

| A \$200 penalty shall be assessed against any individual who files more than 30 days late. | Period Covered: January 1, 2016 through March 10, 2017 | New Officer or Employee Employing Office: |
|--|--|--|
| (Office Use Only) | State: Georgia District: 06 Check if Amendment | New Member of or Candidate for U.S. House of Representatives Candidates – Date of Election: 09 |
| U.S. HOUSE OF REPRESENTATIVES | Daytime Telephone: | Name: Kurt M. Wilson |
| 2017 MAR 24 PM 12: 42 | FORM B For New Members, Candidates, and New Employees | UNITED STATES HOUSE OF REPRESENTATIVES |

| Name: Kurt M. Wilson | Dayti | Daytime Telephone: | | U.S. HOUSE OF THE CLERK |
|---|--|-------------------------------|--|--|
| New Member of or Candidate for U.S. House of Representatives Candidates – Date of Election: | andidate for State: Georgia sentatives District: 06 f Election: 04/18/2017 | | Check if Amendment | (Office Use Only) |
| STATUS New Officer or Employee Employing Office: | byee | Pe th | Period Covered: January 1, 2016 through March 10, 2017 | A \$200 penaity shall be assessed against any individual who files more than 30 days late. |
| PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS | - ANSWER EACH OF THE | ESE QUESTIONS | 3 | |
| 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 asset during the reporting period? | re than \$1,000 at the Yes 4 | No E. Did yo or in the | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | g the reporting period Yes V No No |
| 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 | No F. Do yo outside o year up | 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? | arrangement with an the current calendar Yes 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 V | No J. Did yo source in | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | 1\$5,000 from a single Yes No V |
| | ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" | ONDING SCHEDU | LE IF YOU ANSWER "YES | ** |
| THIS FO | THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUII | CHEDULES THAT | YOU ARE REQUIRED TO | RED TO COMPLETE |

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, this report details of such a trust that benefits you, your spouse, or dependent child? | disclosed. Have you excluded from | Yes No V |
|---|-----------------------------------|----------|
| EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they mexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | use they meet all three tests for | Yes No V |

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Kurt M. Wilson Page 2

| | | | | | | | 58. | SP. | For | incon deper in the | linves | home incon intere | For a that busin geogr | For n provid "rente | \$5,00 \$5,00 | 1 | For | (00 ov | Identify producti and (b) income 'uneam | | |
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| | Guniersville, Alabama | Chandler-Wilson, LLC Commercial Real Esta | Guntersvalle, Alabama | NA Foodservices, Inc. Restaurant Operator | <u></u> | Examples: S | - | | a detailed rements, please | u so choose, yo ne source is ndent child (DC) optional column | theve a privatel timent Fund, ple | Exclude: Your personomes and vacation income during the reproduced in, or income during the representation of | For an ownership interest in a protect in a protect in a protect is not publicly traded, starthat is not publicly traded, starthat is not publicly to a protect in the protect in a protect in a protect in a protect in a protect in the protect in a pro | For rental and other real property held provide a complete address or durently and a city and state. | nterest-bearing 30, list every fin than \$1,000 in i | count that exce | all IRAs and o | ide complete na ot use only ticke | dentify (a) each asset held it nonduction of income and with a soccessing \$1,000 at the end of the and (b) any other reportable as noome which generated more unearmed income during the year. | Assets and | |
| | ema . | Chandler-Wilson, LLC Commercial Real Estate Development | ama | inc. | ABC Hedge Fund | Simon & Schuster | Mega Corp Stock | | For a detailed discussion of Schedule requirements, please refer to the instruction booklet. | If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (CD), or joinity 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 rental 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 reatal and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state. | For parts and other case executins, such the amount in 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. | the account that exceeds the reporting thresholds. | For all IRAs and other retirement plans (such as | 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 accepting \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in unearmed income during the year. | Assets and/or Income Sources | 1 |
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| | | | | | | 8. | | \$ | 15,001-(| 250-000 | | | | | ı | _ | | *Column M is for assets held by your spouse or dependen child in which you have no interest. | 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. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." | | |
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| | | Partnership | | | Partnership Income | Royalties | | , | Xher Typ | e of Income (S | pecify: e.; | g., Partnership Inco | me or Farm Inco | xne) | | \exists | | accounts. Check "None" if the asset generated no income during the reporting | Check all columns that apply. For accounts that generals tax-deferred income (such as 401(t), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable | | |
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Kurt M. Wilson

