Name: BONNIE Matie Wortson Colemnipaytime Telephone: 202225-5801 2016 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES REPORT TYPE FILER STATUS Member of the U.S. House of Representatives 2016 Annual (Due: May 15, 2017) Amendment For Use by Members, Officers, and Employees Form A Employee Officer or Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. MC 2011 HIJY 15 BN 4:37 Shared Staff Filer Type: (If Applicable) HAND DELIVERED of 120 Principal Assistant

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No	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 7	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting 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?	Yes 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?
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?	Yes No	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
Yes V 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?	Yes No	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. Receive more than \$200 in uneamed income from any reportable asset during the reporting period?

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS

<u>\$</u>	Yes	EXEMPTION Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
No 12	Yes	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?
No 12	Yes	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.

Pran (NT STate)	Deferred CompanSation	Prudential Employee	599N Charchet IN	ABC Hedge Fund X	JT Examples: Simon & Schuster	SP Mega Corp. Stock EIF	For bank and other cash accounts, total the armount in all interest-bearing accounts. It 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 dity and state. For an ownership interest 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 vacetion homes (unless there was rental income during the reporting period); and any financial income during the reporting period); and any financial interest in, or income derived from, a federal referement program, including the Thirtt Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an esset 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 far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	nds me
			У	×	Indefinite	×	None > \$1.\$1,000	BLOCK B Value of Asset Value please special Value please special Value reporting period and is Value in Value should be "None." Value in for assets held by your spouse or dependent of Inave no interest.
*			*	Partnership Income	Royalties	×	Over \$50,000,000 SpouseDC Asset over \$1,000,000* NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income Type of Income Check all columns that apply. For eccounts that method generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred column. Dividends, interest, and capital gains, even fed only if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the which asset generated no income during the reporting period.
				×	×	×	None - \$1-\$200 = \$201-\$1,000 = \$1.001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 ≤ \$15,001-\$60,000 ≤ \$50,001-\$100,000 ≤ \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × \$50,002-\$1,000,000 <td< td=""><td>Amount of Income Amount of Income Amount of Income Amount of Income For assets for which you checked "Tax-Deferred" in Block C.; imay check the "None" column. For all other assets Indicate category of income by checking the appropriate box bet Dividends, interest, and capital gains, even if reinvest must be disclosed as income for assets held in taxa accounts. Check "None" if no income was earned or general "Column XII is for assets held by your spouse or dependent or in which you have no interest.</td></td<>	Amount of Income Amount of Income Amount of Income Amount of Income For assets for which you checked "Tax-Deferred" in Block C.; imay check the "None" column. For all other assets Indicate category of income by checking the appropriate box bet Dividends, interest, and capital gains, even if reinvest must be disclosed as income for assets held in taxa accounts. Check "None" if no income was earned or general "Column XII is for assets held by your spouse or dependent or in which you have no interest.
						S(part)		Transaction Indicate if the asset had purchases (P), I, sales (S), or exchanges (E) exceeding \$1,000 in the reporting denoted has sold, please indicate as follows: (S (part)).

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ASSET NAME		BLOCK A Assets and/or Income Sources	SCHEDULE A – ASSETS & "UNEARNED INCOME"
	None >		Şο
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	\$1,001,\$15,000		Ž
			¥
	\$15,001-\$50,000		<u> </u>
	\$50,001-\$100,000 m	BLOCK B Value of Asset	8
	\$100,001-\$250,000 n	BLOCK B	Z
	\$250,001-\$500,000 G	A XB	္ပ
	\$500,001-\$1,000,000 ± \$1,000,001-\$5,000,000 _	ğ	Ž
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	A 450 000 000		
	Spouse/LX: Asset over \$1,000,000°		
	DIVIDENDS		Na a
	RENT		l me
	INTEREST	_	20
	CAPITAL GAINS	ype Bi	Onv
	EXCEPTED/BLIND TRUST	BLOCK C	Te l
	TAX-DEFERRED	BLOCK C	Name: Bonniellarie
	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	ਰ -	rie Watson Coleman
	None		3
	\$1-\$200 =		(C)
	\$201-\$1,000 =	1	ह
	\$1,001-\$2,500 <	▶	ž
	\$2,501-\$5,000	§	8
	\$5,001-\$15,000 ≤	<u> </u>	
	\$15,001-\$50,000 <u>≤</u>	BLOCK D	i i
	\$50,001-\$100,000 <u>≦</u>	BLOCK D Amount of Income	
	\$100,001-\$1,000,000	ø	Page.
	\$1,000,001-\$5,000,000 ×	1	[] ,
	Over \$5,000,000 🔀	1	
	Spouse/DC Asset with Income over \$1,000,000* ≚		<u> </u>
	P. S. S(part), or E	BLOCK E	10

