D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? **C.** Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the **B.** Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your 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 that benefits you, your spouse, or dependent child? **IPO –** Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? exceeding \$1,000 during the reporting period? A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: William Blaine LIETKEMBYER 2015 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** reporting period? REPORT TYPE a. Own any reportable asset that was worth more than \$1,000 at the FILER STATUS . Make more than \$200 in uneamed income from any reportable end of the reporting period? or asset during the reporting period? × × 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for State: District: Yes Yes × No Yes Yes X Daytime Telephone × Mr ssour Amendment 8 Š For Use by Members, Officers, and Employees X × H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period? F. Did 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? Form A Employee Officer or ,; Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. 2016 ARB 2 Se 4 MW1: 31 A Section assessed and the A HAND Yes Yes Yes X Yes Yes Ύes Yes 8 ğ Š 8 Š ĕ

X

X

X

×

X

X

SCHEDULE A - ASSE

SETS & "UNEARNED INCOME"	
Name: Millian Blane Lucikemeyer	
Page A of 9	

		무			\$	Γ	•	1,8,5	r P	Fo	inco depo (JT)	Exce box	Exc hom inco inter	that busingeog	Por For	in a \$5,0	5 4 For	g b	ing of	e prog	3	
	7	<u> </u>					Examples:		requirements, prease 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 (DC), or jointly 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 rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.	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.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	income that generated income during the year.	voriety (e) seed, asset inercular investigation production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and this are other reportable seeds or source of	. A.	. [
	3014	Come Ring Acres		ST. CHILARCIA, MO	STEHMBETH	<u> </u>	95: -		JS, PS	detailed discussion	child child	invest	Your programment from the firm of the firm	t public the	and of comp	est-be t ever \$1,00	ns) ≱ Pro that	mplet	ring th	\$1.00 in	Asset and/or income Source	.
	Ž				Ř			8	Pase 1	ă.	al (DC) but SC) the	priva ment	berson lifon h e repo incor incor	idy tr natur	her re	her co baring y fina 0 in in	nd off	e nam ticker	egated	o at t		
	P	E.		4	Ž	ABC Hedge Fund	Simon & Schuster	Mega Corp. Stock	elet ii	liscus	may hat of humn	ately-i Fund	nal res	rest in raded, e of Block	addre acity:	ash aco acco incial*	the re	nes of	ir.	and and		BLOCK A
	₹ -				3	edge F	& Sch	Corp. S	3	Si.	indica f you jointly on the	tradec , pies	sidences (united perior leniver lenive	, stat	and st	ccoun unts fastitu	tirem lue fo	stock	than	9 9 9		۶
		P				§.	aster) X	nstruc	<u>Q</u>	ate the sport and the starte	se 다	d): and	activi	held f r des ate.	If the	r each	is and	\$200		, e	
		2	•		Basicsia				800	Schedule	at an	eck t	luding ane wa dany n, a Savin	heid I namu tes,	or inv	al the total	ans (hresh	maga.	= £ 9	orting	Ü	
Ш	_			5	2	┖		\coprod		<u>e</u>	asset (SP) anyo	ਡ <u>ੋ</u> ਜ਼ਾਂ	seco is ren financ fede gs Pla	of 1	estme e.	amou is on there	such olds.		8	per val	Ö	
Н						×		1	None	➤	3 4 4	7, 5		3 a 3	ξĢ		= 8 T					4
\vdash		A		_	S	┢	_	├	\$1-\$1	000						> 50	┨	ou hav	olum Sausa Sausa Sausa	valuatio		
					E	-	₹	-	\$1,00		000						┨	you have no interest.	ssetv eitge nMis	n met	Ĺ	