Page 3 of 6

| Assets and/or income Sources Type of Income Asset Value of Asset Type of Income Asset Value of Asset Type of Income Type of I | | | | | | | | | | | [| | | | 누중홍 | | | | | |
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| | TO Chastain Street, Gulf Shores, AL 36542 | Xes, A≟ | Vacant Spec Lot 2701 Clovendale Road, Florence, AL 35633 | Retail Strip Center 366 Cox Creek Parkway, Florence, AL 35830 | Zaxby's of Florence 2 2725 Cloverdale Road, Florence, AL 35633 | Zaxby's of Muscle Shoels 2017 Avalon Avenue, Muscle Shoels, AL 35861 | Zaxby's of Boaz 2221 US Highwey 431, Boaz, AL 35957 | Zaxby's of Florence 1 366 Cox Creek Parkway, Florence, AL, 35630 | Zaxby's of Guntersville 11456 US Highwey 431, Guntersville, AL 35976 | Stevia Corp Common | Cash | Equity Trust Company TTEE OF FBO Kurt M Wilson IRA | Florence, Alabama | Truly Cigars of Alebama, Inc. Cigar Retailer and Lounge | | | | | Assets and/or income ownces | BLOCK A |
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SCHEDULE C - EARNED INCOME

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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 Members and emploprofessional service | 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 yo imit is \$27,495. In addition, cert staff. | u are on House payroll. The 2015 ain types of income (notably honorar | i limit on outside eamed income for a, director's fees, and payments for |
|---|--|--|---|---|
| | | 4 | Am | Amount |
| ď | Source (include date of receipt for nonoraria) | Туре | Current Year to Filing | Preceding Year |
| | ABC Trade Association, Baltimore, ND (July 15) | Honorarium | \$0 | \$500 |
| Examples: | State of Maryland Civil War Roundtable (Oct. 2) | Spouse Speech | \$20,000 | \$1,000 |
| | Ontario County Board of Education | Spouse Salary | NA | WA |
| NA Foodservices, Inc. | nc. | Salary | \$47,906.75 | \$237,576,60 |
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SCHEDULE D - LIABILITIES

Name: Kurt M. Wilson 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 period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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| | First South | Example | | | |
| A Marie Prince P | First Southern Bank, Florence, Alabama | First Bank of Wilmington, DE | Creditor | | |
| | 3/2016 | 5/98 | Date Liability Incurred MO/YR | | |
| | Line of Credit | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
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| | | | Over \$50,000,000 | _ | |
| | | | Over \$1,000,000* (Spouse/DC Liability) | ~ | |

SCHEDULE E - POSITIONS

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 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.

| Position | Position Name of Organization |
|---------------------|--|
| Corporate Secretary | NA Foodservice, Inc. |
| Vice Chairman | Brookfield Country Club |
| Board of Advisor | Kids & Pros, inc. |
| Board of Advisor | Zaxby's Advisory Council |
| Partner | Chandler-Wilson, LLC |
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SCHEDULE D - LIABILITIES

Name: Kurt M. Wilson Page 6 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 exceeded \$10,000. 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.

| | - | <u> </u> | · | | | | |
|---|---|----------|---|--|--|----------|---------------------|
| | | | | | SP, DC, JT | | |
| | | | | Ехетрю | | | |
| | | | | First Bank of Wilmington, DE | Creditor | | |
| | | | | 5/98 | Date Liability Incurred MO/YR | | |
| | | | | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| | | | | | \$10,001- \$15,000 | > | |
| | | | | | \$15,001- \$50,000 | B | 1 |
| | | | | | \$50,001- \$100,000 | c | |
| | | | | × | \$100,001- \$250,000 | 0 | |
| | | | | | \$250,001- \$500,000 | m | Amount of Liability |
| | | | | | \$500,001- \$1,000,000 | 71 | t of Li |
| | | | | | \$1,000,001- \$5,000,000 | ၈ | ability |
| | | | | | \$5,000,001- \$25,000,000 | I | |
| | | Ē | | | \$25,000,001- \$50,000,000 | _ | |
| | | | | | Over \$50,000,000 | _ | |
| L | | | | | Over \$1,000,000* (Spouse/DC Liability) | ~ | |

SCHEDULE E - POSITIONS

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 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 First-year candidates and new employees report positions held in the current calendar year and two previous years

| Proprietor Proprietor |
|-----------------------|
| Proprietor |
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