HAND

UNITED STATES HOUSE OF REPRESENTATIVES F. 2015 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	LEGICLATIVE RESQUACE GUNTES
Name: BILL +BET Daytim	Daytime Telephone:	A \$200 pondity shall be second against any ladard who fibe more than 30 days late.
FILER Member of or Condidate for State: F.L. STATUS U.S. House of Representatives District: S	Officer or Employing Officer Employee	
REPORT 2015 Annual (Due: May 16, 2016) X Amendment	ment Termination Date of Termina	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS		
A. Did you, your opouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting partiot? or b. Make more than \$200 in unashed income from any reportable asset during the reporting partiot?	F. Did you have any reports codeside early during the rep year up through the date of	the agreement or arrangement with an Yes XX No
R. Did you, your operion, or your dependent child purchase, sell, or exchange any securities or reportable real exists in a transaction. Yes 3.000 during the reporting period?	G. Did you, your spouse, or your dependent child receive any reportable gift(s) lateling more than \$375 in value from a single source during the reporting partial?	ato from a dright Yes 1 No 1
C. Did you or your speuse have "named" income (e.g., salaries, honorals, or paraion/RA distributions) of \$200 or mare during the Yes Xe No.	N. Did you, your apoune, or reportation travail or relimbur \$375 in value from a single	Add receive any tree 1 to 15 t
D. Did you, your species, or your dependent child have any reportable Yes XX No. No. No. 110,000) at any point during the reporting partial?	Did any individual or organization make a divise of paying you for a speech, appearance, reporting period?	nization make a donation to charity in the He K
E. Did you hald any reportable positions during the reporting period or in Yes He the current calendar year up through the date of thing?	ATTACH THE CORRESPONDING	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSW	ST INFORMATION - ANSWER EACH	TER EACH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting paried? If you answer the Convention on Ethics for further guidance.		ed "yest" to this question, pieces contact Yes Ho X
TRUSTS - Details regarding 'Chalified Stind Trusts' approved by the Committee on Shice and certain other 'excepted trusts' need not this report details of such a trust that benefits you, your spouse, or dependent child?		he disclosed. Here you established from Yes
EXEMPTION Have you excluded from this report any other secots, "uncorned" income, transactions, or liabilities of a species or your three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	nactions, or liabilities of a speuse or your dependent child b villes on Ethics.	depandent child because they meet all Yes

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IEDULE A – ASSETS (HEDULE A - ASSETS & "UNEARNED INCOME"	Name: 1311 70515	Page Z of 10	10
BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCKE
set and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
(a) each seset held for investment or	(a) each easet held for investment or indicate value of esset at close of the reporting period, if you use a Check all columns that apply. For accounts that or indicate value indicate value of each of income accounts that indicate value indicate value of the period in	Check all columns that apply. For accounts that	For essets for which you checked "Tax-Deferred" in Block C, you indicate if the	Indicate if the
ng \$1,000 at the end of the reporting period.	used.	529 accounts), you may check the Tax-Deferred	category of income by checking the appropriate box below. purchases (P),	purchases (P),
any other reportable asset or source of	If an asset was sold during the reporting period and is included only	column. Dividende, interest, and capital gains,	Dividends, interest, and capital gains, even if reinvested,	Radies (S), or
	the same of the sa	leven y regressors, must be outcomed at moone		