\sqcup				_	h	L	Indefinite		•1,00	17910,	,000					0	-	nteres	vas so merate for as	5 G	1	
									\$15,00)1-\$5(0,000					0		74	old du	therp		
						L		×	\$50,00)1-\$1(00,000		,			m			ming t	an fa	<u> </u>	
				<u> </u>		_	<u> </u>	_			250,000					וד	1		he re	ir mar	ue o	в соск в
		×		$ldsymbol{ld}}}}}}$		×			<u> </u>		500,000					6	1	1	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which	inductor seuto of easet at vices on the reporting period, if you use a valuation method other than fair market value, please specify the method used.	Value of Asset	용
Ш						<u> </u>	<u> </u>	_	ļ		1,000,000					=		-	g pen buld b	le p	Set	.
							-		₽		\$5,000,000					-			e No	ease	; ?	- 1
\vdash					×	┡	-	ļ			\$25,000,000								e 18	speci.	Ĺ	- 1
						<u> </u>		_	_		1-\$50,000,000						1		induc	y to	# 5	- 1
\dashv						┡		_	Over \$		Asset over \$1,	000 000*					-		ed o	meth		- 1
				<u></u>		┝		H	NONE		ASSELUTE: #1,	000,000	•			Z	╂					4
\dashv		_					ļ	×	DIVID		<u> </u>						┨	period.	even if	check all cardists that alphy, generate tax-deferred income (su 529 accounts), you may check the property of the second statement of the second statem	[- 1
\dashv						┢		Ĥ	RENT								ł	,	1	8 = #	<u>1</u> }	- 1
						┢		\vdash	INTER	EST					,		1		ester	defen	ر أ	
						┢			CAPIT	AL G	AIN\$			······································			1	Š	ta a	. B ≥ g = g	þe	奥
				ļ		┢	<u> </u>	 	EXCE	PTED	/BLIND TRUS	r					1	,	₩	라 # # # # # # # # # # # # # # # # # # #	5	BLOCK C
Н						H		H	TAX-D	EFER	RRED						1	period.	even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset renerated no income during the asset	.^ह	×	
	_	Ž		H		इ.इ	 <u>z</u>	-	Other	Tyne	of Income						-		. S 6	h as 401(k), IRA, or the "Tax-Deferred"	Ō	1
	4	. 7			5	Partnership Income	Royalbes		1 .		7., Partnership I	Income or Fa	rm Income)						De a	401(k).		1
					CRO	퓽	-											200	None	k), IRA, or Deferred	ī	- [
					~	┢			None							_	5	· · ·				┪
\Box						T			\$1-\$20	ж						=	in which you have no interest.	"Column X	must be a	y chec		
							×		\$201-	1,000)					=	T Your	<u>`</u> ≦	disc.	. o × §		ł
		X				Γ		×	\$1,001	-\$2,5	00					₹	1 8	or as	iosed heck	Non.	>	. 1
						×			\$2,501	-\$5,0	00					<		Sets T	No	9,05	JO T	
									\$5,001	-\$15,	000					S	l ssr	eld by	ncom	heckir	Int c	BLOCK D
									\$15,00	1-\$50	0,000					S	1	your		1 ± 2 € 2 € 2 € 2 € 2 € 2 € 2 € 2 € 2 € 2	<u> </u>	Š
									\$50,00	11-\$10	00,000					≦	1	spous	incom	othe	Amount of Income	
					×	<u> </u>			.		000,000,1					₹	1	a or d	# # # # # # # # # # # # # # # # # # #	ropria	9	
									₽		\$5,000,000					×	1	lepeno	8 E S	# # # # # # # # # # # # # # # # # # #	i <u>-</u>	
\Box				L					Over							×	1	Column XII is for assets held by your spouse or dependent child	check "None" if no income was earned or	ror asses to whitel you discaled in acceptance in block of you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Childhoude internet and capital calls along if minutestal.	!	
_						L				e/DC	Asset with Inco	me over \$1,0	000,000*			¥≄⊐or⊏	2*T7 ft			\$ \$ \$ \$		_
				,				olbani	P, S, S					•		Leave blank i blank i no tran hat ex	an ass please ollows	period.	exchar exchar	asset had	Ta	٥
				•		ĺ			S, S(part), or E			•	• •			Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold please indicate as follows: (S (part)).	period. If only a portion of	exchanges (E) exceeding \$1,000	asset had purchases (P).	Transaction	BLOCK E
									or E							e are ons ad	s sold ate as part)).	ion of	(i) (i) (i) (i) (i) (i) (i) (i) (i) (i)	Ţ, #	i di on	Ш
[<u> </u>	L	ı m												_	

