



Filing ID #10010808

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Mr. Peter Jacob
Status: Congressional Candidate
State/District: NJ07

FILING INFORMATION

Filing Type: Amendment Report
Filing Year: 2016
Filing Date: 05/3/2016

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
THE TRUSTEES OF SERV BEHAVIORAL HEALTH SYSTEMS 401(K) RETIREMENT PLAN ⇒ THE TRUSTEES OF SERV BEHAVIORAL HEALTH SYSTEMS 401(K) RETIREMENT PLAN DESCRIPTION: 401k plan.		\$1,001 - \$15,000	Tax-Deferred		

* Asset class details available at the bottom of this form.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
SERV Behavioral Health Systems Inc	Salary from Employer	\$5,231	\$41,554
Video Shack Inc.	Wages from employer	\$14,000	N/A

SCHEDULE D: LIABILITIES

None disclosed.

SCHEDULE E: POSITIONS

Position	Name of Organization
Residential Program Manager	SERV Behavioral Health Systems Inc

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
January 2016	Self and SERV Behavioral Health Systems Inc	401k pension held until retirement or until withdrawn.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

SCHEDULE A ASSET CLASS DETAILS

- THE TRUSTEES OF SERV BEHAVIORAL HEALTH SYSTEMS 401(K) RETIREMENT PLAN

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

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 benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Mr. Peter Jacob , 05/3/2016