

		DELIVERED
UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of <u>1</u>
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	Control of the Contro
Name: Lon Johnson	Daytime Telephone:	2015 SEP -9 PH 3: 28
New Member of or Candidate for State: Michigan  U.S. House of Representatives District: 01  Candidates Date of Election: New Order	Check if	(Office Use Only)
New Officer or Employee  Employing Office:	Period Covered: January 1, <u>2014</u> to <u>August 31, 2015</u> .	A \$200 penalty 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 unearned 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?	ing the reporting period Yes No X
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 you have any report an outside entity during the calendar year up through	table agreements or arrangements with e reporting period or in the current the date of filing?
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?	X No J. Did you receive compersource in the current year	nsation of more than \$5,000 from a single Yes X No and two prior years?
ATTACH THE CORI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	NSWER "YES" REQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOT	T INFORMATION - ANSWER <u>BOTH</u> OF THES	H OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need ne this report details of such a trust that benefits you, your spouse, or your dependent child?	s and certain other "excepted trusts" need n	ot be disclosed. Have you excluded from Yes . No X
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, transactions, or liabilities of a spouse or dependent child becau e Committee on Ethics.	use they meet all three Yes No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

EDULE A - ASSETS &	IEDULE A - ASSETS & "UNEARNED INCOME"	Name: Lon	Lon Johnson	Page 2 of 2
BLOCK A	BLOCK B	BLOCK C	BLOCK D	
sets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	3
(a) each asset held for investment or on of income and with a fair market value vg \$1,000 at the end of the reporting period, any other reportable asset or source of which generated more than \$200 in at income during the year. complete names of stocks and mutual funds use only ticker symbols).	(a) each asset held for investment or Indicate value of asset at close of the reporting period. If Check all columns that apply. For accounts for which you use a valuation method other than fair market value, that generate tax-deferred noome (such as other assets indicate the 401(k), IRA, 529 accounts), you may check and capital gains, even which generated more than \$200 in included only because it generated income, the value interest, and capital gains, even if which generated more than \$200 in included only because it generated income, the value interest, and capital gains, even if reinvested, must be disclosed as income. Column XII is for assets the only because it generated income, the value interest, and capital gains, even if reinvested, must be disclosed as income. Column XII is for assets the only because it generated income, the value interest. The control of the saset set generated no chief the saset generated the saset generated the counts.	Check all columns that apply. For accounts For assets for which you that generate tax-deferred income (such as other assets indicate the 401(k), IRA, 529 accounts), you may check and capital gains, even the "Tax-Deferred" column. Dividentis, accounts. Check "None reinvested, must be disclosed as income "Column XII is for assets to reasests held in taxable accounts.  Check "None" if the asset generated no income during the reporting period.	For assets for which you other assets indicate the and capital gains, eve accounts. Check "None "Column XII is for assets	category of income by checking the appropriate box below. Dividends, interest, if ir elimested, must be disclosed as income for asserts held in taxable if no income was earned or generated.  The income was earned or generated.
ans) provide the value for each asset held in unt that exceeds the reporting thresholds.  and other cash accounts, total the amount in A	> B C C C C C C C C C C C C C C C C C C		Current Year  Current Year  Preceding Year	×
est-bearing accounts. If the total is over				

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	Rental Property - Rockwood, MI	Rental Property - Royal Oak, MI	Rental Property - Washington, DC	ABC Hedge Fund X	Examples: 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 than \$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.  For an ownership interest in a privalely-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 tederal interest program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.  If you have a privately-traded fund that is an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the fair left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booldet.	For all IFLAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that account that account the account that account the retoring the second that account the second that a	rovide complete names of stocks and musual funds (do not use only ticker symbols).		(a) each asset held for investment or (a) each asset held for investment value on 4 income and with a fair market value og \$1,000 at the end of the reporting period, any other reportable asset or source of which generated more than \$200 in ad income during the year.	Assets and/or Income Sources	BLOCK A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Lon Johnson

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### SCHEDULE C - EARNED INCOME

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	Name:
	Lon Johnson
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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.

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.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

					The Smoot-Tewes Group, Inc.	Michigan Democratic State Central Committee	Civil War Roundfable (Vct. 2) Ontario County Board of Education	State of Maryland  State of Maryland		Source (include date of receipt for honoraria)
					Salary	Salary	Spouse Speech Spouse Salary	Honoranum Salary		Туре
			9 9 9 9		Over \$1,000	\$76,400	N/A	\$20,000	Canalia San San San San San San San San San Sa	Am
					Over \$1,000	\$144,000	\$1,000 N/A	\$500 \$76,000	i acadilid	Amount Preceding Year

#### SCHEDULE D - LIABILITIES

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

								≥	<b>Amount of Liability</b>	of Lia	ability			
			,		>	В.	· ·	0	л	71	G		Ξ	<b>=</b>
SP, DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000		\$5,000,001- \$25,000,000	
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×						
SP	Bank	Bank of America	05/10	Mortgage on Rental Property - Washington, DC				×						
	Wells	Wells Fargo Bank, N.A.	08/04	Mortgage on Rental Property - Royal Oak, MI				X						
	Gree	Green Tree Servicing, LLC	12/02	Mortgage on Rental Property - Rockwood, MI			×					1		
	Lend	Lending Club	04/15	Debt Consolidation	×							I		

#### **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.

		None	Position
			Name of Organization

#### SCHEDULFF U D D

Date

Parties to Agreement

**Terms of Agreement** 

None

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Name: Lon Johnson	
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OCHEDOLE I - AGAREMEN O	Name:	Lon Johnson	Page_7of7
Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a lescontinuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an e	spect to: futu or continuing	ure employment; a leave of absence during the period of government service; 3 participation in an employee welfare or benefit plan maintained by a former employer	of government service; aintained 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.

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
Andrew W	Andrew W Byrd & Co LLC	Consulting Services
Critical So	Critical Solutions International, Inc.	Consulting Services

FILER NOTES (Optional)

Name: Page\_

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