		HAND Page 1 of %
FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and	, Candidates, and New Employees	DELIVERED
Name: BONNIE WATSON COLEMAN Daytime Teleph	Daytime Telephone:(<u>(20み) みみち - 580)</u>	2015 HAY 15 AM II: 33 MC
New Member of or Candidate for State: U.S. House of Representatives District: Candidates - Date of Election:	Check if Amendment	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1, 2014 to MAY 2015	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	TIONS	
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 unearmed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ing the reporting period Yes 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 Yes No 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?	or arrangements with Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a single Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO	S"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	I - ANSWER <u>BOTH</u> 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?	er "excepted trusts" need not be disclosed. Ha	lave you excluded from Yes No Y
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.	labilities of a spouse or dependent child becau	use they meet all three Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: BONNIC WATSON COLEMAN Page_ <u>Q</u> Ø

Note Page		PRUDENTIAL FIN	599 Church ST. Marriage	186 Upland Ave Eming	ABC Hedge Fund X	Examples:	SP, Mega Corp Stock EIF	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 rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. 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. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income auring the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an esset or income source is that of your spouse (SP) or dependent child (DC), or pinitly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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).	and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.	(a) each on of incoming \$1,000 at	Assets and/or income Sources	BLOCK A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: BONNIE WATSON COLEMAN

Page 3 of

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SCHEDULE C - EARNED INCOME

Name: BONNIE WATSON COLEMAN Page 4 of 8

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 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.

	•	Am	Amount
Source (include date of receipt for nonoralia)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15) State of Maryland	Honorarium Salary	\$0 \$20,000	\$500 \$76,000
EXAMPLES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
NJ STATE PENSION	PENSION	18,635	44,724
STATE OF NEW JERSEY-LESISHTOR SALARY	SAlARY	0	48,588
Police PENSION FUND-SPOUSE SALARY	SPOUSE SALARY		
ST. FRANCIS HOSPITA	SALARY	0	0
2 " BAPTIST ChurcH (SPOUSE)	SPOUSE SALARY	10,592	H2 6 42,369
ADUSE)	Spouse SALARY	0	0
	SPOUSE SOLARY	0	0
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SCHEDULE D - LIABILITIES

Name: BONNIE WATSON COLEMAN Page 잌

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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 *Column K is for liabilities held solely by your spouse or dependent child.

					SP.		
	KIA	FOR	PW.	Example			
	KIA CREDIT	FORD MOTOR CREDIT	PNC BANK	First Bank of Wilmington, DE	Creditor		
	2014	2015	2007	5/98	Liability Incurred MO/YR		
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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
		Name of Organization

SCHE

			Date	Identify the date, continuation or d	SCHEDUL
!			Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in	SCHEDULE F - AGREEMENTS
			Terms of Agreement	ve with respect to: future employment; a leave of absence during the period of government service; enment; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	Name: BONNIE WATSON COLEMAN Page 6 of 8

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

of.

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FILER NOTES (Optional)

Name:

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