

UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of 7
FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and N	Candidates, and New Employees	7016 FER _Q DM 1. 31
Name: Toxia Jaw Khowri Daytime Telephone:	ne:	U.S. HOUSE OF REPAIRS HATTATIVES
New Member of or Candidate for State: 1L  U.S. House of Representatives District: 11  Candidates - Date of Election: 3   15   1 6	Check if Amendment	(Office Use Only)
New Officer or Employee  Employing Office:	Period Covered: January 1, 2014 to December 31, 2015.	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	IONS	
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? QI  b. Make more than \$200 in unearned 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 X 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 X No reporting period?	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	or arrangements with Yes No X
D. Did you, your spouse, or your dependent child have any reportable  Yes  No  No	J. Did you receive compensation of more than source in the current year and two prior years?	ensation of more than \$5,000 from a single Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU  THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	IEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	- ANSWER BOTH 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 your dependent child?		not be disclosed. Have you excluded from Yes No 🔀
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, 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.	bilities of a spouse or dependent child becau	use they meet alf three Yes No 🔀

### SCHE

IEDULE A – ASSETS	IEDULE A – ASSETS & "UNEARNED INCOME"	Name: Tonia	Name: Tonia June Khouri	Page & of 7
BLOCK A	BLOCK B	BLOCK C	BLOCK D	
sets and/or income Sources	Value of Asset	Type of Income	Amount of Income	Đ
(a) each asset held for investment or not income and with a fair market value \$ 51,000 at the end of the reporting period of t	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.	Check all columns that apply. For accounts that generate tax-deferred moome (such as 401(k), IRA, 529 accounts), you may check	(a) each asset held for investment or Indicate value of asset at dose of the reporting period. In Check all columns that apply. For accounts For assets for which you checked "Tax/Deferred" in Block C, you may check the "None" column. For all prices are not income and with a fair market value you use a valuation method other than fair market value, that generate tax-deferred income (such as other assets indicate the category of income by checking the appropriate box below. Dividends, interest, g. 1,000 at the end of the reporting period, please specify the method used.  401(t), IRA, 528 accounts, you may check and capital gains, even it reinvested, must be disclosed as income for assets held in taxable.	ou may check the "None" column. For all propriate box below. Dividends, interest, as income for assets held in taxable.

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40	مور	50	v ९	ပရ လ		Exa		For bank and other cash accounts, total the amount in all inderest-bearing accounts, total the amount in all inderest-bearing accounts, total the amount in all inderest-bearing accounts. If the total is over 55,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., for rental property," and a city and state.  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.  Exclude: Your personal residence, including second thomes and vacation homes (unless there was rental interest in, or income derived from, a federal interest in, or income derived from, a federal retirement program, including the Thrift Savings Pien.  If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or general sources source is that of your spouse (SP) or general column on the far left.  If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or general column on the far left.  If you have a detailed discussion of Schedule A For a detailed discussion of Schedule A	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in the properties of the product of the product of the product income which generated more than \$200 in the production of the product income.	Assets and/or income Sources	
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SCHEDULE A - ASSETS	& "UNEARNED INCOME"	Name: Toxia	Tank Khour. Page 3 of 7
BLOCK A	вгоск в	BLOCK C	BLOCKD
Assets and/or income Sources	Value of Asset	Type of Income	Amount of Income
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#### SCHEDULE C - EARNED INCOME

Name: Tonia Jame Khouri 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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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.	ed income may apply to you after you for you after you for you after you send it is \$27,225. In addition, cents anior staff.	u are on House payroll. The 2014 in types of income (notably honoral	<ul> <li>Imit on outside earned income for ria, director's fees, and payments for</li> </ul>
	•	Am	Amount
Source (include date of receipt for honorana)	type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	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
Du Page County	Salary	\$ 40,000	839,786
Green T Pest Control	Spouse Salary		
Green T Lawreage	Spouse Salary		

#### SCHEDULE D - LIABILITIES

Name: Tonia Jan Khouri

Page 5 of 7

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.

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Respons Bank	PNC Bank	NS Bank	First Bank of Wilmington, DE	Creditor				
01/01	9110	011F	5/98	Date Liability Incurred MO/YR				
Aurora, IL	Amorra, IL	Annon, IL	Mortgage on Rental Property, Dover, DE	Type of Liability				
				\$10,001- \$15,000	>			
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				Over \$50,000,000	۴.			
	1000			Over \$1,000,000* (Secure CC Labor)	*			

#### 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

		Board Member	Position
		Dutage County	Name of Organization

#### SCHEDULE F - AGREEMENTS

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.	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;
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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.

