

			DELIVERED
UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of —
FINANCIAL	FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	LEUSTVIAL BESONACE CHARLE
Name: Charlie Crist	arlie Crist	Daytime Telephone:	2016 AUG -4 PM 3: 57
FILER	New Member of or Candidate for State: FL U.S. House of Representatives District: 13 Candidates – Date of Election: August 30, 2016	Check if Amendment	U.S. HaUSE OF REPRESENTATIVES (Office Use Only)
STATUS	New Officer or Employee Employing Office:	Period Coyered of Power 1, 2015 to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMIN	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUESTIONS	
A. Did you, you a. Own any reend of the b. Make mor	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	Yes X No E. Did you hold any reportable positions during the reporting or in the current calendar year up through the date of filing?	table positions during the reporting period Yes No X

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 unearmed income from any reportable asset during the reporting period? 	Yes X 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 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?	Yes X No	F. Do 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 X No
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 X No	J. Did you receive compensation of more than \$5,000 from a single Yes source in the current year and two prior years?	Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANS	ORRESPONDING SO	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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? **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, 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. Yes Yes <u>×</u> 8

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Charlie Crist Page 2 े बु

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			Ď.	See		ğı —		irema	If you so choose, you may indicate that 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 far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was renula income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	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.	For rental and other real property held for investment provide a complete address or description, e.g. 'rental property,' and a city and state.	ro bain and other cast accounts, local tre emboring accounts. If the folial is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	for hank and other cost accounts total the agent.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that average the account of the average the account of the average.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	'uneamed' income during the year.		Ass	
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Coca Cola Co (KO)	Chipotle Mexican Grill Inc. (CMG)	CVS Health Corp Com (CVS)	Cigna Corporation Com (CI)	Apple Inc (AAPL)	American Elec Pwr Co (AEP)	Amazon.com Inc (AMZN)	AT&T Inc Com (T)	SPDR Dow Jones Indi Average ETF TR Unit	SPDR S&P 500 ETF Trust Unit Ser (SPY)	Powershares QQQ TR Unit Ser (QQQ)	Fidelity Money Market	Fidelity Individual Brokerage #2	Zulily Inc Com (Zu)	Tesla Motors Inc. Com (TSLA)	Home Depot Inc (HD)	General Electric Co. (GE)	Ford Matar Ca Del Com (F)	Delta Air Lines Inc Del Com New (DAL)	Chipatle Mexican Grill Inc. (CMG)	American Airlines Group Inc. Com (AAL)	Fidelity Money Market	Fidelity Individual Brokerage #1	ITT Educational Services Inc (ESI)	General Motors Com (GM)	Ford Motor Co Del Com (F)	AT&T Inc Com (T)	FDIC insured Deposit At Citibank IRA (QPCBQ)	Asset Na me	ASSECT anglor income sources	BLOCK A	
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SCHEDULE C - EARNED INCOME

Name: Charlie Crist	
Page 7 of 9	

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.

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: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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.	ncome may apply to you after you limit is \$27,495. In addition, cert in staff.	มน are on House payroll. The 2016 ain types of income (notably honorar	imit on outside earned income for ia, director's fees, and payments for
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Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500 \$75,000
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
npa P.A	Salary	\$75,623	\$302,492
State of Florida	Pension	\$12,075	\$48,301
National Financial Services, Inc.	IRA Distributions	\$8,059	\$32,234
Goddessey LLC	Spouse Salary	N/A	N/A

SCHEDULE D - LIABILITIES

Name: Charlie Crist Page 8 of 9

(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 fiabilities held solely by your spouse or dependent child. 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

Date Liability Incurred MO/YR 5/98 1t, NY, NY 07/15 Pers			-		\prod]]			Amoun	Amount of Li	Amount of Liability	Amount of Liability	Amount of Liability	Amount of Liability
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SCHEDULE E - POSITIONS

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. 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

Position	Name of Organization
None	

SCHEDULE F - AGREEM

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or future employment: a leave of absence during the period		Charlie Crist
of covernment service:	į	Page 9 of 9

		Name: Clidille Clist	Page of 9
Identify the da	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.	e with respect to: future employment; a leave of absence during the period o rnment; or continuing participation in an employee welfare or benefit plan ma	of government service; aintained by a former employer.
Date	Parties to Agreement	Terms of Agreement	
Nov. 98	Nov. 98 State of Florida Pension Plan	Under terms of defined benefit state pension plan, filer receives monthly payments of \$4,025.	monthly payments of \$4,025.

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
None		