

FINANCIAL DISCLOSURE STATEMENT

Period covered: January 1, 2013 - Frounty 28, 2017

Name: JOHN W. FOUST

UNITED STATES HOUSE OF REPRESENTATIVES

in all sections, please type or print clearly in blue or black ink.

Filer Status

Candidate for the House of Representatives

State: Y/A
District: /9

Yeasinia

Employing Office: --

more than 30 days late

New officer or employee

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Each question in this part must be answered and the appropriate schedu	 Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III. 	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes If yes, complete and attach Schedule II.	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. 	1
answered	Yes	Yes 🗸	Yes 🖸	
and the a	S S	N _o	No 🔲	
appropriate schedule attached for each "Yes" response.	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	
esponse.	Yes	Yes 🔲	Yes 🔽	
	No.	No \	No	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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.	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 a dependent child?
Yes	Yes 🔲
8 √	No 🗸

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name
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W. Foust
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Page 2 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) totalling \$200 or more during the preceding calendar year. 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

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and		benefits received under the Social Security Act.	Security Act.
Source (include date of receipt for honorarie)	Typo	Amount	unt
טימיס (ווטומים ימוס טי וסכפוף: וטי ויטוטימוזמ)	Ape	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
County OF FAILFAX, FAILFAX VILLINIA	Smay	17,307	67,450.
NONTHUN VINGINIA TRANSPORTATION COMMISSION, ARINTON VA	Director Fee	50	450
FOXHALL OB/GYN ASSOCIATES, F.C., WHITH DS.	Stouse Stokey	2.4	7.4
U.S. DePARTMENT OF Justice, Within the Ds.	Slowse Consulting Fee	Z.≯	Ņ.
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VALUC	Min - CAZ VAINC	Equity Income	BLUE CHIP GROWTH	T. Rowe Price (401K)	VANGUARD WINSOR FUNDS		Examples:	SP. SP Mega Corp. Stock	Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	location in Block A.	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	plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k))	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or Income Source	BLOCK A
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<u> </u>	<	<			\ \	×	Royalies	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	me)		closed as income. Check "None" if the asset generated no income during the reporting period.	"Tax-Deferred" column. Dividends, Interest, and capital gains, even if reinvested, must be dis-	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k))	Type of Income	вгоск с
	<	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<		<		×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Cover \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$50,001 - \$100,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$50,001 - \$15,000 \$1,001 - \$2,500 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Spouse/DC Income over \$1,000,000* Spouse/DC Income over \$1,000,000*		Current Year Preceding Year	1	* This column is for income derived from assets solely held by your secure or dependent child		Amount of Income	BLOCK D

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name John M Fousi

Spouse/DC income over \$1,000,000*

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OCK B	BLOCK C Type of Income	BLOCK C Type of Income	BLOCK C Type of Income	BLOCK C Type of Income	BLOCK C Type of Income	BLOCK C Type of Income	BLOCK C Type of Income	BLOCK C Type of Income	BLOCK C Type of Income
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DOO,001 - \$50,000,000 T	### Type of Income or Farm Income)	Second S	000,001 - \$50,000,000	000,001 - \$50,000,000	September Sept	September Sept	September Sept	September Sept	September Sept
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TAX-DEFERRED Other Type of Income(Specify: e.g.,	Partnership Income or Farm Income)	Partnership Income or Farm Income) None	Partnership Income or Farm Income) None	Partnership Income or Farm Income) None	Partnership Income or Farm Income) None	Partnership Income or Farm Income) None	Partnership Income or Farm Income) None	Partnership Income or Farm Income	Partnership Income or Farm Income) None
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Continuation Sheet (if needed) ഗ Ξ 8 SP, PAN FAX COUNTY DEFENCES ~ FIDELLY INVESTMENTS Asset and/or Income Source BA Retidement Funds-FOUST & CLAR PLOFIT SHARING D. AnexiTague, I'm E-XITALL OF/GYNASIACI COMPUSATION PLAN SPOR Dom. JAMES Russeau FIDSLIFT PURITA STAGUE ASSET RETWAY FUND SMALLE MID CAP Equip Forms T'Rome Paice Retitement LM DUSTA: AL BALANCES FUND LARGE SAP Equity Fand PLOCK A MACK (INF Javes None œ \$1 -- \$1,000 \$1,001 - \$15,000 O \$15,001 - \$50,000 Q Value of Asset ш \$50,001 - \$100,000 BLOCK B TI < \$100,001 - \$250,000 \$250,001 - \$500,000 ଜ I \$500,001 -- \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 Z m Spouse/DC Asset over \$1,000,000* NONE **DIVIDENDS** Type of Income RENT BLOCK C INTEREST **CAPITAL GAINS** EXCEPTED/BLIND TRUST < TAX-DEFERRED < く Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) < < None \$1 - \$200 \$201 - \$1,000 ≖ IV V VI VII VIII IX X \$1,001 - \$2,500 Current Year 012 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 W FOULT \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 × Over \$5,000,000 BLOCK D ¥ Spouse/DC Inco ne over \$1,000,000° None \$1 - \$200 = ≡ \$201 ~ \$1,000 Preceding Year \$1,001 - \$2,500 \$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 Income over \$1,000,000*

