			3/2015	
UNITED STATES HOUSE OF REPRESENTATIVES		FORM B	UE W Pa	Page 1 of 6
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and	andidates, and New Employees		
Name: MARIA Chappelle-NadAL	Daytime Telephone [.]		on i	ယ
New Member of or Candidate for State:	missouri pt b, auto	Check if Amendment	(Office Use Only)	SAME.
New Officer or Employee Employing Office:		Period Covered: January 1, 2014 to Decombes 31, 2015	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	ıgainst any lays late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE	F THESE QUESTIONS	NS		
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 uneamed income from any reportable asset during the reporting period?	No E. C	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes	₩
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?	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	with Yes	*
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. D	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a single Yes	× ×
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF YOU AR	DULE IF YOU ANSWER "YES" AT YOU ARE REQUIRED TO	S" COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	T INFORMATION -	ANSWER <u>BOTH</u> OF THESI	E 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 your dependent child?	on Ethics and certain other "e	xcepted trusts" need not be disclosed. H	Yes	×
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, transactions, or liabili e Committee on Ethics.	ities of a spouse or dependent child because they meet all three	Yes	¥ ₹

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE A - ASSETS	SCHEDULE A - ASSETS & "UNEARNED INCOME"			2 6
		TAY A LELI	Tak Artin	
BLOCK A	BLOCK B	BLOCK C	BLOCK D	
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	TI O
identify (a) each asset held for investment or production of income and with a fair market value according \$1,000 at the end of the reporting period.	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.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check	For assets for which you checked "Tax-Defened" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, Interest, and the control of the con	you may check the "None" column. For all ppropriate box below. Dividends, interest,
and (b) any other reportable asset or source of income which generated more than \$200 in "income during the year."	If an asset was sold during the reporting period and is included only because it generated income, the value			
Provide complete names of stocks and mutual funds		for assets held in taxable accounts. Check "None" if the asset generated no	Comment of the section from by your spoure of topper term and the motivity of the term of the section from t	all strict for the cold involve.
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.				
For bank and other cash accounts, total the amount in	> 0 0 m T 0 I - X C X		Current Year	Preceding Year
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., rental property," and a city and state.		ome)		
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 tocation in Block A.		ne or Farm Inco		
Exclude: Your personal residence, including second homes and vacation homes (unless there was renta income during the reporting period); and any financial interest in, or income derived from, a federal restrement program, including the Thrift Savings Plan.		Partnership Inco		•
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	0		\$1,000,000	\$1,000,000
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.	5,000 50-000 100,000 \$250,000 \$500,000 1-\$5,000,000 1-\$25,000,000	GAINS D/BLIND TRU RRED	500 ,000 5,000 50,000 100,000 \$1,000,000	500 000 5,000 50,006 100,000 \$1,000,000
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$1,000,00 \$5,000,00 \$25,000,0 Over \$50,0	TAX-DEFT	\$1,000,00 Over \$5,00	\$1,000,00 Over \$5,00
SP	×	×	×	×
	Indefinite	Royalties	×	×
ABC Hedge Fund X	×	Partnership	×	X
*				

Use additional sheets if more space is required.

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SCHEDULE C - EARNED INCOME

Name: MARIA Chappelle-NADAL Page 4 or 6

List the source, type, and amount of eamed 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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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

	•	wy	Amount
Source (include date or receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0 \$0	\$500 \$78 non
EXAMPLES: Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Critain County Deals of Expedition	Charles Calary		1867
State of Missour	Salary	35,915.∞	35,915.00
St. Markes United Methodist Church	Honorarium		
Concordia College	Honorarium	\$ 1000-	
YWCA of Southern Arizona	Honorowium	\$ 600-	

SCHEDULE D - LIABILITIES

	Name: MARIA
=	Changralle-No
	Adm - Pag
	Page 5 of 6

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 (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 periods exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

				SP, DC, JT		
			Example			
		Nelvet	First Bank of Wilmington, DE	Creditor		
		12/99	5/98	Date Liability Incurred MO/YR		
	,	Higher Education	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
		/		\$15,001- \$50,000	5	
				\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	п	Amount of Liability
		•		\$1,000,001- \$5,000,000	6	bility
				\$5,000,001- \$25,000,000	Ι	
				\$25,000,001- \$50,000,000	-	
 				Over \$50,000,000	<u>-</u>	
				Over \$1,000,000* (Spouse/DC Liability)	~	

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. 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 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

	C
University City School Board	Board of Director's
Name of Organization	Position
and content your in any your cantendage and new ampleyees report posturate ment in a content calcined year and two provides years.	tile callent calendar year. I ter year callulates allu ilem

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 or maintained by a former employer.

]	Date
			Parties to Agreement
			Terms of Agreement

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.

gordinilon and any information considered connectital as a reservoir	government and any middle common and a common a principal and any many and a special and any many and a special an
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services