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? **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 three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. **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 Offening during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction Did you, your spouse, or your dependent child purchase, sell, or A Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: BOUNIEMane Watson Coleman 2015 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES REPORT a. Own any reportable asset that was worth more than \$1,000 at the FILER STATUS b. Make more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period? 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for State: District: ž Yes < **% ** Ύes Yes No Daytime Telephone: (202) 225-5801 Amendment Z Š Š ᇂ For Use by Members, Officers, and Employees < 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? 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? 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? H. Did you, your spouse, or your dependent child receive any 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? Form A Officer or Employee Employing Office Termination Date of Termination A \$200 penalty shall be assessed against any individual who files more than 30 days late. HAND DELIVERED 2015 MAY 16 PM 5: 06 MC Yes Yes Yes ¥es Yes Yes Ύes **<** № 7 S O 8 Š ğ Z Š Z S \sum

SCHEDULE A – ASSETS & "I

	"UNEARNED INCOME"
Name: Bowwie Ware Watson Coleman	
Page 2 of 10	

If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. For a deta requirements, 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. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is 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. Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal 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. Provide complete names of stocks and mutual funds (do not use only ticker symbols). Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in 'unearned' more than \$1,000 in interest-bearing accounts. rental property," and a city and state. etirement program, including the Thrift Savings Plan ncome during the year. 284 N CHUNG LES YNWY Production Employee ist upland me wing Defund Compagation Asset and/or Income Source alled discussion of Schedule, please refer to the instruction booklet ş AUN State ABC Hedge Fund Simon & Schuster Mega Corp. Stock 잌 Schedule 무 × *Column M is for assets held by your spouse or dependent child in which you have no interest. None If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." used, 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 \$1-\$1,000 8 Indefinite \$1,001-\$15,000 O \$15,001-\$50,000 0 \$50,001-\$100,000 × m Value of Asset \$100,001-\$250,000 Ŧ \$250,001-\$500,000 × စ \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 _ \$25,000,001-\$50,000,000 Over \$50,000,000 _ Spouse/DC Asset over \$1,000,000* Z a Check all columns that apply. For accounts that IP od generate tax-deferred income (such as 401(k), IRA, or m 528 accounts), you may check the Tax-Deferred or column. Dividends, interest, and capital gains, IP of the column. Dividends, interest, and capital gains, IP of the column of the season of the column of the colum NONE × DIVIDENDS × RENT $\times \times$ INTEREST Type of Income CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Partnership Income Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" 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 capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or None × *Column XII is for assets held by your spouse or dependent child in which you have no interest. \$1-\$200 = \$201-\$1,000 = × \$1,001-\$2,500 < × Amount of Income \$2,501-\$5,000 < \$5,001-\$15,000 ≤ \$15,001-\$50,000 ≦ \$50,001-\$100,000 ≦ \$100,001-\$1,000,000 ≂ \$1,000,001-\$5,000,000 × Over \$5,000,000 × Spouse/DC Asset with Income over \$1,000,000 ¥ If only a portion of an asset was sold, please indicate as no transactions that exceeded \$1,000. exchanges (E) exceeding \$1,000 Leave this column blank if there are sales (S), or purchases (P), indicate if the ğar iollows: (S (part)). Transaction S, S(part), or E the reporting

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	SCHEDULE A - ASSETS & "UNEARNED INCOME"
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Page 5 of (0	1
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			<u> </u>			-	_				-			_			TAX-DEFERRED	BLOCK C Type of Income
		¥								i							Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	a
																	None _	
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					į												P, S, S(part), or E	BLOCK E Transaction

SCHEDULE B - TRANSACTIONS

Name: Bonnie Wewella Kon Coleman Page 4 of 10

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		į									Example		t a sales trains" box, unin income on for assets so	ild for investicapital loss, sactions bet sactions bet	urchase, sal
											Mega Corp. Stock	Asset	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.	dependent child for investment or the production of income. Include transactions that resulted in 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 rental income. If only purchase or sale of your personal residence, unless it generated rental income. If only	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
													\$200, check and disclose	actions that transaction. or the ome. If only	,000 in the
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													\$25,000,001- \$50,000,000	_	
				ļ									Over \$50,000,000	L	
													Over \$1,000,000* (Spouse/DC Asset	. ~ .	

SCHEDULE C - EARNED INCOME

Name: Bonne Mune Workon Coleman Page 5 of 10

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.

				NJ STATE PENSION	Princeton thealayied Seminary	ST francis Naspital	Police Pension Fund	SECOND BARTIST Church	E-MET Reachy	Ļ	Examples: State of Maryland State of Maryland	Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited
				PENSION	Span Se Saling	Spine Silong	Spurse Salons	Spanle Salma	Spanse Salary	Spouse Salary	Approved Leaching Fee Legislative Pension	Туре	es compensated at or above the "senior staff" rat ship) were totally prohibited.
			1 - 1	44. 724	NIA	NA	N/A-	NA	N/A	\$1,000 N/A	\$18,000	Amount	ed at or above the "senior staff" rate was \$27,225. In addition, certain ally prohibited.

SCHEDULE D -- LIABILITIES

Name Bonnie Marie workson Co Jaman
Page 6 o
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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.

			i	<i>/</i>	£x	DC, JT		
,	Focal Motor Credit	Kin Credit	8	PAIC BANIC	Example First Bank of Wilmington, DE	Creditor		
	2015	2014	8/2012	7/2005	5/98	Date Liability Incurred MO/YR		
	Auto loan			Mortgage 18640 fond thee Se	Mortgage on Rental Property, Dover, DE	Type of Liability		
				Jet in		\$10,001- \$15,000	>	
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						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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

 _	_	_	_	
			1	Position
				Name of Organization

SCHEDULE F - AGREEMENTS

Name:
Bonne
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Watson
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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 employer.

	_	to/61 ro/01	Date	
		Not State Pension	Parties to Agreement	
	0	Self And State of NJ Parson of age 50	Terms of 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.

	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
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Page & of 10

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			l odoine?		Camella Manda
	Date(s)	city of Departure-Destination-Lity of Neturn	(Y/N)	(Y/N)	Included? (Y/N)
Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	۲	Y	z
Examples: Habitat for Humenilly (charity fundtalser)	Mar. 3-4	DC-Boston-DC	~	٧.	~
Progressive (Draress Feb. 5-7	b. 5-7	DC-Philadelphia PA	Ý	~	Z
America Israel Education toudation Au		Newark, NJ-Israel		<u> </u>	~
				-	
			:		

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb, 2, 2015	\$2,000
AT & Magazine	Ancie	Aug. 13, 2015	\$500
			į

Name: Bonnie Move Waton Colem Pa

2 Page 10 of 10

			-				D6	NOTE NUMBER
						PNC BANK - MOSTGAGE on Rental Property	MrTgage Current on Residence Property 181 Claffer	NOTES