SCHEDULE B - TRANSACTIONS

Name: Boninie Marie Wateon Coleman Page 4 of 10

				_	 	 	 	 		 -	_					_
	;										æ	SP, DC, JT	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 Schedule A. "Column K is for assets solely held by your spouse or dependent child.	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 a portion of an asset is sold, please choose "partial sale" as the type of transaction.	dependent child for investment or the production of incorres, include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reportion people of any security or real property hald by your yours pourse or your
											Example		inus: If a sa capital gain e capital gai	ansactions or sale of you tion of an	child for inv	purchase,
											Mega		les transa is" box, un in income o	between your persona	estment or ass. Provide	sale, or e
											Mega Corp. Stock		ction resul less it was on Schedu	vou, your al residenc old, pleas	the production a brief	kchange tr
												Asset	ted in a ca an asset in le A.	spouse, o æ, unless e choose	tion of inco	ansactions
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						-							Purchase	·		Ţ
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								 			H	_	\$200	ጀ ດ 🕏		
											3/9/16		weekly, if applicable	(MO/DAYR) or Quarterly, fonthly, or Bi-		Date
													\$1,001- \$15,000		>	
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											L		\$25,000,001- \$50,000,000		-	
											L		Over \$50,000		_	
													Over \$1,000,0 (Spouse/DC #		*	

SCHEDULE C - EARNED INCOME

Name: Bonnie Marie Waton	
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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 a 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: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

in addition, certain types of income (notably honorana, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited	relationship) are totally prohibited.	
Source (include date of receipt for honoraria)	Туре	Amount
Keene State Cycomolog: State of Maryland	Approved Teaching Fee Legislative Pension	\$6,000 \$18,000
Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
F-met Realty	Spouse Salary	NIA
Police Pension Fund	Spouse-Salary	5/5
Princeton Theological Seminory	Spouse Sadora	N A
NJ State Pens, on	Den Si on	44,724

SCHEDULE D - LIABILITIES

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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. 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.

					SP,		
	CH	For	l bush	Example			
	Citizen one	Ford motor Credit	bulls Farzo	First Bank of Wilmington, DE	Creditor		
	2015	2015	8/2012	5/98	Date Liability Incurred MO/YR	l	
	Auto Loan		mig-Priman Residence	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
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					\$50,001- \$100,000	c	
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					\$250,001- \$500,000	m	moun
					\$500,001- \$1,000,000	П	t of Li
					\$1,000,001- \$5,000,000	6	Amount of Liability
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	۲.	
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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, fraternal, or political e	Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations), and positions solely of an honorary nature.
Position	Name of Organization

SCHEDULE F - AGREEMENTS

Name: Bonnie Murie Waten Coleman
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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

Date Parties to Agreement Terms of Agreement 10/67 NJ State Pension at agesto Self and state of NJ Pension at agesto			
	Date	Parties to Agreement	Terms of Agreement
	10/67	NJ State Pension	Self and state of NJ Pension at agesto

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
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Bonnie Workson Coleman
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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? (Y/N)	Family Member included? (Y/N)
Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	٧	٧	z
Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Υ	۲	٧
Progressive Congress F	eb. 4-5	De-Boltimon-Ewine			Z
Trumpet fluorals Foundation I	an. 22-24	Philadelphia - Atlanta - DC			Z
Congressional Black Cancus Tostitute Aug-11-14 Philodelphia -Tunica-Ph	ua-11-14	Philodelphia - Tunica - Phila	ح	<	Z
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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.	of an event to a charitable organization	n in lieu of paying an honora	rium to you. A separate
Source Association of American Associations, Washington, DC	Activity Speech	Date Feb, 2, 2016	Amount \$2,000
	Article	Aug. 13, 2016	\$500

Name: Bonne Morie Waten Calaman

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