UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Aronew Homson	Daytime Telephone	2016 MAY 18 PM 12: 08 OFFICE OF FIJE CLERK THE MAINER OF PERPERSENTATIVES
New Member of or Candidate for State: // U.S. House of Representatives District: Candidates – Date of Election: // 8///6	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1, 2015 to MAY 15, 2016	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	F THESE QUESTIONS	
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 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 Yes 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 reporting period?	No F. 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?	the current calendar Yes No No
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 J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	1 \$5,000 from a single Yes ✔ No No
ATTACH THE CORF	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	I INFORMATION - ANSWER BOTH OF THESE QUESTIONS	QUESTIONS
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?	on Ethics and certain other "excepted trusts" need not be disclosed. Ha	ve you excluded from Yes No V
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse or dependent child because they meet all three tests for itee on Ethics.	all three tests for Yes No V

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

ANORW

Thompson

Page

잌

dependent child (DC), or jointly held with anyone (JT) in the optional column on the far left. 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 homes and vacation homes (unless there was rent income during the reporting period); and any financi interest in, or income derived from, a feder For an ownership interest in a privately-held busines that is not publicly traded, state the name of the business, the nature of its activities, and it 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. equirements, please refer to the instruction booklet provide a complete address or directed property," and a city and state. For rental and other real property held for investmen more than \$1,000 in interest-bearing accounts For all IRAs and other retirement plans (such (do not use only ticker symbols). Provide complete names of stocks and mutual funds uneamed" income during the year. 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 etrement program, including the Thrift Savings Plan exclude: Your personal residence, including secon you so choose, you may indicate that an asset you have a privately-traded fund that is an Except westment Fund, please check the "EIF" box. eographic location in Block A. tentify (a) each asset held for investment or TINKEL ST. FUNDING Assets and/or Income Sources THOMPSON LAW OFFICE 401 K INFINITI Examples: detailed Simon & Schuster ABC Hedge Fund Mega Corp Stock discussion BLOCK A 22.0 Q, description, Schedule \$200 renta 9.9 쁶 × 99 If an asset was sold during the reporting period and is Indicate value of asset at close of the reporting period. I you use a valuation method other than fair market value None > *Column M is for assets held by your spouse or depende child in which you have no interest. included only because it generated should be "None." please specify the method used. \$1-\$1,000 . \$1,001-\$15,000 o \$15,001-\$50-000 o × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 77 BLOCK B **o** \$250,001-\$500,000 Ŧ \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 $\times \times$ _ \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 ᄌ 5 X Over \$50,900,900 _ Spouse/DC Asset over \$1,000,000* Z that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains. Check all columns that apply. For account that generate tax-deferred income (such a generated no income period. even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asse NONE × DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS during the reportin EXCEPTED/BLIND TRUST TAX-DEFERRED Royalbes Other Type of Income (Specify: e.g., Partnership Income or Farm Income) X For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column, other assets indicate the category of income by checking the appropriate box below. Dividends, if and capital gains, even if reinvested, must be disclosed as income for assets held in accounts. Check "None" if no income was earned or generated. None *Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-\$200 = × # \$201-\$1,000 \$1,001-\$2,500 ⋜ \$2,501-\$5,000 ~ Current Year ≤ \$5,001-\$15,000 ¥ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Amount of Income 又 × Over \$5,000,866 BLOCK D ≚ Spouse/DC Income over \$1,000,000 \$1-\$200 × \$201-\$1,000 # ₹ \$1,001-\$2,500 Preceding Year ~ \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ × \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 ᆽ ids, interes \$1,000,001-\$5,000,000 2 Over \$5,000,000 ğ Spouse/DC Income over \$1,000,000* ≚

Use additional sheets if more space is required

SCHEDULE C - EARNED INCOME

Name: ANDREW THOMPON Page_ ω 9

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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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.

	4	Am	Amount
Source (Include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State or Manyland Control County Board of Education Ontario County Board of Education	Spouse Speech	\$20,000 \$0 N/A	\$/6,000 \$1,000 N/A
THOMPOUL UN OFFICE	SALARY / DIST.	# 32,000	\$ 108,000

SCHEDULE D - LIABILITIES

Name: FALDREW THOMPSON Page 4 of

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. Wark 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 exceeded \$10,000. 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.

Date Liability Type of Liability MOYRR MOYRR MOYRR S98 Motgage on Rental Property, Dover, DE \$10,001-\$50,000 \$15,001-\$50,000 \$250,00								_
Date Liability Type of Liability Type of Liability MO/YR MO/YR MO/YR Motgage on Rental Property, Dover, DE \$10,001-\$50,000 \$15,001-\$100,000 \$100,000 \$250,000-\$250						SP. DC, JT		
Date Liability Type of Liability Type of Liability MO/YR MO/YR MO/YR Motgage on Rental Property, Dover, DE \$10,001-\$50,000 \$15,001-\$100,000 \$100,000 \$250,000-\$250					Example		•	
Type of Liability					First Bank of Wilmington, DE	Creditor		
\$10,001- \$15,000 > \$15,001- \$50,000					5/98	Date Liability Incurred MO/YR		
\$15,001- \$50,000				•	Mortgage on Rental Property, Dover, DE	Type of Liability		
\$50,000 & \$50,001- \$100,000 & \$100,001- \$250,000 & \$250,000 & \$250,001-						\$10,001- \$15,000	>	
\$100,000 × \$100,001- \$250,000							to	
\$250,000 \$250,001-						\$50,001- \$100,000	c	
\$250,001- \$500,000					×		D	\ ▶
						\$250,001- \$500,000	m	Amount of Liability
\$500,001- \$1,000,000						\$500,001- \$1,000,000	п	t of Li
\$1,000,001- \$5,000,000					`	\$1,000,001- \$5,000,000	6	ability
\$5,000,001- \$25,000,000 ±							T	
\$25,000,001- \$50,000,000		Art market and a second	,			\$25,000,001- \$50,000,000	_	
Over \$50,000,000						Over \$50,000,000	٠	
Over \$1,000,000* (Spouse/DC Liability)						Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

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 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 the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	FOUNDER	FOUNDER	Position
	>	THORISON LAW OFFICE, LLC	Name of Organization

SC

	Date Parties to Agreement Terms of Agree	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.	SCHEDULE F - AGREEMENTS Name: PNOW THO MENT
	Terms of Agreement	ct to: future employment; a leave of absence during the period of government service; ontinuing participation in an employee welfare or benefit plan maintained by a former employer.	_

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.

	grounder and any mornand commontain as a room of a printing of road morning roog mess by tare, but roped interior name of contract of the
Source (Name and City/State)	Brief Description of Duties
Doe Jones & Smith, Hometown, Homestate	Accounting Services