Name WILLIAM BLAINE LUETKEMEYER

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page W of Q

		•		, ,			7				덕				닥	ታይ ጵ		• •
			H			_	1	١.	Ĺ									≽
•	•	र भे दि	IRA — SAU			DANK of St.	SAVINGS		KE THUESMENT CO	A Etitabert Mo	LEFTOVER LAND CO		RE THUSSMONT C	ST. ELIZABETH, NO	2 BADTHERS	ASSET NAME		BLOCK A Asset and/or Income Source
		Ė	290	•		Euza			4 C -	3	s C		376	3	Javes 5			ource
		121	Þ			<u> </u>			ļ		, ,		1		9	£		
H		3	C I	1		20			1 -		7		1		3		None ≫	
		9	7			2			N		"		10	Γ.	7		\$1-\$1,000 œ	
	-	assiv. No				Mo				١,	X		1016		7.75		\$1,001-\$15,000	
		b				0	×		KAÉ,		_		6		-		\$15,001-\$50,000	
\vdash									Lon			М	27				\$50,001-\$100,000 m	<
\vdash	•		×					7									\$100,001-\$250,000	BLOCK B Value of Asset
					_							4			×		\$250,001-\$500,000	BLOCK B
\vdash					\dashv								1	-			\$500,001-\$1,000,000 ±	⟨B Ass
${f H}$				\dashv	\dashv								7				\$1,000,001-\$5,000,000	e
					\dashv				_				Ž				\$5,000,001-\$25,000,000	
					\dashv									_			\$25,000,001-\$50,000,000	
												•	6/1	<u> </u>	-		Over \$50,000,000	
.		Н	-					-				_	7				Spouse/DC Asset over \$1,000,000°	
	_				-						×		9				NONE	
-					-								Ü	-			DIVIDENDS	
\vdash												_	_				RENT	
\dashv			- 0							\vdash			-		×		INTEREST	7
\dashv			*		_		×			\vdash							CAPITAL GAINS	Ві Уре
\dashv						,							_				EXCEPTED/BLIND TRUST	BLOCK C
\dashv																	TAX-DEFERRED	BLOCK C Type of Income
																	IAA-VEFERREU	me
																	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
											×						None	
\vdash				\Box			×						\vdash				\$1-\$200	
\vdash			X										 	ļ			\$201-\$1,000 #	
\vdash	`,	1			\dashv									\vdash	-		\$1,001-\$2,500	
\vdash		-		\dashv	-						L			\vdash	×		\$2,501-\$5,000 <	Amo
				\dashv	\dashv		H	\vdash							-		\$5,001-\$15,000 ≤	BLOCK D Amount of Income
\vdash				-	\dashv								-				\$15,001-\$50,000 <u>≤</u>	BLOCK D
\forall				+			ļ							<u> </u>			\$50,001-\$100,000 <u>≦</u>	nco
$\vdash \vdash$	\dashv				:								<u> </u>	ļ			\$100,001-\$1,000,000 ×	me
H	\dashv				-										\vdash		\$1,000,001-\$5,000,000 ×	
\vdash		\dashv	\dashv	\dashv	\dashv		\vdash								-		Over \$5,000,000	
$\vdash \vdash$							Н									\vdash	Spouse/DC Asset with Income over \$1.000,000°	
							H		-		\dashv				\vdash	\vdash	שַׁ.	-4
														'			s, s(part), or E	BLOCK E
		ļ			ļ												38rd)	BLOCK E ṛansactio
																	07 E	ion

SCHEDULE B - TRANSACTIONS

Name: WILLIAM BLAINE LUGIK ENCYPE Page 4 of 9

•														NoNE		SP Example Mega Corp. Stock	SP,DC,JT Asset	purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose 'partial sale' as the type of transaction. Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gains' box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that deliver in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your socuse, or your
			 															Purchase		Typ
				<u> </u>									<u> </u>					Sale		e of Tra
												:				×		Partial Sale		Type of Transaction
																		Exchange		Ĵ
																×		Check Box if Capital Ga Exceeded \$200	in	
	•															3/5/15		(MO/DAYR) or Quarterly, Monthly, or Bi- weekly, if applicable		Date
																		\$1,001- \$15,000	>	
																×		\$15,001- \$50,000	œ	
					<u></u>	<u> </u>	-	_										\$50,001- \$100,000	n	
			· 	٠		<u> </u>						l 						\$100,001- \$250,000	0	Ą
										,								\$250,001- \$500,000	m	Amount of
]								\$500,001- \$1,000,000	יד	of Tran
																		\$1,000,001- \$5,000,000	G	Transaction
		\vdash							ı	1						l		#c 000 004		~
																		\$5,000,001- \$25,000,000	I	7
																			-	5
													,			*****		\$25,000,000 \$25,000,001-		2

