INITED STATES HOUSE OF DEDDESENTATIVES	FORM B	Page 1 of
L DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees SEP 22 2015	2015
Name: Paxla Hawks Daytime Telephone:	38 :01 NV 9-5-12 SED 5-11.	00 05 07 T
New Member of or Candidate for State: 50 U.S. House of Representatives District: 1 Candidates – Date of Election: Nov. 8 2016	Check if U.S. NUUCE HE RES	TOURS OF RESTROPPING (Office) Use: Only)
New Officer or Employee Employing Office:	Period Covered: January 1, 2014 A \$200 penal to 5 15 12-015 individual wh	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? No State of the sporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	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 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?	with Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes X No liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	single Yes No X
ATTACH THE CORRESPONDING S	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	
THIS FORM INCLUDES ONLY THE SCHEDULES	ES THAT YOU ARE REQUIRED TO COMPLETE	ī
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS TRUSTS - Details repairing "Qualified Right Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from	ON - ANSWER BOTH OF THESE QUESTIONS Other "excepted trusts" need not be disclosed. Have you excluded from	
this report details of such a trust that benefits you, your spouse, or your dependent child?		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.	or liabilities of a spouse or dependent child because they meet a	I three Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

			Name:		Pageof
BLOCK A		BLOCK B	BLOCK C	BLOCK D	
Assets and/or Income Sources	Val	Value of Asset	Type of Income	Amount of Income	ne
identify (a) each asset held for investment or production of income and with a fair market value		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value,	Check all columns that apply. For accounts that generate tax-deferred income (such as	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column.	you may check the "None" column. For all
exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of		d used.	401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends,	utter assers inucate the categury of income by discounts the appropriate too before the interesting, must be disclosed as income for asserts held in taxable accounts. Check 'None' if no income was earned or denerated	d as income for assets held in taxable
income which generated more than \$200 income during the year.	in included only because should be "None"	included only because it generated income, the value should be "None."	interest, and capital gains, even if reinvested, must be disclosed as income.	*Column XII is for assets held by your spouse or dependent child in which you have no interest	d in which you have no interest.
Provide complete names of stocks and mutual funds (do not use only ticker symbols).		*Column M is for assets held by your spouse or dependent child in which you have no interest.	Check "None" if the asset generated no income during the reporting period.		
For all IRAs and other retirement plans (such as	<u> </u>				
they all IKAs and owner retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.				Current Year	Preceding Year
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 more than \$1,000 in interest-bearing accounts.	# P 5	7 G			
For rental and other real property held for investment provide a complete address or description, e.g. "rental property," and a city and state.			ome)		
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.	ts to s		ne or Farm Inoc		
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	- <u>- 20 4 56 4</u>	je.	., Partnership Inco	00*	00*
If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	&_			\$1,000,00	\$1,000,00
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), in the optional column on the far left.	5,000 5 50-000	\$500,000 \$1,000,000 11-\$5,000,000 11-\$25,000,000 101-\$50,000,00	T GAINS ED/BLIND TRU ERRED	2,500 5,000 15,000 \$50,000 \$100,000 \$1,000,000	2,500 5,000 15,000 \$50,000 \$100,000 -\$1,000,000
For a detailed discussion of Schedule requirements, please refer to the instruction booklet.	None \$1-\$1,000 \$1,001-\$1 \$15,001-\$ \$50,001-\$	\$1,000,00 \$5,000,00 \$25,000,0 Over \$50,	TAX-DEF	\$1,000,00 Over \$5,0	\$1,000,00 Over \$5,0
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ABC Hedge Fund X		×	Partnership Income	×	×

Use additional sheets if more space is required.

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Chonsido ilivatio atal 41'000'000 E					L			L			L						Spouse/DC Income over \$1,000,000*	

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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SCHEDULE C - EARNED INCOME

the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the file	Name: Paula Hanks
reporting period.	Page
For both the file	ਮੱ

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 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.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	or staff. Amount	Am	Amount
Source (include date of receipt for honoraria)	Туре	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
Metabank	Solam	23,154.99	38,273.56
State of SD	Salan	(0,000-00	6,000.00
Sorufi Solutions	Spouse Sulary	N/A	27
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SCHEDULE D - LIABILITIES

Name: Paula Hawks Page 잌

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

			SP. DC, JT		
	C/S	Example			
	Metabank	First Bank of Wilmington, DE	Creditor		
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	Aith I gain	Mortgage on Rental Property, Dover, DE	Type of Liability		!
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			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 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.

_	 	 	_
		Acpresentative	Position
		South Abhota State Legislature	Position Name of Organization

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	Name:	Pageof
ment or arrangement that you have with re	ment or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	ม์ government service;

SCHEDULE F AGREEMENTS	
Name:	Pageof
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.	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 wehate of behalf plan in	aintained by a tormer employer.

Date Parties to Agreement Terms of Agreement

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.

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

FILER NOTES (Optional)

Name:

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