		POSTMANN HIFEIRIF
UNITED STATES HOUSE OF REPRESENTATIVES FINANGIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	
Name: Daron Waller FRASER	2-Daytime Telephone	2016 HAR 22 PM 1: 41
New Member of or Candidate for State: U.S. House of Representatives District: LO Candidates – Date of Election:	Check if Amendment	U.S/HEUSE EF REPRESENTATIVES (Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1, to	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	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 or in the current calendar year up through the date of filing?	reportable positions during the reporting period Yes No Mondar year up through the date of filing?
C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No No an outside entity during the reporting period or in the current calendar year up through the date of filing?	nts or arrangements with Yes No No No 1979
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?	than \$5,000 from a single Yes No
ATTACH THE CORR THIS FORM INCLUDES ONLY T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	YES"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	INFORMATION - ANSWER <u>BOTH</u> OF THI	ESE 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 your dependent child?	n Ethics and certain other "excepted trusts" need not be disclosed child?	d. Have you excluded from Yes No
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse 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 all three Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME" <u>o</u>

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					l	Examples: Simo	Mega		For bank and other cash accounts, it all interest-bearing accounts, if the street street interest bearing scoounts, if the \$5,000, list every financial institution more than \$1,000 in interest-bearing provide a complete address or orental property, and a city and state that is not publicly traded, state to business, the nature of its acceptable location in Block A. Exclude: Your personal residence, homes and vacation homes (unless income during the reporting period); interest in, or income derived interest in program, including the Thurt if you have a privately-traded fund the investment Fund, please check the "if you so choose, you may indicate the county of the policy of pointy held in the optional column on the far left. For a detailed discussion of requirements, please refer to the instructions.	ail IRAs and other k) plans) provide the cocount that exceeds	Provide complete names of stoo (do not use only ticker symbols).	and (b) any other reportable as income which generated more funeamed income during the year.	tify (a) each assuction of income a eding \$1,000 at the	Assets and/or	BE
					ABC Hedge Fund	Simon & Schuster	Mega Corp Stock		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 time \$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, provide a complete address or description, e.g., "rental property," and a city and state. 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. 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 Plen. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booldet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	any other reportable asset or source which generated more than \$200 kd income during the year.	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,	Assets and/or Income Sources	BLOCK A
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lacksquare	ļ		ļ		-	-		4	\$500,001-\$1,000,000 ±	-	*Column M is for assets held by your spouse or dependen child in which you have no interest.	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	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.	Value of Asset	"
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		-		-	+	×		-	\$1,001-\$2,500 < \$ \$2,501-\$5,000 < \$. Check "None" if no income was earned or generated. XII is for assets held by your spouse or dependent child in which you have no interest	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 cantial relate even if retrovested must be disclosed as income for exacts held in taxable		I
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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & "UNEARNED INCOME"	
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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 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 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. Examples: Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
State of Maryland
Civil War Roundtable (Oct. 2) Spouse Speech Spouse Salary Туре Current Year to Filing Amount Preceding Year \$76,000 \$1,000 N/A

SCHEDULE D - LIABILITIES

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orting period by you, your s	orting beriod by you, your spouse, or your dependent child. Mark the highest amount owed during the reporti	ount owed during the rep	2
al property including morta	al property including mortgages on their personal residence. Exclude: Any mortgage on your personal resider	tgage on your personal resi	de

Report liabilities of over \$10,000 owed to any one creditor at any time during the repoperation. New Members: Members are required to report all liabilities secured by rea 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. ing G

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the MACE	First Bank of Wilmington, DE	Creditor		
	5/98	Date Liability Incurred MO/YR		
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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.

Position	, Name of Organization
	V

SCHEDULE F - AGREEMENTS

Name; Page_. 잌

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

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.

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