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Spouse/DC Income over \$1,000,000*

Continuation Sheet (if needed)

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FOXHALL OB-GYN Sun Taust BANKS, INC BANK OF AMERICA Asset and/or Income Source Medical Practice AMCRITAGE Defosit Scout INTOLNATIONAL Washing Tow D.C. T. Kowe Peice Snarr ECCHAT MONLY MAKEL Area: TAADE, I've TAA-CREF צמים עבואירטיאי FUND (WMBWX) INTERNATIONAL COMIT AP STOCK FUND OTCEN BLOCK A None œ \$1 - \$1,000 \$1,001 - \$15,000 o \$15,001 - \$50,000 O Value of Asset m \$50,001 - \$100,000 BLOCK B \$100,001 - \$250,000 т G \$250,001 - \$500,000 T \$500,001 - \$1,000,000 \$1,000,001 -- \$5,000,000 \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 Over \$50,000,000 3 Spouse/DC Asset over \$1,000,000* て NONE DIVIDENDS Type of Income RENT BLOCK C INTEREST CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200\$201 - \$1,000 \$1,001 - \$2,500 IV V VI VII VIII IX **Current Year** \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 × Over \$5,000,000 × BLOCK D Spouse/DC Income over \$1,000,000* < \$1 - \$200 \$201 - \$1,000 Preceding Year \$1,001 - \$2,500 \$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 Income over \$1,000,000*

SCHEDULE III — LIABILITIES

Name John W Foust

Page 8 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

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			Swreust BANK, INC. Melean VA	Example: First Bank of Wilmington, DE	Creditor	
			FIOT JUNC	May 1998	Date Llability Incurred mo/year	
			LOAN FOR PRINCIPAL ON CAR LEASE	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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	 				Liability over ス \$1.000.000	

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions listed on Schedule 1; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely of an nonorary nature.	ature.
Position	Name of Organization
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Representative	PHASE I Ducies RAIL TAMEPORTATION Commission

SCHEDULE III — LIABILITIES

Name John W Foust

Page 9 of 10

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount

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				Example: First Bank of Wilmington, DE	Creditor	
				May 1998	Date Liability Incurred mo/year	
				Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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SCHEDULE IV - POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

	CANADA CARA CARA CARA CARA CARA CARA CARA C
Position	Name of Organization
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Commissioned	ROUTELB HijHWAY TRANSFORTHION IMPROVEMENT DISTRICT COMMISSION
), Lector	Mosaic Dispaicr Community Development Authority
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SCHEDULE V - AGREEMENTS - NONE

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Page 10 of 10

	on plan manifed by a jointoi emproyer.	
Date	Parties To	Terms of Agreement

SCHEDULE VI -- COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 I.**

TOO BELLEVIANTED TO THE STATE OF THE STATE O	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Whome I. Gaiffin Electric, Inc., Howson MA	Lest services