				Branch of 15
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates,	Candidates, and New Employees	<b>OCI</b> 7 7015	
Name: Doug Owens	Daytime Telephone:	ne.	2015 0CT 16 FH 12: 35	
New Member of of Candidate for State: U+a U.S. House of Representatives District: H Candidates - Date of Election: Nuclear bear	2016	Check if Amendment	€ 10.12. (Office Use Only)(1)	· ,
STATUS  New Officer or Employee  Employing Office:		Period Covered: January 1, $\frac{2014}{5000}$ to $\frac{0.401cc}{50000}$	A \$200 penaity shall be assessed against any individual who files more than 30 days late.	st any late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUESTI	ONS		:
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? Of the reporting period?  b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No C	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 No odste of filing?	
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No.	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?	r arrangements with Yes X No	
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 X	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No	
ATTACH THE CORRESPONDING SCHEDULE IF THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU	RESPONDING SCHI	EDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWE	INFORMATION .	- ANSWER BOTH OF THESE QUESTIONS	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 t child?	"excepted trusts" need not be disclosed. Ha	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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, transactions, or liab Committee on Ethics.	oilities of a spouse or dependent child becau	Yes No	M

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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与모색 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 more than \$1,000 in interest-bearing accounts. identify (a) sach even.

roduction of income and with a fair market vancy production of income and with a fair market vancy accepting \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of sincome which generated more than \$200 it income which generated more than \$200 it For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds. reographic location in Block A. For an ownership interest in a privately-held busine that is not publicly traded, state the name of ubusiness, the nature of its activities, and For rental and other real property held for investm provide a complete address or description, or "rental property," and a city and state. f you so choose, you may indicate that an asset noome source is that of your spouse (SP) lependent child (DC), or jointly held with anyone (J ethement program, including the Thrift Savings Plan omes and vacation homes (unless there was renta roome during the reporting period); and any financia nterest in, or income derived from, a federa you have a privately-traded fund that is an Except westment Fund, please check the "EIF" box. xclude: Your personal residence, including secon rovide complete names of stocks and mutual fund the optional column on the far left a detailed Assets and/or Income Sources a detailed discussion of Schedule rements, please refer to the instruction booklet プニョグスプ 111 F15F 1 Simon & Schuster ABC Hedge Fund Mega Corp Stock **BLOCK A** 굒 × Indicate value of asset at dose of the reporting period. It you use a valuation method other than fair market value, please specify the method used. \*Column M is for assets held by your spouse or depender child in which you have no interest. \* 13450d None > hard-copy states sort. an asset was sold during the reporting period and is duded only because it generated income, the value \$1-\$1,000 8 \$1,001-\$15,000 C \$15,001-\$50-000 0 Ş Value of Asset \$50,001-\$100,000 m -\$100,001-\$250,000 × \$250,001-\$500,000 a \$500,001-\$1,000,000 Ξ \$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 the Tax-Defended agency of the Interest, and capital gains, even must be disclosed as income of the sasets held in taxable accounts, for assets held in taxable accounts about the saset generated no dendicate the saset generated as the saset generated \* Check all columns that apply. For accounts that generate tax-deferred income (such as 401(t), IRA, 528 accounts), you may check the "Tax-Deferred" column. Dividends NONE DIVIDENDS × RENT Type of Income INTEREST BLOCKC CAPITAL GAINS EXCEPTED/BUND TRUST TAX-DEFERRED Royattes Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "fax-Deferred" in Block C, you may check the "None" column, other assets indicate the category of income by checking the appropriate box below. Dividents, and capital galins, even if reinvested, must be disclosed as income for assets held in accounts. Check "None" if no income was earned or generated.  $\times$ "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 ₹ < Current Year × \$2,501-\$5,000 \$ \$15,001-\$50,000 ≦ ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Amount of Income Over \$5,000,000 × BLOCKD Spouse/DC income over \$1,000,000 쏠 XXX None \$1-\$200 = \$201-\$1,000 = × ₹ \$1,001-\$2,500 Preceding Year K \$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 × dexed Over \$5,000,000 ≚ Ę Spouse/DC income over \$1,000,000\* ×

Use additional sheets if more space is required.

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Arrivanto lined to	American Freds	SP, ASSET NAME	SCHEDULE A — ASSETS  BLOCKA  Assets and/or Income Sources
× -		None > \$1.\$1,000	SCHEDULE A — ASSETS & "UNEARNED INCOME"  BLOCK B  Assets and/or Income Sources  Value of Asset
)	× ×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Parinership Income or Farm Income)	Name: () U  BLOCK C Type of Income
	X X	\$1.\$200 = \$201.\$1,000 = \$1,001.\$2,500	S CWERS BLOCKD
		\$1-\$200 = \$201-\$1,000 = \$201-\$1,000 = \$201-\$1,000 = \$25,001-\$2,500 < \$25,001-\$5,000	Page 3 of 6

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come from any source (other than the filer's current en		OME
ncome from any source (other than the fiter's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer	reline. Of C Ove Cr.	Name:
reporting period. For both the filer	rage VI	H . ()

SCREDOLE C - EAKNED INCOME	Name: Ut / () wers	Page U of C
	1	
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.	oyment by the U.S. government) totaling \$200 or more during the arned income exceeding \$1,000. See examples below.	e reporting period. For both the filer
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social	refits 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 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.	ncome may apply to you after yo limit is \$27,225. In addition, certa r staff.	u are on House payroll. The 2012 in types of income (notably honorar	limit on outside earned income for a, director's fees, and payments for
o	circo (includo dete de receipt for homorogia)		Am	Amount
ú	Source (ilicitate date of leceipt for Horioraria)	Type	Current Year to Filing	Preceding Year
	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples:	CMI Wer Roundtable (Oct. 2)	Spouse Speech	\$20,000	\$76,000 \$1,000
	Critatio County poetro of Education	Spouse Salary	WA	N/A
Hollan	d + Hart	Salary	\$106,325	\$ 45,186
	Wasalch Pediatrics, Inc.	Sidna	O A	NA
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		ALANA A A A A A A A A A A A A A A A A A		

### SCHEDULE D - LIABILITIES

Name: しつりゅ ) wen Page

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.

		:	SP.		
		Ехетрів		•	
		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>\$</b>	
			\$50,001- \$100,000	n	
		×	\$100,001- \$250,000	0	ļ
			\$250,001- \$500,000	m	Amount of Liability
			\$500,001- \$1,000,000	71	t of Li
			\$1,000,001- \$5,000,000	ရ	ability
			\$5,000,001- \$25,000,000	Ŧ	
			\$25,000,001- \$50,000,000	-	
			Over \$50,000,000	-	
1			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 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	Name of Organization
AHorney	Holland + Hart
resistered agent, manyser Wisebelly, LLC	Wisebelly, LLC
reastered agent secretary, director	reistend agent secretary, director Little From Homeowners Association
or president	

## SCHEDULE F -- AGREEMENTS

Name: 000 んととろ Page\_ C ્ર

(A) .... 15 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. Date HOLLAR **-**+ Parties to Agreement 134 Justa E 2 ž 3 -coire な 20 12 = n, 3 0 Œ 0.1 fion Terms of Agreement > ひゃかふと 2 bilna んこさいの 24 このしな  $\bar{\zeta}$ £ بن 2 アイト てつご 3 2tois 1(0,50

# 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.

Doe Jones & Smith, Homestate Accounting Services  N/A  Orange Accounting Services		Source (Name and City/State)	Brief Description of Duties
	Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
		N/A	