Member of or Candidate for State: 164444 Officer or Employing Office: U.S. House of Representatives District: 01 Employee
Daytime Telephone:
UNITED STATES HOUSE OF REPRESENTATIVES Form A Form A For Use by Members, Officers, and Employees

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No V	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
Yes No	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes 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?
Yes	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes No	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?
Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes No	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
Yes No	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?	Yes V No	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?

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

Yes No C	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your 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 L	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 I	IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

SCHEDULE A

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SCHEDULE A – ASSETS & "UNEARNED INCOME"	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SP.DC, JT Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property field by you, your spouse, or your dependent child for investment or the production of income, include transactions that resulted in a capital loss. Provide a binef description of an exchange transactions technique transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless if ignerated rental income. If only a portion of an asset is soid, please choose 'partial sale' as the type of transaction. Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. **SCHEDULE B - TRANSACTIONS** * Column K is for assets solely held by your spouse or dependent child MATIONINI DE ANNUITY FRANKLIN US GOUT SEC Example BRISTOL MYERS Mega Corp. Stock Asset 1 Purchase Type of Transaction × X Sale Partial Sale Exchange Name: Check Box if Capital Gain Exceeded \$200 12-1-15 11-30-15 11-80-15 (MODAYR) or Quarterly. Monthly, or Bi-weekly, if applicable Date 3/5/15 \$1,001-\$15,000 Þ \$15,001-\$50,000 \$50,001-\$100,000 o \$100,001-D \$250,000 Amount of Transaction \$250,001-\$500,000 m \$500,001-\$1,000,000 71 \$1,000,001-Page_ G \$5,000,000 \$5,000,001-\$25,000,000 π \$25,000,001-\$50,000,000 으 Over \$50,000.000 õ Over \$1,000,000* (Spouse/DC Asset)

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SCHEDULE C - EARNED INCOME

Name: 7745 Page 8 of 10

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	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 a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	
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INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

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						# 500 PER WANTH	N/A	\$18,000	Amount

SCHEDULE D - LIABILITIES

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Page 9

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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. 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); foans 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.

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			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	œ	
				\$50,001- \$100,000	C	
			×	\$100,001- \$250,000	Ü	\
				\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	T1	t of Lia
				\$1,000,001- \$5,000,000	ဝ	ability
				\$5,000,001- \$25,000,000	<i>x</i>	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	-	
				Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
NONE	

SCHEDULE F - AGREEMENTS

Name: 17770

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.

	1989 12008	SWCE	Date
	NV GPISTALINE (2415 OKNI)	SSEED HANDY DESS	Parties to Agreement
PER MONTH FOR ZO YEARS)	PENSIAN: \$25 PER YR OF SER PER MONTH (SOO	ROYALTIES FOR BOOK PUB IN 1986; REPRINTED AS	Terms of Agreement

SCHEDULE G -- GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
No WC		