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UNITED STATES HOUSE OF REPRESENTATIVES		FORM B		TIAT ID ZUMage 1 of Z
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and	Candidates, and New Employees	1 5 5 5 5 5 5	region (salde deux facto (s)
Name: Andy Biggs	Daytime Telephone:	ne:	2016 MAY	2016 MAY 20 AM 10: 56
New Member of or Candidate for State: 42				Professional Control (1982)
District: 05	2016	Check if Amendment	(Office	(Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1, $\lambda \bigcirc 15$ to $A\rho \circ i1$ 30, 2016	A \$200 penalty shall be assessed against a individual who files more than 30 days late	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	F THESE QUEST	IONS		
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 unearned income from any reportable asset during the reporting period?	No E	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	j period	Yes V No
C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	Z 0 T	F. Do 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?		Yes 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 S	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a single	Yes
ATTACH THE CORRESPONDING SCHEDULE IF YOU	ESPONDING SCH	EDULE IF YOU ANSWER "YES"	S,	
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	HE SCHEDULES	THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	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 dependent child?	on Ethics and certain other	"excepted trusts" need not be disclosed. H		Yes No V
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent clearmption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, or liabilities of a spotee on Ethics.	ouse or dependent child because they meet all three tests for	-	Yes No V

For an ownership interest in a privately-held busine that is not publicly traded, state the name of it business, the nature of its activities, and 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 For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. SCHEDULE A - ASSETS & "UNEARNED INCOME" ncome during the reporting period); and any financial nterest in, or income derived from, a federa rental property," and a city and state. or rental and other real property held for investmen nore than \$1,000 in interest-bearing accounts do not use only ticker symbols). eographic location in Block A. you have a privately-traded fund that is an Except omes and vacation homes (unless there was rovide complete names of stocks and mutual fundnd (b) any other reportable asset or nome which generated more than trement program, including the Thrift Savings Plan cclude: Your personal residence, including secon oduction of income and with a fair market value entify (a) each asset held for investment seding \$1,000 at the end of the reporting period, samed" income during the year. Assets and/or Income Sources BLOCK A its activities, or description, If an asset was sold during the reporting period and included only because it generated income, the valushould be "None." Indicate value of asset at close 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 depende child in which you have no interest. œ O 0 m Value of Asset m BLOCK B ø I _ ۹... × _ Spouse/DC Asset over \$1,000,000* ኟ that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the Tax-Deferred column.

Dividends, interest, and capital gains, oven if relivested, must be disclosed as Check all columns that apply. For account enerated no tcome for Type of Income Name: BLOCK C ₹ in taxable Ŧ 502 Other Type of Income (Specify: e.g., Partnership Income or Farm income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. other assets indicate the category of income by checking the appropriate box below. Dividents, it and capital gains, even if reinvested, must be disclosed as income for assets held in accounts. Check "None" if no income was earned or generated. Column XII is for assets held by your spouse or dependent child in which you have no interest. = = ₹ **Current Year** < ≤ ≦ ≦ 突 × Amount of Income X BLOCK D × Spouse/DC Income over \$1,000,000* = = Page ₹ Preceding Year < ≤ رو ≦ ≦ 앜 ⋝ × , interes × ą Spouse/DC Income over \$1,000,000 ≚

Use additional sheets if more space is required.

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Wega Corp Stock

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Examples:

f you so choose, you may indicate that an asset on noome source is that of your spouse (SP) on the source (SP) of the source (S

vestment Fund, please check the "EIF" box.

the optional column on the far left.

quirements, please refer to the instruction booklet

discussion of

Schedule

Могк

\$1-\$1,000

\$1,001-\$15,000

\$15,001-\$50-000

\$50,001-\$100,000

\$100,001-\$250,000

\$250,001-\$500,000

\$500,001-\$1,000,000

\$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000

\$25,000,001-\$50,000,000

Over \$50,000,000

NONE

DIVIDENDS RENT

INTEREST

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

Over \$5,000,000

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

Over \$5,000,000

\$100,001-\$1,000,000 \$1,000,001-\$5,000,000

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\$1,000,001-\$5,000,000

CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED

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ITAMETICAL CENTURY

ABC Hedge Fund Simon & Schuster

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None	None	SpousePC Asset over \$1,000,000"
Company Comp	Nove Septime	None None
Spouse/DC Asset over \$1,000,000° X	None	SpousePC Asset over \$1,000,000" E
NONE DIVIDENDS RENT NTEREST NTEREST	NOME DIVIDENDS RENT NOME NOME NOME NOME NOME	NONE DIVIDENDS RENT
Other Type of Income (Specify: e.g., Partnership Income) None	Other Type of Income (Specify: e.g., Parthership Income or Farm Income)	Cher Type of Income (Specify: p.g., Pathership Income)
\$1,5200 = \$201.\$1,000 = \$201.\$1,000 = \$2,501.\$5,000 < \$2,501.\$5,000 < \$2,501.\$5,000	S1-\$200	\$1,5200
\$100,001-\$1,000,000 😾	\$100,001-\$1,000,000 \$\\ \$1100,001-\$5,000,000 \$\\ \$15,000,000 \$\\ \$15,000,000 \$\\ \$15,000,000 \$\\ \$15,000,000 \$\\ \$15	\$100,001-\$1,000,000
	\$1001-\$2.500	\$1,001-\$2,500

SCHEDULE C - EARNED INCOME

Name: Andy Biggs Page 4/ of 7

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.

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 2015 limit on outside earned income for Members and employees compensated at or above the *senior staff' rate was \$27,225. The 2016 limit is \$27,495. 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. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

SCHEDULE D - LIABILITIES

Name: Ardy Biggr Page 5 of 7

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."

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								≥	Amount of Liability	of Lia	bility				
	•		3		>		c	D	m		ေ	I		E	*
DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000° (Spouse/DC Liability)
	Ехатрю	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							
거	W_113	s Fargo Bank	8/15	Co-sign student ban	. 1	×									
7	United	Wholesole Mta.		mostifage on rental				X							
コー	Fide	Fidelity Bank	12/06	100 morthat on rental				X							
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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, iabor 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.

				П
	,	President Member	President CEO	Position
			American Founders Library Corporation	Name of Organization

SCHEDULE F - A

GREEMENTS	Name:	Page 6 of 7
and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the p		eriod of government service;

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.

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	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
N/A	N/A

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			State of Avirona Dention	Free Man Press - Value of book inventory	TD AMERITRADE - Brokeroge account Choldings in cash)	Wells Farao - checking & souther account	(Arizona Federal Credit Union - Checking account	d Annuity	American Century Mutual Fund - One Choice Port Folio: Moderate	NOTES