UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates,	FORM B Candidates, and New Employees	MAY 16 2016 Page 1 of S
Name: Jane Dittmar	Daytime Telephone:	YNO:	2016 MAY 25 PM 2: 01
New Member of or Candidate for State: V: 1731 ml A U.S. House of Representatives District: 5 +h. Candidates - Date of Election: 11 - 8 - 16	tol A	Check if Amendment	Office Use Only)
STATUS New Officer or Employee Employing Office:		Period Covered: January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	OF THESE QUEST	FIONS	
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? Of the second in unearned income from any reportable asset during the reporting period?	No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ting the reporting period Yes X No
C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/jRA distributions) of \$200 or more during the Yes reporting period?	X * .	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 X
D. Did you, your spouse, or your dependent child have any reportable Yes Jiability (more than \$10,000) at any point during the reporting period?	X S C C	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 X No S
ATTACH THE CORRESPONDING SCHEDULE IF THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU	RESPONDING SCH	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWE	ST INFORMATION	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?	e on Ethics and certain othe ent child?	er "excepted trusts" need not be disclosed. H	Have you excluded from Yes No 📉
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spotests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	" income, transactions, or li he Committee on Ethics.	labilities of a spouse or dependent child because they meet all three	ause they meet all three Yes 🔲 No 📉

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

Name: Jane D. Hmm Page 3 of S

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.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff 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

Source (include date of receipt for honoraria)	Toma	Am	Amount
(include date of ecolotic licitation)	i ype	Current Year to Filing	Preceding Year
ABC Trade Association, Buildimore, MD (July 15)	Нополетит	\$0	\$500
EX8MIDIES: CM War Roundhable (Od. 2)	Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Chemin Could Common Cheminan	Aspers enrods	NA	N/A
Metanoir, LLC	Spome Performan	TO 0 F W	1000
Charlo Harille Regional Chamber of Commerce Sponce Salung	Sponse Salung	26,000	50,000
country of Albernaile	Spouse Consulting	800	2 , 0~ o
Desinone lks	count coording	0	12,000
Prosture Solutions LEC	Mediations	0	5,000
Bust Yems LLC	Rut	7,200	7,200
Court of Albemanile	chanman	0	14,000

\$CHEDULE D -- LIABILITIES

Name: Page 4 of 5

Report liabilities of over \$10,000 awed to any one creditor at any time 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); beans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and substities owed to you by a spouse or the child, perent, or eibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the belance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held adely by your spouse or dependent child.

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						Elements &			
						Phot Bank of Wilnington, DE	Creditor		
						6/80	Date Liability Incurred MO/YR		
						Mortgage on Rendst Phoperty, Doyer, DE	Type of Liability		
						·	\$10,001- \$15,600	>	
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L	-	· -	•				Over \$50,000,000 Over \$1,000,000*		
							(Spouse/DC Liability)	*	1 1

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustes of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, norprofit organization, fabor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, finational, or positional entities (such as positional parties and campaign organizational); and positional solicity of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year and two previous years.

Position	Name of Organization
Partner	Best Years LLC
Portner	De Simone LLC
Parton	Positive Solutions Group LLC
Elected Supervisor	county of Albemania (Virginia)

SCHEDULE F - AGREEMENTS

Name: Jane Dilt Mar

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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	Parties to Agreement	Terms of Agreement
	No No	

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. If 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.

Colifornia de Activación de Colifornia de Co	The second commence of a result of a privileged result is a privileged by ISW. Do not repeat information 18100 on Schedule C.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Positive Solutions Group	Mediations
Best Years LLC	Rent
Supreme Count of Virginia	Mediation Coordinator
Country of Albermania	Elected Supervisor
De Simme UKC	Mediation / Court Coordination