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UNITED STATES HOUSE OF REPRESENTATIVES	FORM B For New Members, Candidates, and	FORM B	APR 24 2016age 1 of 1
,			2016 MAY - 2 PM 1. 27
Name: (hark 至5 でんか Funnagen Da	Daytime Telephone:_	,	
New Member of or Candidate for State:			SOUTH OF REPRESENTATIVES
Candidates – Date of Election: 7M A 3 4	2016	Check if Amendment	(Office Use Only)
New Officer or Employee  Employing Office:	Pe	march 31, 2016	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE	HESE QUESTIONS	8	
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 E. Did y	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng 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. Did y an outsi calenda	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?	or arrangements with 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 yo	J. 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 No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR	CORRESPONDING SCHEDULE IF YOU NLY THE SCHEDULES THAT YOU ARE	LE IF YOU ANSWER "YES" I YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	NFORMATION - AN	SWER <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" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or your dependent child?	thics and certain other "excepild?	oted trusts" need not be disclosed. Ha	ave you excluded from Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	me, transactions, or liabilities on Ethics.	of a spouse or dependent child because they meet all three	ise they meet all three Yes No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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4<u>8</u>8 For all IRAs and other retirement plans (such 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds. all interest-bearing accounts. If the total is on \$5,000, list every financial institution where there more than \$1,000 in interest-bearing accounts. For bank and other cash accounts, total the amount all interest-bearing accounts. If the total is ov do not use only ticker symbols). or an ownership interest in a privately-held busines SPILLO or rental and other real property held for investment atirement program, including the Thrift Savings Plan come during the reporting period); and any financia sterest in, or income derived from, a feden ental property," and a city and state. spendent child (DC), or jointly held with anyone (JT) the optional column on the far left. you so choose, you may indicate that an asset xclude: Your personal residence, including secor rovide complete names of stocks and mutual fund vestment Fund, please check the "EIF" box you have a privately-traded fund that is an Excepte ceeding \$1,000 at the end of the reporting period. Assets and/or Income Sources Henitage Heritage Bont DANK OF These SUA not publicly traded, ss, the nature of and vacation homes (unless there was rent ê each alted discussion of Schedule please refer to the instruction booklet. other reportable asset Simon & Schuster ABC Hedge Fund Mega Corp Stock and with SAOK its ? a fair market valur 호 description, investment 乌 \$200 ş × Ŷ child in which you have no interest If an asset was sold during the reporting included only because it generated incor Indicate value of asset at close of the reporting period you use a valuation method other than fair market valu None > \*Column M is for assets held by your spouse or depende hould be "None." lease specify the method used. œ \$1-\$1,000 \$1,001-\$15,000 C **/** 0 \$15,001-\$50-000 × \$50,001-\$100,000 ш Value of Asset П \$100,001-\$250,000 BLOCK B \$250,001-\$500,000 G \$500,001-\$1,000,000 I \_ \$1,000,001-\$5,000,000 income, \$5,000,001-\$25,000,000 ے period and \$25,000,001-\$50,000,000 ᄌ ₹ \_ Over \$50,000,000 valu Spouse/DC Asset over \$1,000,000\* ĸ in that generate tax-deferred income (such as of 401(k), IRA, 529 accounts), you may check a label the "fax-Deferred" column. Dividents, as the many state and capital gains, even if use the state of t Check all columns that apply. ncome during the reporting DIVIDENDS Type of Income × INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST For accounts come (such as TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" other assets indicate the category of income by checking the appropriate box below. DIVI and capital gaths, even if reinvested, must be disclosed as income for assets accounts. Check "None" if no income was earned or generated. FIRNEBAN 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 Current Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 × Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 **BLOCK D** ≚ Spouse/DC Income over \$1,000,000\* None = \$1-\$200 = × \$201-\$1,000 7 \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 **S** \$5,001-\$15,000 ≦ \$15,001-\$50,000 >< ≨ held in × column. \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 ≚ Over \$5,000,000 ç Spouse/DC Income over \$1,000,000\* ≚

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### SCHEDULE C - EARNED INCOME

Name: (hip Flowerzeron Page 4 of 6

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.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. 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 **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

					Tutories	JONESBORD RENTAL CENTER	JONESBORD RENTAL CENTER	Ļ	Examples: State of Maryland Cod 2)	ABC Trade Association, Beltimore, MD (July 15)	<b>Source</b> (include date of receipt for nonoraria)	
				•	Spouse Business	Spouse Salary	SALARY	Spouse Salary	Salary	Honorarium	Туре	
					N/A	N/A	34,000	N/A	\$20,000	\$0	Current Year to Filing	Am
	:				ত ম	N/A	85,000°%	N/A	\$76,000 \$1,000	\$500	Preceding Year	Amount

#### SCHEDULE D - LIABILITIES

Name: ChipFLAUBORN Page N . او

exceeded \$10,000. 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 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 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 \*Column K is for liabilities held solely by your spouse or dependent child.

					SP, DC, JT		
				Example			
(	7	<b>&gt;</b>		First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		•
	4			Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
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			,		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

#### **SCHEDULE F - AGREEMENTS**

Name: Chip FLANTEGAN Page 6 of 6

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

# 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.

government and any mornisation consistence conficences as a result of a privileged relativishing recognition by law. But interest	mieged felakoliship feoogliked by fam. Do hot fepeat illiofiliation listed of occidence o.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
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	Equipment Restal
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