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Page 1 of 10

UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT		Form A TECSU For Use by Members, Officers, and Employees 2016	Employees 2016 HAY 16 PM 5: 33	5: 33 M
2 2				e Only)
Name: Cynthia M, Lummis	Daytime Teleph	Daytime Telephone: 202-225-23	A \$200 penaity shall be assessed against any individual who files more than 30 days late.	ssessed against any than 30 days late.
FILER STATUS  Member of or Candidate for State: W U.S. House of Representatives District:	Brimoth	Officer or Employing Office:		
REPORT 2015 Annual (Due: May 16, 2016)	Amendment	Termination  Date of Termination:	nination:	
PRELIMINARY INFORMATION - ANSWER EACH OF TH	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?	Yes No	F. Did 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?	arrangement with an Yes	No No
dent child purchase, self, or eal estate in a transaction period?	Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	child receive any Yes Yes	8 S
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yeporting period?	Yes No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	your dependent child receive any Yes sements for travel totaling more than source during the reporting period?	* * * * * * * * * * * * * * * * * * *
D. Did you, your spouse, or your dependent child have any reportable y liability (more than \$10,000) at any point during the reporting period?	Yes No	Did any individual or organization make a donation to charity in fieu of paying you for a speech, appearance, or article during the reporting period?	onation to charity in Yes or article during the	8
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	E COR	RESPONDING SCHEDULE IF YOU ANSWER "YES"	ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT	DEPENDENT, OR TRUST INFORMATION		ANSWER EACH OF THESE QUESTIONS	SNOI
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	ublic Offering during the re	eporting period? If you answered "yes" to this q	estion, please contact Yes	No N
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 dependent child?	ee on Ethics and certain oth	ther "excepted trusts" need not be disclosed. H	ave you excluded from Yes	*       
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or you three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	d" income, transactions, or with the Committee on Et	ilities of a spouse or your	dependent child because they meet all Yes	No.

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Cynthio
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Page of_

Wyo Deferred Comp.	Dynamie Maderiels Tric	OT Laramie River Ranch LLC	ot Sid Horse Pashwe-, Inc.	Throwburnand Heardware Co	37 Livering Suppose G LLC	ABC Hedge Fund X	Sknon & Schueler	SP Mega Corp. Stock Eff	For an ownership increat 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 vecation homes (unless there was rental income during the reporting period); and any flaevois increast in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you have a privately-traded fund that is an Excepted Investment Fund, please cheric the "Elf" box.  If you so choose, you may inclicate that an asset or income source is that of your spouse (SP) or dependent châd (DC), or jointly hald with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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.,	identity (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the responding period, and (b) any other responded exceeding \$1,000 at the end of the responded period, and (b) any other responded exceed the responded income that generated more than \$200 in 'uncerned' income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).  For alt IRAs and other retirement plants (such as 401(k) plants) provides the value for each asset held in the account their sucessets the recovery of the provide the state for each asset held in the account their sucessets the recovery of the provided the state for each asset held in the account their sucessets the recovery of the provided the state of	Asset and/or income Source
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					Ш	×			\$250,001-\$500,000	<u>ෙ</u>	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.  If an asset was sold during the reporting period and is included only because if generated income, the value should be "None."  "Column M is for assets held by your spouse or dependent child in which you have no interest.	Value of Asset
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									Spouse/DC Asset over \$1,000,000*	35		
×		L							NONE		Check all columns that apply. For generate tax-deferred income (auch as 529 accounts), you may check the column. Dividends, interest, and even if reinvested, must be disclose for assets held in taxable accounts. If the asset generated no income durin period.	
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		Party and	ST	80	Partnersh	Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check all columns that apply. For accounts that generate tax-deterred income (auch as 401(k), IRA, or 528 accounts), you may check the "Tax-Deferred column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	
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	×								\$1-\$200	森	For assets for which you ches may check the "None" column category of income by che Dividendes, interest, and c. must be disclosed as the accounts. Check "None" generated.  "Column XII is for assets held in which you have no interest.	
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		L							\$1,000,001-\$5,000,000	×	depen	
									Over \$5,000,000	×	For assets for which you checked "fax-Delered" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Blokdeside, Interest, and capital galles, even if reinvested, must be disclosed as income for assets held in basable accounts. Check "None" if no income was earned or generated.  "Column XII is for assets held by your spouse or dependent child in which you have no interest.	
									Spouse/DC Asset with Income over \$1,000,000*	ă		
								S(part)	P. S. S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.	Indicate if the asset indicate if the asset for purchases (P), or exchanges (E), exceeding \$1,000 in the reporting period. If only a portion of an asset midcate so tiolows: (\$ (part)).	Transaction

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## **SCHEDULE B - TRANSACTIONS**

Name: Cynthia M. Lummis Page 4 of 10

												Your in 2015	SP Example Mega Corp. Stack	SP.DC, JT Asset	is portion of an asset is sold, please choose "partial sale" as the type of transaction.  Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schadule A.  "Column K is for assets solely held by your apouse or dependent child.	dependant child for investment or the production of income, include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your
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													×		Partial Sale		Type of Transaction
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													3/5/15		Quarterly, Monthly, or Bi- weekly, if applicable	(MODAYR) or	Date
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L	<u> </u>							3							Over \$1,000,000* (Spouse/DC Asset)	*	

## SCHEDULE C - EARNED INCOME

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the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	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 a spouse, list	
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<b>EXCLUDE:</b> 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: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	Social Security Act. ssated at or above the "senior staff" rate totally prohibited.	e was \$27,225. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Chil War Roundlable (Oct. 2)	Сеундамуе геласл Spouse Speech	\$1,000
Culture Coliff Todils At Edipotent	evener sains)	
None in 2015		
	10 10 10 10	

#### SCHEDULE D - LIABILITIES

Name: Cynthio	
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Page 6 of 10	

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. 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.

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	01/09	01/09	01/09
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#### **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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			CHOST - Hireconferences Hirp. Hammond Hardware to J theyenne , Wyo. ( for protot Comp.)		Name of Organization	The second state of the se

### SCHEDULE F - AGREEMENTS

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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.

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Date	Parties to Agreement	Terms of Agreement
	None in 2015	

#### **SCHEDULE G - GIFTS**

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Ехатрів:	Nr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethucs Committee)	\$400
Zo	None in 2015		

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (YIN)	Family Member Included? (YM)
	Government of Chine (MECEA)	Aug. 6-11	DC-Bajing, Chine-DC	4	۲	Z
Cxarques	Habital for Humanity (charny fundasise)	Mar. 3-4	DC-Boston-DC	٧	٧	γ
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# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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list the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	or of an event to a charitable organ	ization in lieu of paying an	honorarium to you. A
Source	Activity	Date	Amount
Association of American Associations, Washington, DC  XYZ Manazine	Speech Article	Feb, 2, 2015 Aug. 13, 2015	\$2,000 \$500
None in 2015			

					NOTE
			remain in the Estate of Alvin L. Wiederspahn	Assets moved into the Estate of Alvin L. Wiederstahn (society)	NOTES