

2015 FINANCIAL DISCLOSURE STATEMENT Name: UNITED STATES HOUSE OF REPRESENTATIVES PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS E. Did you hold any reportable positions during the reporting period or in D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: 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? 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. the current calendar year up through the date of filing? reporting period? exceeding \$1,000 during the reporting period? IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS REPORT three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all FILER STATUS b. Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period X 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for District: State Yes ž X Ύes Ť × No. Daytime Telephone: Amendmen Z. 8 <u>z</u> ž For Use by Members, Officers, and Employees K X 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? 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? H. Did you, your spouse, or your dependent child receive any ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? lieu of paying you for a speech, appearance, or article during the reporting period? Did any individual or organization make a donation to charity in Form Employee Officer or Employing Office Date of Termination: Termination individual who files more than 30 days late. A \$200 penalty shall be assessed against any Figure State State State From Sta 20 (6,0CT/200,RM 12: 35 Yes Yes Yes Yes Yes Yes Yes MERKESEMIATI ₹ ₹

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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X	X	K	X		X	×	Indefinite	×	None \$1-\$1,000 \$1-\$15,000 \$15,001-\$15,000 \$15,001-\$150,000 \$100,001-\$250,000 \$220,001-\$250,000 \$1000,001-\$50,000,000 \$1,000,001-\$50,000,000 \$25,000,001-\$50,000,000 \$255,000,001-\$50,000,000 \$255,000,001-\$50,000,000 \$255,000,001-\$50,000,000		Value of Asset at close of the reporting pennot, if you use a redusition method other then fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generaled income, the value should be "None." Column M is for assets held by your spouse or dependent child in which you have no interest.	近に 人が ち
ス	X	Rojedty	Χ.	Paragraph of the state of the s	X	Fashership Incore	Royaltes	×	NOME DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-OEFERRED Other Type of Income (Spently e.g., Parlnership Income or Fam: Income)		Type of Income Check all columns that apply. For accounts that generate tracelerred mome (such as 401(k), IRA, or 529 accounts, you may check the Tax-Deferred column. Diridends, interest, and explain gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the assets held in toome during the reporting penod.	BLOCK C
X .	<u> </u>	X	*		*	x	×	×	None \$1.5200 \$2.5201-\$1,000 \$2.501-\$1,000 \$2.501-\$5,000 \$2.501-\$5,000 \$3.001-\$15,000 \$3.001-\$10,000 \$3.000,001-\$1,000,000 \$3.000,001-\$1,000,000 \$3.000,001-\$1,000,000 \$3.000,001-\$1,000,000 \$3.000,001-\$1,000,000	Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income For assets for which you checked Tax-Deferred in Block C, you may check the "Mohe" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital galans, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.	SLOCK D
								S(part)	Leave this column blank if there are no transactions that exceeded \$1 000.	If only a portion of Bn asset was sold please indicate as follows: (5 (part)).	Transaction Indicate (The asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.	8LOCK €

ASSETS & "UNEARNED INCOME" \$1,000 \$1,000 \$001-\$15,000 \$000-\$250,000 \$0,001-\$1,000 \$0,001-\$1,000 \$0,001-\$25,000,000 \$0,001-\$25,000,000 \$0,000-\$25,000,000 \$0,000-\$25,000,000 \$0,000,000-\$25,000,000 \$0,000,000,000 \$0,000,000,000	0,001-825 100,000
	PENDS ENDS Type of Income
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SCHEDULE C - EARNED INCOME

Name:	
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List the source, type, and amount of earned income from any source (other than the filer's current emptoyment 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 sockse earned income excepting \$1,000. See examples below.	t by the U.S. government) totaling \$200 or more during the	e reporting period. For a spouse, list
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Si	eceived 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.	employees compensated at or above the "senior staff" rat y relationship) were totally prohibited.	te was \$27,225. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
_	Approved Teaching Fee	\$6,000
Examples: Cyll War Roundiable (Oct. 2) Onlario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
E	50.5.61	Z / \
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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. 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 (table); 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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	Colonial Martgage	125461	Example		<u> </u>		III A 15 FOR HAUMILIES
<	no tracke	1854te Bark of Rice	First Bank of Wilmington, DE	Creditor			Coldition is for liabilities help solely by your spouse or dependent child
	11/2	21/11	5/98	Date Liability Incurred MO/YR	,		dependent child.
Property Emos, 14	7/114 martice on less total	Line of Great	Mongage on Rental Property, Dover, DE	Type of Liability			
 	<u> </u>	-		\$10,001- \$15,000	>		
			-	\$15,001- \$50,000			
		X		\$50,001- \$100,000	ر 		
 	X		×	\$100,001- \$250.000	0	≥	
				\$250,001- \$500,000	m 	nount	
				\$500,001- \$1,000,000	71 _ •-	Amount of Liability	
			_ ,	\$1,000,001- \$5,000,000	о 	bility	
				\$5,000,001- \$25,000,000	* 		
				\$25,000,001- \$50,000.000			
				Over \$50,000.000			
				Over \$1,000,000* (Spouse/DC Liability)	*		

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, traternal, or political entities (such as political parties and campaign organizations); and positions sociely of an honorary nature.

Position Name of O	Name of Organizations, and positions solety of an increasy mature. Name of Organization

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMEN

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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.

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							April 12-14	Mar. 3-4	Aug Est	Date(s)
						•	April 12-14 Pallas - Vegas - DC	DC-Boskon-DC	DC-Beijing, Chmo-DC	City of Departure-Destination-City of Return
							~	٧	¥	Lodging? {YM}
							-0	γ	۲	Food? (Y/K)
							Z	Υ	,	Family Member included? (Y/N)

							*	NOTE NUMBER
						for CY 2012, 2014	Please note, this morthus howe also careured on Financial Dischares	NOTES