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H.,	2		=		1T1824 S.FISKE	_		7	SS,000, list every streamost institution where there is more than \$1,000 in interest-bearing accounts. For rendal and outpets address or description, e.g., 'rented property,' and a city and easts. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature or its activities, and its geographic location in Block, A. Exclude: Your personal residence, including second hones and vecation homes (arises there was remain income daring the reporting period); and any financial interest in, or income derived from a federal referent program, including the Thritt 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 asset or income source is their of your apouse (SP) or dependent chald (DC), or jointly held with anyone (JT), in the optional column on the far lest. For a detailed discussion of Schedule Almore.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over	For all IRAs and other reference plans (such est 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thesholds.	Provide complete names of stocks and mutual funds (do not use only ficker symbols).	production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable sessi or source of income that generated more than \$200 in 'unearned' income during the year.	dentify (a) each asset held for investment or	
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Capital Galies: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an esset in a tax-deferred eccount, and disclose the capital gain income on Schedule A. Report any purchase, sale, or exchange transactions that acceeded \$1,000 in the reporting period of any security or real properly held by you, your spouse, or your dependent child for investment or the production of income, Include transactions are under 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 revisit income. If only a portion of an asset is add, please choose "partial sale" as the type of transaction. **SCHEDULE B - TRANSACTIONS** SP, DC, JT * Column K as for assets solely held by your spouse or dependent child 왕 Erampte Mega Corp. Stock Asset Purchase Type of Transaction Partial Sale Exchange Name: BULL Check Box If Capital Gain Exceeded \$200 × Date 35/6 \$1,001-\$15,000 > るでは、こ \$15,001-\$50,000 Œ \$50,001-\$100,000 റ \$100,001-\$250,000 0 Amount of Transaction \$250,001-\$500,000 m \$500,001-\$1,000,000 \$1,000,001-\$6,000,000 ø Page \$5,000,001-\$25,000,000 I \$25,000,001-\$50,000,000 Over \$50,000,000 ے Over \$1,000,000* (Spouse/DC Asset) *

SCHEDULE C - EARNED INCOME

Name: Sull Hoster Page Sof 15 Page Sof 15 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 or other spouse earned income exceeding \$1,000. See examples below.

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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any sithe source and amount of any honoraria; list only the source for THAT OF FLORIDA Examples: Keene State
State of Maryland
State of Maryland
Chal War Roundtable (Oct. 2)
Ontario County Board of Education Source (include date of receipt for honoraria) BULLEY TONIO Approved Teaching Fee
Legislative Pension
Spouse Speech
Spouse Salary Type Amount \$1,000 \$1,000

SCHEDULE D -- LIABILITIES

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, 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.

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	FOR	CHASE	Example			
	FORDCIZEDIT		First Bank of Wilmington, DE	Creditor		
	D-16-15	though the Mark	5/98	Date Liability Incurred MO/YR		
	AUTO LOAN	MORRAGE OF MYSTIC POPPLY	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
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				Over \$50,000,000	<u> </u>	
				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, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization
PRESCOPTION	HOSET & Co., ROKTORS - A FLORIGH CORPURSTION,
Par novi	TO GUIDDOF DEMOT CONPONATION - A PLINGE CONPONATION

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Date Parties to Agreement Terms of Agreement		12-348 SHOTE OF PLOCIENT LOD ME CONTINUED PARTICIPATIVE IN TETT	CONTINUED PHANCAMIN	CONTINUED PARTICIPATION
Towns of Associated	entra or Agreement			

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.

Scalce	Description	Value
Example: Nr. Joseph Smith, Arlington, VA Serer Platter (determination of personal control of the	Sever Platter (determination of personal friendship received from the Ethics Committee)	\$400
Nove		

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	(N/X) 2 Buildport	Food? (Y/N)	Family Member included? (Y/N)
Government of China (MECEA)	Aug. 6-11	DC-Belling, Chin+DC	٧	≺	Z
Habitas for Humanity (charity fundamen)	F. 3.	DC-Boston-DC	*	~	4
NONE					
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Use additional sheets if more space is required.

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: 15,11 toser
Page 9 of 10

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. Examples: JUS NE Association of American Associations, Washington, DC XYZ Magazine Source Activity Speech Article Feb, 2, 2015 Aug. 13, 2015 Date Amount \$2,000 \$500

Name: BILL HOSEY

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NOTE NUMBER	NOTES
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	ONLY ASSET IS & COMMUNICAL LOT FRONTING USAL IN BOCKIEDES
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	VALUE IS "UNASCETAWABLE"