		HAND
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT For New Members For New	FORM B For New Members, Candidates, and New Employees	LEGISLATING RESSURCE OF THE
Name: Soft Toujor Daytime Tele	Daytime Telephone: <u> </u>	U.S. HOUSE OF REPURPER TAKEN
New Member of or Candidate for State: VA  U.S. House of Representatives District: 22  Candidates – Date of Election:	Check if Amendment	(Office Use Only)
New Officer or Employee  Employing Office:	Period Covered: January 1,	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	ESTIONS	
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?	E. Did you hold any reportable positions during the reporting period  Yes  Yes	ing the reporting period Yes No O
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No pension/IRA distributions of \$200 or more during the Yes No pension/IRA distributions (e.g., salaries, sala	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?	r arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable  Yes No  No  No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	ns \$5,000 from a single Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	SCHEDULE IF YOU ANSWER "YES" ES THAT YOU ARE REQUIRED TO COMPLETE	S" D COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ON - ANSWER BOTH OF THES	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" nee this report details of such a trust that benefits you, your spouse, or dependent child?	other "excepted trusts" need not be disclosed. F	d not be disclosed. Have you excluded from Yes . No .
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent che exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	of a spouse or dependent child because they meet all three tests for	st all three tests for Yes 🔲 No 🔀

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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### 1	Sollien Bank Sours	Southern Bank Orduns	Union Banki Trastophia	Nawy Federal Checking	Huper Acro Phre			Mega Corp Stock		a detailed discussion of Schedule A irements, please refer to the instruction booldet.	ou so choose, you may indicate that an asset or mee source is that of your apouse (SP) or endent child (DC), or jointly held with anyone (JT), se optional column on the far felt.	nu have a privately-traded fund that is an Excepted strent Fund, please check the "EIF" box.	* * 5 P #	an ownership interest in a privately-held business is not publicly traded, state the name of the frees, the nature of its activities, and its graphic location in Block A.	her real property held for inve- xiete address or description and a city and state.	bark and other cash accounts, lotal the amount in interest-bearing accounts. If the total is over 100, list swary firencial institution where there is a than \$1,000 in Interest-bearing accounts.	account that exceeds the reporting thresholds.		nde complete names of stocks and mutual funds not use only ticker symbols).	SELECT STRUCTURE CASE HOW I FOR YOURS.	more than \$200	\$1,000 at the end of the reporting period	each asset held for investment	Assets and/or Income Sources	BLOCK A		SCHEDULE A – ASSETS
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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## SCHEDULE C - EARNED INCOME

Name:	7
Scott Taylor	
Page 4 of S	

List the source, type, and amount of eamed 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 \$27,485. 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.

		Am	Amount
Source (include date of receipt for honoraria)	Type		Preceding Year
┙	Honoratium	\$0	\$500
Examples: Child War Roundhable (Oct. 2)  Child War Roundhable (Oct. 2)  Child War Roundhable (Oct. 2)	Spouse Speech Spouse Salary	\$20,000 \$0 N/A	\$1,000 \$1,000 N/A
Commonwealth of Virginia	Schara	\$ 13,600	\$ 32,640
		0	

## SCHEDULE D - LIABILITIES

(	Name: Scott Taylor	
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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 period. New 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, perent, 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 exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

				SP, DC, JT		
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		FILE	Example			
		First Union Banks	First Bank of Wilmington, DE	Creditor		
	•	9/15	5/96	Date Liability Incurred MO/YR		
		Mortgage on Rental Pars	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
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				Over \$50,000,000	-	
				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 current calendar year. First-year candidates and new employees report positions held in the current calendar year.

Position	Position Name of Organization
State Delesate	Virginia House of Delegates
Manaser	Assurance Properties U.C.
Maraset	Assurances International, LLC
President/Principal Broker   Westune Associates	Newtone Associates