SCHEDULE C - EARNED INCOME

I	Nam
l	Š
I	1
ŀ	Ē
	₹ 8
	_
	건
	in Z
ŀ	Ϋ́ R
I	70

Page 5 of 9

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 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. INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain twos of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	totally prohibited.	
Source (include date of receipt for honoraria)	Туре	Amount
	Approved Teaching Fee	\$6,000
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech	\$1,000 N/A
AMERICAN FAMILY INSURANCE	Renzembut Beacht	346=
-		
State of Missoury	Kenrement Downt	17.600=
Spouse-Bonco of Directors - BANK of G. THUZABERY MO	Daecon Tee	NA
		,

SCHEDULE D - LIABILITIES

Name: Wike LAM DLAMB LUTTEMENTER

Page 6 of 9

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. 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. DC, JT		
				Example			
		>		te .			
		YONE		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		
					\$50,001- \$100,000 ,	c	
				×	\$100,001- \$250,000	D	
	,				\$250,001- \$500,000	m	Amount of Liability
					\$500,001- \$1,000,000	ъ	t of Li
					\$1,000,001- \$5,000,000	Ø	ability
		•			\$5,000,001- \$25,000,000	Ξ	
	,				\$25,000,001- \$50,000,000	-	
			`		Over \$50,000,000	د	
					Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employeé, 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 notifical entities (such as political parties and comparizations); and positions social fraternal or notifical entities (such as political parties and comparizations); and positions social fraternal or notifical entities (such as political parties and comparizations); and positions social fraternal or notifical entities (such as political parties and comparizations); and positions social fraternal or notifical entities (such as political parties and comparizations).

rieu ir any rengious, social, iralemat, or political entities (suc	neio in any religious, social, inalemai, or political entues (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization
Memser	2 Bearways Investment, LLC
Monece	CEDAGE RIDGE APRES LLC
MEMBER	LETTOUER LAND CO, LLC
	THE PROPERTY OF THE PROPERTY O

SCHEDULE F - AGREEMENTS

Name: WILLIAM BRAING	
- ARTKEMENER	
Page 7 of 6	

continuation of	Identify the da	
or deferral of pay	ate, parties to, an	
ments by a form	nd general terms	
er or current em	of any agreeme	
ployer other than	nt or arrangemer	
continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an er	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a lea	
ment; or continuir	vith respect to: fu	
ng participation in	ture employment	
an employee we	; a leave of absence d	
Ifare or benefit p	nce during the pe	
lan maintained b	luring the period of governme	
aintained by a former emplo	mment service;	
yer.		

Date	Parties to Agreement	Terms of Agreement
80-9	6-08 STATE OF MISSOURI	LEGISLATOR'S RETIREMENT BANGET
1-99	STORE OF MISSOURI	DEFERMENT BENEFIT
,		As Emproyee of State of Missoury

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

	The supplemental terms of the supplemental t	
Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Pletter (determination of personal friendship received from the Ethics Committee)	\$400
Nove		
	•	`

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

	Name: WLLIAM
	Braine 1
_	METROME
	₩2 Page
	00 2 2 3
	10

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
,	Government of China (MECEA)	Aug. 6-11	DC-Bejjirq, China-DC	γ	Υ	Z
Examples:	Habital for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	۲	≺	*
	NONE					
						,
			•			
						;

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Walley	
Bunnel	
PLUETKEN	
의 기 :	
2	

ist the source, activity (<i>i.e.</i> , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Source Source Association of American Associations, Washington, DC Speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Activity (<i>i.e.</i> , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Activity (<i>i.e.</i> , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Activity (<i>i.e.</i> , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	or of an event to a charitable organ Activity Speech Article	a charitable organization in lieu of paying an honorarium to you. A ity Date Amount Feb. 2, 2015 \$2,000 Re Aug. 13, 2015 \$500	Amount \$2,000
Nows			
			,
			` :
			`

FILER NOTES

										NOTE NUMBER		(Optional)
	I			ļ			-				N.	
									<u>.</u>			
										NOTES	•	Name:
			:								i	Pageof_
					•			`			•	