

# FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

#### FILER INFORMATION

Name: Seth Allan

**Status:** Congressional Candidate

State/District: OR05

### FILING INFORMATION

**Filing Type:** Candidate Report

Filing Year: 2016

**Filing Date:** 02/28/2016

**Period Covered:** 01/01/2015- 02/19/2016

# SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
401(a) Service		\$1 - \$1,000	Tax-Deferred		
403(b) Value		\$1,001 - \$15,000	Tax-Deferred		
Public Employee Retirement Savings		\$1,001 - \$15,000	Tax-Deferred		
Savings		\$1,001 - \$15,000	Interest	\$1 - \$200	\$1 - \$200

### SCHEDULE C: EARNED INCOME

Source	Туре	Amount Current Year to Filing	Amount Preceding Year
Providence Health and Services	Wage income	N/A	\$42,297.55

#### SCHEDULE D: LIABILITIES

None disclosed.

#### SCHEDULE E: POSITIONS

None disclosed.

#### SCHEDULE F: AGREEMENTS

None disclosed.

# SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**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 benefiting you, your spouse, or dependent child?



**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?

#### CERTIFICATION AND SIGNATURE

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Seth Allan, 02/28/2016