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

SCHEDULE a - ASSETS & UNEARNED INCOME (TK GREEN RENTAL PROPERTIES)

Address of Property	City, State	2015 Rent	2014 Rent
1518 Liberty Street	Aurora, IL	5,000-15,000	5,000-15,000
305 N Ohio	Aurora, IL	5,000-15,000	5,000-15,000
822 High Street	Aurora, IL	5,000-15,000	5,000-15,000
150 N Loucks	Aurora, IL	5,000-15,000	5,000-15,000
453 N Farnsworth	Aurora, IL	5,000-15,000	5,000-15,000
714 Delius	Aurora, IL	5,000-15,000	5,000-15,000
25 N Ohio	Aurora, IL	5,000-15,000	5,000-15,000
1006 Century Lane	Aurora, IL	5,000-15,000	5,000-15,000
1031 Century Lane	Aurora, IL	5,000-15,000	5,000-15,000
1028 Century Lane	Aurora, IL	5,000-15,000	5,000-15,000
1034 Century Lane	Aurora, IL	5,000-15,000	5,000-15,000
1035 Century Lane	Aurora, IL	5,000-15,000	5,000-15,000
1455 Mountain Street	Aurora, IL	5,000-15,000	5,000-15,000
405 E Illinois	Aurora, IL	5,000-15,000	5,000-15,000
1147 Elliot	Aurora, IL	5,000-15,000	5,000-15,000
125 Evans	Aurora, IL	5,000-15,000	5,000-15,000
772 Columbia	Aurora, IL	5,000-15,000	5,000-15,000
1448 Mountain Street	Aurora, IL	5,000-15,000	5,000-15,000
721 S River Street	Aurora, IL	5,000-15,000	5,000-15,000
457 Parker Ave	Aurora, IL	5,000-15,000	5,000-15,000
1411 N Russell Ave	Aurora, IL	5,000-15,000	5,000-15,000
815 North Lake	Aurora, IL	5,000-15,000	5,000-15,000
Mountain Street Lot 10/11	Aurora, IL	5,000-15,000	5,000-15,000
Mountain Street Lot 9	Aurora, IL	5,000-15,000	5,000-15,000
1000 Sheffer	Aurora, IL	5,000-15,000	5,000-15,000
555 W. Illinois	Aurora, IL	5,000-15,000	5,000-15,000
Austin Ave. (Lot)	Aurora, IL	5,000-15,000	5,000-15,000
8017 S. Marquette (Lot)	Chicago, IL	5,000-15,000	5,000-15,000
320 N. Union	Aurora, IL	5,000-15,000	5,000-15,000
740 Talma	Aurora, IL	5,000-15,000	5,000-15,000
539 E. Benton	Aurora, IL	5,000-15,000	5,000-15,000
1550 Mountain St. (Lot)	Aurora, IL	5,000-15,000	None
124 N. Farnsworth	Aurora, IL	5,000-15,000	None
1438 Mountain St.	Aurora, IL	5,000-15,000	None
1475 Mountain St.	Aurora, IL	5,000-15,000	5,000-15,000
1212 Andover Circle	Aurora, IL	5,000-15,000	5,000-15,000



#### United States House of Representatives

## ETHICS IN GOVERNMENT ACT FINANCIAL DISCLOSURE STATEMENT

For Use by New Members, Candidates, and New Employees

calendar year they are a candidate-not only the year of the election. The first report is due within 30 days of raising or spending \$5,000 or on beginning their House employment. Candidate Filers: A candidate for the House generally must file a Financial Disclosure Report for each May 15 for as long as they remain a candidate. For all filers, a clear postmark is accepted as the filing date. May 15, whichever is later, but not less than 30 days before the primary or general election. Candidate filers also owe a report each subsequent file a statement on or before May 15, 2015. New Employee Filers: A new employee report must be filed within 30 days of an employee WHO MUST FILE AND WHEN: New Member Filers: New Members (i.e., those sworn in between November 3, 2014 and April 15, 2015) must

LATE REPORTS AND PENALTIES FOR FALSE REPORTS: A \$200 late filing fee shall be assessed against any individual who files more than 30 days after the due date of a report or amendment (or the due date of any extension). Any individual who knowingly and willfully falsifies or Government Act (5 U.S.C. app. 4 §§ 101-111) and 18 U.S.C. § 1001. who knowingly or willingly fails to file the required report may be subject to civil penalties and criminal sanctions. See section 104 of the Ethics in

otherwise indicated on the Schedule. Candidate Filers: The period covered is the preceding calendar year and the current year through the date of filing, unless otherwise indicated on the Schedule. REPORTING PERIOD: New Member Filers: The period covered is the preceding calendar year, unless otherwise indicated on the Schedule. When completing Schedules A and C, fill out the "Preceding Year" information and indicate the "Current Year" information is "Not Applicable." New Employee Filers: The period covered is the preceding calendar year and the current year through the date of hiring, unless

**EXTENSIONS**: Requests for extension must be made using the extension request form either in the electronic filing system, available at <a href="https://fd.house.gov">https://fd.house.gov</a>, or in hard copy form on the Committee's Web site, <a href="https://www.ethics.house.gov">www.ethics.house.gov</a>. The extension request must be e-mailed or faxed to the Committee and received by the due date of the report.

WHERE TO OBTAIN ASSISTANCE: Counsel from the Committee on Ethics are available to answer questions and offer assistance at (202) 225-7103. Additional forms and instructions are available on the Committee's Web site, www.ethics.house.gov, under the "Financial"

continued. Type or print your name at the top of each page filed. Redact any confidential information from any attachments BEFORE FILING: Answer each question on the "Preliminary Information" page, and attach the appropriate schedule for each "Yes" response. Please type or print using blue or black ink. Do not use pencil. Attach additional sheets if necessary, indicating the section that is being

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6612

Filing Instructions for Members and Candidates: File a signed original and two photocopies of your report, including all attachments.

Filing Instructions for Officers and Employees: File a signed original and one photocopy of your report, including all attachments.