25,000,001-\$5,000,000 \$25,000,001-\$50,000,000 \$50,000,001			child in which you have no interest.	"Column M is for assets held by your spouse or dependen	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Indicate value of asset at close of the reporting period. IRCheck all columns that apply. For accounts you use a valuation method other than fair market value, that generate tax-deferred income (such as please specify the method used.	Value of Asset	в хоотв
X	×		×	×	Partnership Income	Royalites	×	NONE OIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		_	generated no	٠.	Dividends, Interest, and capital gains, o even if reinvested, must be disclosed as	If Check all columns that apply. For accounts, mat generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may	Type of Income	BLOCK C
X	×	×	×	×	× × ×	× ×	×	\$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$5,000 \$15,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 SpouseDC Income over \$1,000,000* None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$1,001-\$2,500 \$2,501-\$1,000 \$1,001-\$1,000,000 \$100,001-\$1,000,000 \$100,001-\$1,000,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Cver \$5,000,000	N E	Current Year Preceding Year	ng o		_	For assets for which other assets indicate and capital gains,	Amount of Income	BLOCK D

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Jan Schneider

Page 3

7			Ι							1			누모용				
+ + +						\vdash			 		 					2	
	Antiques	Art (paintings)	Jewelry	IRA	Englewood vacant lar	SRQ condominium	DC condominium	St. Joseph Criby band	Chicago bond	Phoenix bond	Wells Fargo	John Hancock	ASSET NAME EF			Assets and/or Income Sources	
+++					큡			0.		1			-	None >	_		
+++				 	 	 	 	 						\$1-\$1,000 w			
+					-		-	-		┡							
			ļ	ļ	├		<u> </u>	×.	×		×	X		\$1,001-\$15,000 O			
+		×		_	×	×	-			×				\$15,001-\$50,000	-		
+++	X_		×	<u> </u>						<u> </u>				\$50,001-\$100,000 m	_	<u>≈</u>	
+				ļ	_		L	ļ	<u> </u>	<u> </u>	ļi			\$100,001-\$250,000	_	두	
$\downarrow \downarrow \downarrow \downarrow \downarrow$				L_										\$250,001-\$500,000 ක	_	Value of Asset	
				×			×		<u> </u>	ļ				\$500,001-\$1,000,000 ==	_	S	1
														\$1,000,001-\$5,000,000		2	
														\$5,000,001-\$25,000,000 -			
														\$25,000,001-\$50,000,000			
														Over \$50,000,000			
														Spouse/DC Asset over \$1,000,000*			
				V.	×									NONE			
+-+-	×	×	×	×						<u> </u>		×		DMIDENDS			
+++											×	$\hat{}$		RENT	-1		
+++				ļ	-	×	×	-		-						돟	
+					<u> </u>			×	×	×				INTEREST		Type of Income	1
														CAPITAL GAINS]	=	
						i				1				EXCEPTED/BLIND TRUST		Ğ	•
														TAX-DEFERRED		₹	
														Other Type of income (Specify: e.g., Partnership income or Ferm Income)			
			X	U	$\overline{\mathbf{v}}$									None -	1		
 	×	×										×		\$1-\$200 ==			
1 1 1					-			×	×		1	\sim		\$201-\$1,000 =			
++++														\$1,001-\$2,500 <			
++++										_×					ıl		
+ + +				· · · · ·										\$5,001-\$15,000 ≤	ā		
++++					-	×	×				\vdash	-		\$15,001-\$60,000 <u>≤</u>	1		
+-+-							$\widehat{}$				$\vdash\vdash$	_	H	\$50,001-\$100,000 ≦	urrent Year		
+++					\vdash						$\vdash\vdash\vdash$		\vdash		۶ J		
+++	-				\vdash	<u> </u>			_	 	$\vdash\vdash$	_	H			>	
+				<u> </u>	<u> </u>		_				\vdash		$\vdash\vdash\vdash$	\$1,000,001-\$5,000,000 ×		Ž	
+				ļi	<u> </u>		ļ			.	\vdash			Over \$5,000,000 ×	•	Ĕ	ç
+++		_				_					Щ		\vdash	Spouse/DC Income over \$1,000,000° ≚	-	Amount of Income	
+ + + + - +	×	×	X	×	×					<u> </u>	\sqcup		$\vdash \vdash$	None –		Ž	2
4-4-4			L.,			ļ				<u> </u>		_×		\$1-\$200 =	1	ğ	
				ļ				×	×	ļ,				\$201-\$1,000 =		9	
4-4-4										×	Ш			\$1,001-\$2,500 <	ا و		
	- 1			$ldsymbol{ld}}}}}}$										\$2,501-\$5,000 <	\$ 1		
	$\overline{}$	l				×	ليا			$ldsymbol{ld}}}}}}}}}$	Ш			\$5,001-\$15,000 ≤	Praceding		
					I		X							\$15,001- \$ 50,000 ≦	3		
											. 7				~ .		
											[\$50,001-\$100,000 ≦			
														\$50,001-\$100,000 ≦ \$100,001-\$1,000,000			
														\$50,001-\$100,000 \(\geq\) \$100,001-\$1,000,000 \(\pi\) \(\pi\) \$1,000,001-\$5,000,000 \(\pi\)			
														\$100,001-\$1,000,000			

SCHEDULE C - EARNED INCOME

Name:	
Jan Schneider	
Page 4 of 7	

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.

