#### C. Did you or your spouse have "earned" income (e.g., salaries. 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. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? 2015 FINANCIAL DISCLOSURE STATEMENT **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. **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? reporting period? honoraria, or pension/IRA distributions) of \$200 or more during the exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name:\_ **UNITED STATES HOUSE OF REPRESENTATIVES** IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS REPORT TYPE FILER STATUS Make more than \$200 in uneamed income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? William Kichard × 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for District: State: 100 Yes Yes Yes Yes Ύes Daytime Telephone: 202 225 X × K × Amendment <del>Z</del> Š 중 2 증 For Use by Members, Officers, and Employees × 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? I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any Employee Officer or Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any Individual who files more than 30 days late. CONSCATIVE RECORDS CONS. 2016 MAY 13 PM 2: 05 DELIVERED Page 1 of 12 Office Use Only) Yes Yes Yes Yes Yes ¥es Yes Z Z Z 중 Š Ş Ş

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### SCHEDU

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Name: William Library Scators	
Page 2 of 12	

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					74	<u> </u>			\$5,001-\$15,000	≤	BLOCK D  Amount of Income hyou checked Tax-Defen ne column. For all other e by checking the appr st, and capital gains, er id as income for asset k. 'None' if no income k. 'None' if your spouse to interest.
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									Spouse/DC Asset with Income over \$1,000,000*	¥	
								S(part)	P, S, S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.	BLOCK E  Transaction Indicate if the asset had purchases (P), parks (S) or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as tolklows: (S (part)).

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#### **SCHEDULE B - TRANSACTIONS**

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held 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 brief description of an exchange transaction, exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated entail income. If only a portion of an asset is sold, 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. SP, DC, JT Column K is for assets solely held by your spouse or dependent child ę Watthe See Goldman Sticks Mid Cap Vacatch Show los Mycu Zamo Mike Son lasenth Senera Mike Example Harding Lowrood Agrican ! ppenhamie Shares Trasan Dolgar Cox Vassotib Virtus Bucht SSGA 6.11 man Souts Hen knower Mega Corp. Stock Robine Est mil. Encet Bellor LOCA Sm Loog / Short Intal Stock Let! 1.11. 2-7 wrotes Inti Asset SB Mily Hosel Oal SV 2 Bund Cas Kis Inla Keloura Fol Eury Cap Va we Resi 2,1 Tue Fund 1/4 briest 3/ Vak 0.0 < Purchase Type of Transaction × × X × × Sale X Partial Sale X ኍ × Exchange Check Box if Capital Gain Exceeded \$200 × 51.01.8 11.8.15 113.5 9.10.15 S.10.18 12.18.15 4.9.15 9.2.15 9.6-15 9.10.15 1.2.15 11.3, 15 (MO/DAYR) or Quarterly. Monthly, or Bi-weekly, if applicable 1.2.12 1.2.15 1.2.15 1.73.15 1.2.18 Date 36/15 \$1,001-\$15,000 メ > Y \$15,001-<u>ነ</u> X × メ Ł × ኍ œ ア \$50,000 \$50,001 O \$100,000 \$100,001-\$250,000 o Amount of Transaction \$250,001m \$500,000 \$500,001-\$1,000,000 'n \$1,000,001-\$5,000,000 G \$5,000,001-I \$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 Over \$1,000,000\* \* (Spouse/DC Asset)

### SCHEDULE B - TRANSACTIONS

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#### SCHEDULE C - EARNED INCOME

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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.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. 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

					Show Galit Voice - Director Tron Lity	U.S. Airiers lac Petinionent Pan	Pemper weelsh . I Massachusetts	Ontario County Board of Education	Examples: Coil War Roundisble (Oct. 2)	Keepie State	Source (include date of receipt for honoraria)
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#### SCHEDULE D - LIABILITIES

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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. 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

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				DC, 17		
			Example			
			First Bank of Wilmington, DE	Creditor		
			5	Liat Incu MO		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	₩.	
				\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	ায়	moun
				\$500,001- \$1,000,000	п	Amount of Liability
		,		\$1,000,001- \$5,000,000	စ	bility
				\$5,000,001- \$25,000,000	Ξ	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	۲	
				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, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Director	Sharen Critt Voice

#### SCHEDULE F - AGREEMENTS

Name:	
Willia Richal Kanting	
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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.

Date	Parties to Agreement	Terms of Agreement	
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#### **SCHEDULE G - GIFTS**

Example: Mr. Joseph Smith, Artington, VA Shver Platiter (determination of personal friendship received from the Ethics Committee)	Report the source (by name), a brief description, and the valiform relatives, gifts of personal hospitality from an individual, less need not be added towards the \$375 disclosure thresho	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**  **Value**	any source during the yestionship to you. Gifts will y provided in the rule.
		Silver Platter (determination of personal friendship received from the Ethics Committee)	
	Company of the compan		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5; U.S.C. § 7342); political travel that is tequired to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is tedaily independent of his or her relationship to Identify the source and list travel titherary, dates, and nature of expenses provided for travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent chains and indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor. Family Member Included? (Y/N) z 100 3 gg > Page Lodgling? (Y/N) > > City of Departure-Destination-City of Return DC-Beijing, Chine-DC Name: Aug. 6-11 Derte(e) Mar 3 Habitat for Homerity (charity fundmiser) Bource Government of China (MECEA) Examples:

# SCHEDULE H -- TRAVEL PAYMENTS and REIMBURSEMENTS

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	Name:	
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

		Data (c)	Pir. of Danastine Dandinskin, Pike of Daling	Lodging?	7	Family, March
	эомсе	Data(a)	City or behalter e-beautique investig or securit	(Y/N)	(Y/N)	included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Đeặing, China-DC	٧	*	z
E.A. III.	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	¥	*	٧
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## SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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3	Name:	
,	William Rimil Krafini	
	Page // of /2	

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charilles receiving such payments must be filed directly with the Committee on Ethics.    Source   Activity   Date   Amount	Activity Speech Article	Date Feb, 2, 2015 Aug. 13, 2015	Amount \$2,000 \$500
	-		

# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: William Richard Keating

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List the source, separate confide	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	nsor of an event to a charitable orga	inization in lieu of paying an	honorarium to you. A
	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2015 Aug. 13, 2015	\$2,000 \$500
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		To the state of th		

FILER NOTES (Optional)

Name: Nellin R. Kouteng

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**NOTES** NOTE NUMBER