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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FO	<b>FORM B</b> For New Members, Candidates, and	FORM B andidates, and New Employees	FEB 05 ZUID Page	2010 Page 1 of &
Name: John Boure II Day	Daytime Telephone:		2016 FEB 18 PM 5: 20	PM 5: 20
New Member of or Candidate for State: MS  U.S. House of Representatives District: L  Candidates – Date of Election:		Check if Amendment	U.S. HOUSE OF THE CLEPK U.S. HOUSE OF REPRESENTATIVES  (Office Use Only)	E OF THE CLEPK GF REPRESENTATIVES (Office Use Only)
New Officer or Employee  Employing Office:		Period Covered: January 1,to	A \$200 penalty shall individual who files n	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	HESE QUESTIO	NS		
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?	No X e. D	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting period atte of filing?	Yes X No X
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?	8	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?	r arrangements with r in the current	×es ×
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No No	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single	Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR	PONDING SCHED	OULE IF YOU ANSWER "YES"  AT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	FORMATION - A	ANSWER <u>BOTH</u> OF THESE QUESTIONS	E QUESTIONS	
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne this report details of such a trust that benefits you, your spouse, or your dependent child?	hics and certain other "ex	ccepted trusts" need not be disclosed. Have you excluded from	ave you excluded from	Yes No X
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.	e, transactions, or liabiliti ımittəe on Ethics.	ies of a spouse or dependent child becau	se they meet all three	Yes No 🔀

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

BLOCK A	BLOCK B	•	BLOCK C	BLOCK D
Assets and/or income Sources	Value of Asset	et	Type of Income	Amount of Income
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 unearmed income during the year.	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.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital galins, even if elimested, must be disclosed as income	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.  *Column XII is for assets held by your spouse or dependent child 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 401(t) plans) provide the value for each asset heid in the account that exceeds the reporting thresholds.	-		-	
For hank and other reach accounts total the amount in	A C D E F	- - - - -		Current Year Preceding Year
ro bean and outer 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.		;		
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.			me)	
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.			ne or Farm Inco	
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial infairest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.		•	, Partnership Incor	0*
If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.				\$1,000,000
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.	50-000 100,000 \$250,000	1-\$5,000,000 1-\$25,000,000 01-\$50,000,000 000,000 C Asset over \$	GAINS D/BLIND TRUS PRED	500 000 5,000 5,000 100,000 11,000,000 -\$5,000,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	None \$1-\$1,000 \$1,001-\$1: \$15,001-\$ \$50,001-\$ \$100,001-\$ \$250,001-\$	\$5,000,00 \$25,000,00 Over \$50,0 Spouse/D0	TAX-DEFE	Over \$5,00 Spouse/DC None \$1-\$200 \$201-\$1,00 \$1,001-\$2, \$2,501-\$5,001-\$15,001-
SP, EFF	×		×	×
JT Mega Corp Stock Simon & Schuster	Indefinite		Royalties	×
	×		Partnership income	×
Diamond Ono; tal, LLC	*		*	×
Import/Export Intl.				
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Use additional sheets if more space is required.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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### **SCHEDULE C - EARNED INCOME**

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	Name: John
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	Page 4
	4 of_
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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 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.
<b>EXCLUDE</b> : Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
<b>INCOME LIMITS and PROHIBITED INCOME</b> : 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.

professional services involving a fauctary relationship) are totally profitioned for Members and service statis	orani.		
	4		Amount
<b>Source</b> (include date or receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	0\$	\$500
Examples: State of Maryland Cod. 2)	Spouse Speech	\$20,000 \$0	\$1,000
Critatio County Board of Educatori	Shouse Seleily		
Damond Capital, LLC	Salary	<b>\$</b> 0	\$ 36,000
Member - MGR			

#### SCHEDULE D - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Re exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child. period. New Members: Members are required to report (unless you rent it out or are a Member); loans secured b

						SP DC, JT		
	(		び	NaN	Example			
	/	MOITAL MOLA	Exter Finance	NAVIENY DEPTOSED	First Bank of Wilmington, DE	Creditor		
		02/09	oilie	01/63	5/98	Date Liability Incurred MO/YR		
		lain (Studenst)	Finance (Auto)	Student Louns	Mortgage on Rental Property, Dover, DE	Type of Liability		
		४				\$10,001- \$15,000	>	
			8	X		\$15,001- \$50,000	<b>6</b>	
						\$50,001- \$100,000	c	
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						\$5,000,001- \$25,000,000	<b>-</b>	
						\$25,000,001- \$50,000,000	_	
						Over \$50,000,000	٠.	]
						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.

Member-WGR Demond Capital, LLC	Position	Name of Organization
	Member-NGR	Demond Capital ILLC

#### SCHEDULE F - AGREI

eral terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	Name: John Bouic II Page 6 of 6
by a former or current employer other than the 110 government; or continuing participation in an amployer welfare as benefit along the former amployer.	eral terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;

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	)	/ M		
Terms of Agreement				
greement				

# 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.

goronnon.		gramment and any intermediate or investment and a reserve to provide the state of the report intermediate of the investment in the investm
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	<u> </u>	

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#### If you have not yet raised (either through contributions or loans from yourself of CAMPAIGN NOTICE (EFFICENTIAL) STATES OF THE RESOURCE CENTER OF THE RESOURCE CENTER OF THE PROPERTY OF THE P

If you have not yet raised (either through contributions or loans from yourself of others) or spent in excess of \$5,000 for your campaign, part you besse indicate your status and sign and date below. HEPRESERTATIVES your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

	State: District:
	Name (Please Print or Type):
	from the race, you still must file a Financial Disclosure Statement with the House.]
	[Note: If your Financial Disclosure Statement was due before the date on which you withdrew
Withdrawal of Candidacy	I withdrew my candidacy for the U.S. House of Representatives on
	This is to notify you that under the laws of the state of
	_
	provided to me by the Clerk.
	set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been
	Disclosure Statement with the Clerk of the House of Representatives according to the deadlines
Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financia
Over \$5,000 Threshold Not	or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.
	This is to notify you that I have not yet raised (either through contributions or loans from myself
(Select One)	
ndicate Your Status:	Dear Madam Clerk:

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

01-50-70

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601