

UNITED STATES HOUSE OF REPRESENTATIVES Form A LE 2016 FINANCIAL DISCLOSURE STATEMENT For Use by Members, Officers, and Employees	LEGISLATIVE RESOURCE CENTER 17 AUG 11 AM 11: 53
	U.S. HOUSE OF REPRESENTATIVES
Name: ドレタル シェルドエムS Daytime Telephone: 202 ユュラ 3 サラユ A \$200 pen Individual N	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER Member of the U.S. State: W V Officer or Employing Office: Employee Employee	Staff Flar Type: (# Applicable) Shared Principal Assistant
REPORT 2016 Annual (Due: May 15, 2017) Amendment Date of Termination	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the and of the reporting period? or b. Receive more than \$200 in unearmed income from any reportable seest during the reporting period or in the current calendar year up through the date of filing?	ent with an Year No No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yee No G. Did you, your spouse, or your dependent child receive any exchange any securities or reportable real estate in a transaction Yee No G. Did you, your spouse, or your dependent child receive any exchange gift(s) totaling more than \$375 in value from a single exchange of the reporting period?	100 100
C. Did you or your spaces have "semed" income (e.g., salaries. Noneraria, or pensistriff's distributions) of \$200 or more during the reporting period? H. Did you, your spaces, or your dependent child receive any reportable travel or reimbursements for travel totaling more than reporting period?	one than
D. Did you, your spouse, or your dependent child have any reportable Yes No L Did any individual or organization make a donation to charity in fleu of paying you for a speech, appearance, or article during the reporting period?	charity in Yes No X
E. Did you had any reportable positions during the reporting period or Yes No ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" In the current calendar year up through the date of filing?	DULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	SE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an initial Public Officing during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethios for further guidance.	1 o o o
TRUSTS - Datate regarding "Qualified Bind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Here you excluded from this report details of such a trust that buristits you, your apouse, or dependent child?	Ten 15
EXEMPTION — Here you excluded from this report any other sessits, "unastreed" incurring, transactions, or facilities of a spouse or your dependent child because they meet all three tests for examption? Do not answer "yes" unless you have that consulted with the Committee on Ethics.	

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SCHEDULE A -- ASSETS & "UNEARNED INCOME" Name: ELAN JEWKINS

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

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at the source, type, and amount of earned income from any source (other than the Ser's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list	manent) lotaling \$200 or more during the	reporting period. For a spouse, list
CILIDE: Millary pay (such as Netford Guard or Reserve pay), federal referent programs, and benefits received under the Social Security Act. ICOME LIMITS and PROHIBITED (HCOME: The 2016 limit on extende earned income for Members and employees compensated at or above the "senior staff rate was \$27,486. The 2017 limit is \$27,786, addition, certain types of income (notably honoraris, director's fees, and payments for professional services involving a tidadary relationship) are totally prohibited.	Social Security Act. Social Security Act. ad at or above the "senior staff rate was in relationship) are totally prohibited.	\$27,486. The 2017 limit is \$27,785.
Source (include date of receipt for honoraria)	Туре	Amount
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Page 5 of 12

Report liabilities of over \$10,000 owed to any one cruditor at any time during the reporting period. Herebine of over \$10,000 owed to any one cruditor at any time during the reporting period. Herebine are required to report at liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are a Marrison), barris secured by automobiles, household familiare, or appliances; fabilities of a business in which you own an interest (unless you are personally liability and liabilities of a pourse or the child, parent, or abiling of you or your spouse. Report a revolving charge account (i.e., crudit 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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SCHEDULE E - POSITIONS

Report all positions, comparaments or encomparaments, haid during the current or prior calendar year as an officer, director, busine of an expendistion, partner, proprietor, representative, employee, or consultation of any conversation. Even as a consultation of any conversation of the best that the Chile States. Exclude:

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				1 ch 108/ce (Personal 1802015)	Position	or season, or any corporation, turn, para sersey, or orner com- ballions hald in any religious, social, fraisernal, or political er
				hireat lother (located 180201) Lily's Place Inc. was notify Hundrylow (20)	Name of Organization	Considers of any corporation, term, personal or constructions, includes constructions, or construction of some members of some members of some members of some members of some members of some members, including any religious, accide, frainciss, or political entities (such as political parties and constructions); and positions activity of an incrutary nations.

SCHEDULE F - AGREEMENTS

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of any agreement or arrangement that you have with respect to: Maire employment, a heave of absence cluding the period of government service;	Samo
of government service;	Page 5 of 1

identify the data, parties to, and general terms of any a communities or determined payments by a former or our

employer.		
Date	Parties to Agreement	Terms of Agreement
	Nove	

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 has need not be added towards the \$375 disclosure threshold. Note: The gift rule (flouse Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Stanger Mr. Jacopin Street, Artisgum, VA	Other Platter (determination of personal distribute) resolved from the Other Connection)	*
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

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Page 10 of 12	
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identify the source and flat towel litherary, dates, and nature of expenses provided for bravel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent distil during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expenses. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relimbursed by the sponsor.

EXCLUDE: Travel-valued expenses provided by federal, state, and local governmente, or by a foreign government required to be separately reported under the Foreign Gitts and Decembers Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Bection Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or har relationship to the fler.

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SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

rance, or article), date, and amount of any payment mede by the sponeor of an event to a charitable organization in tieu of paying an honoratum to you. A separate rays must be filed directly with the Committee on Ethics.		MADE TO CHARLEY IN
sor of an event to a charitable organization in lieu of paying an	Name: Lugar Santing	
n honoratum to you. A separate	Page 11 of 12-	

					Noge	X/2 Magazine	Amor	Source	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charital confidential flat of charities receiving such payments must be fled directly with the Committee on Ethics.
						Atticle	ම් වලය ේ)	Activity	nevent to a cheritable organization
						Aug. 13, 2016	Feb. 2 2016	Date	ble organization in lieu of paying an honoraskum to you. A separate
						\$500	22.000	Amount	share to you. A separate

FILER NOTES (Optional)

Name: Euro Lenkins

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NOTE NUMBER Dove NOTES

Use additional sheets If more space is required.