

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**FINANCIAL DISCLOSURE STATEMENT**

**FORM B**  
For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

2016 OCT -7 PM 2:41

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

Name: Gene Rechtzigel Daytime Telephone: \_\_\_\_\_

<b>FILER STATUS</b>	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>Minnesota</u> District: <u>4</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/> Candidates - Date of Election: <u>11/8/16</u>		
	<input type="checkbox"/> New Officer or Employee Employing Office: _____		

Period Covered: January 1, 2016 to September 30, 2016  
A \$200 penalty shall be assessed against any individual who files more than 30 days late.

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

<b>A.</b> 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? <u>or</u> b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>E.</b> Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>C.</b> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>F.</b> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>D.</b> Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>J.</b> Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**  
**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

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

<b>TRUSTS</b> - 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because it may meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>