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.

	1	Am	Amount
Source (include date of receipt for nonoraria)	Type	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
EXAMPLES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Law Offices of Jan Schneider	Legal Fees	\$30,000 (def.)	\$25,000 (def.)
Roshan Cultural Heritage Institute	Consulting fees	\$12,000	\$12,000

SCHEDULE D - LIABILITIES

ame: Jan Schneider
Page 5 of 7

Z

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 exceeded \$10,000. 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 *Column K is for liabilities held solely by your spouse or dependent child.

		SP, DC, JT		
N/A	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	88	
		\$50,001- \$100,000	ů.	
	×	\$100,001- \$250,000	0	
		\$250,001- \$500,000	m	Amount of Liability
		\$500,001- \$1,000,000	77)	of Lia
		\$1,000,001- \$5,000,000	۵ .	bility
		\$5,000,001- \$25,000,000	x	
		\$25,000,001- \$50,000,000	_	
		Over \$50,000,000	٠	
	N/A	First Bank of Wilmington, DE 5/98 Mortgage on Rental Property, Dover, DE	N/A	N/A

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	Name of Organization
Protect Our Waters, Inc.	Vice President, Director
Roshan Cultural Heritage Institute	Secretary, Director
Seniors for Pets	Director
US East Inc.	President, Director
DAVA (Sarasota)	Senior Vice Chair

SCHEDULE F - AGREEMENTS

Name: Jan Schneider
Page_6of7

		•
8	츛	
룕	ä	ı
	₹	ł
6	₹	ł
٩	գ	ı
d	ġ.	ı
9	ă	1
<u>81</u>	æ	ŀ
퓻	ġ	ŀ
¥.	an	ı
Ē	g.	
S	ž	ľ
á	<u>8</u>	ı
큠	ğ	Į
₹	35	I
甲	ð	ı
2	Ţ	ı
딅	ag	ı
ž	8	ı
Ē	∄	
용	Ĭ	
ě	2	ı
유	3	ı
₫	졏	ı
쿬	Ĭ	ı
3	ž	ı
ĕ	Ħa	ı
S	Š	ı
ģ.	Š	ı
ě	3VE	ı
뒼	₹.	ı
ě	#	ı
9	lse	ı
8	ğ	
뢐	8	ı
Ē.	₫.	I
gр	ā	ı
arti	Ė	ł
햕	듗	ı
i	Ě	ı
n in	ě	ł
20	Ø	ı
continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave	١
	ě	
byee welfare or benefit pl	¥ a	
	86	ı
elia	ž	ı
Te (ĕ	ı
or b	Ţ.	ı
ě	9	ı
Ħ	<u>8</u>	ı
plar	Š.	ı
fit plan mair	ğ	
ain	ğ	
lain	940	ı
8	3	
olan maintained by a former employer	sence during the period of government servic	
a fc	Š	
ğ	Ž.	
9 16	ģ	
Ę		
oyı		
er.		
		ſ

Date	Parties to Agreement	Terms of Agreement
	N/A	

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
Estate of Harold B. Schneider	Legal Services

Name: Jan Schneider Page_7__of_7

stock interest, which is in Odyssey Marine Exploration, Inc. (OMEX), valued at less than \$2,500.	
bonds, a money market account, an operating account and personal property. It also contains a minor	
a money market account. The Harold B. Schneider Trust contains a residence in Sarasota, Florida, tax-free	
With regard to the two trusts mentioned above, the Esther S. Schneider Trust is composed of tax-free bonds and	5i
from this property last year and part of this year, it is included above.	
temporary pursuant to a Certificate of Title and has now ended. Since I received rental income	
As regards the Sarasota condominium (3656 Parkridge Circle), the ownership interest was	4
no longer homesteaded and is therefore included above.	
Since I have for years been taking care of an elder relative and not residing there, the condo is	
With respect to the D.C. condominium (1301 20th St. #1011), it was for a long time my residence.	ω
beneficiary. The estimated value of my share is close to \$2,000,000.	
The preceding does not include undistributed assets in the Harold B Schneider Trust, of which I am a	2
beneficiary. The estimated value of my share is approximately \$200,000.	
The preceding does not include undistributed assets in the Esther S. Schneider Trust, of which I am a	1
NOTES	NOTE NUMBER