#### UNITED STATES HOUSE OF REPRESENTATIVES C. Did you or your spouse have "earned" income (6.g. salaries, nonoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? 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? the Committee on Ethics for further guidance. IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH 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? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? reporting period? B. Did you, your spouse, or your dependent child purchase, self, or A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: JAMES KANDY FORGET FR EXEMPTION - Have you excluded from this report any other assets, "uneamed" 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. 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 REPORT TYPE FILER STATUS Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? FINANCIAL DISCLOSURE STATEMENT X U.S. House of Representatives 2015 Annual (Due: May 16, 2016) Member of or Candidate for State: District Yes Yes Yes Yes Yes × Daytime Telephone: × $\times$ シン Amendment S ¥, Z 충 S 0 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? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" lieu of paying you for a speech, appearance, or article during the reporting period? Did any individual or organization make a donation to charity in 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? year up through the date of filing? Form A Employee Officer or Employing Office Termination Date of Termination: 1/2/1/ LEGISLATIVE RESOURCE REAL A \$200 penalty shall be assessed against any HAND DELIVERET & individual who files more than 30 days late. 2017 JAN 260 Highy Use (2014) Yes Yes Yes **Yes** Yes ĕs **Yes** ĕ Š 중 중 중 Š 內 X X

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BANK OF HAMPTON ROADS ACCOUNT	SUMITRUST BANK ACCOUNT	VIRGINIA RETIREMENT SYSTEM (INCOME REPORTED ON SCHEDIC)	VACANTIAND - CHESAPEAKE VA	DUCK RD. DARE COUNTY, NC - LOT	REFLECTED ON SCHEDULE C)	FROM THIS BUSINESS TREATED AS EANED INCOME AND	VIRGINIA CONSULTANTS LLC, CHESAPEAKE, VA (ALL INCOME	BB&T BANK ACCOUNT	BB&T BANK MONEY MARKET	BANK OF AMERICA ACCOUNT	BANK OF AMERICA ACCOUNT	536 JOHNSTOWN RD, CHESAPEAKE, VA - RENTAL HOME	524 JOHNSTOWN RD, CHESAPEAKE VA - OFFICE BUILDING			BLOCK A Asset and/or Income Source
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## SCHEDULE C - EARNED INCOME

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Page 3 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 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.

					CHESAREAKE VA REGIONAL MEDICAL CENTER	VIRGINIA RETIRESINENT SYSTEM	VIRGINIA CONSUCTANTS LIC CHESAPEAKE VA	Civil War Roundtable (Oct. 2) Ontario County Board of Education	Keene State State of Maryland	Source (include date of receipt for honoraria)	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 types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.
				•	SPOUSE SOKAR	TERISTATIVE	Spare loxas	Spouse Speech Spouse Selary	Approved Teaching Fee Legislative Pension	Туре	ensated at or above the "senior staff" rate re totally prohibited.
	•				NA	x 3600	NA	\$1,000 N/A	\$6,000 \$18,000	Amount	was \$27,225. In addition, certain

Name: TAMES RAYOV FORSET ST PAGE Y O

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	-						Α	nount	Amount of Liability	bility				
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SP. 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)
Example	First Bank of Wilmington, DE	5/98	Montgage on Rental Property, Dover, DE				×							
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	A CANADA		JOHNSTOWN RO.										-	
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			HERSONA RESIDENCE				X							L

#### 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, 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

Position	Position Name of Organization
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TRANDY FORSET A Page 5 of	Name: JAMET	
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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. 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 ran to make the mark tout 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

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		Date	٠	<b>&gt;</b>	<b>30</b>		, co	,6		TR.	IR.	TR.	IR.
SP, DC, JT	Creditor	Liability Incurred MO/YR	Type of Liability	\$10,001~ \$15,000	\$15,001- \$50,000		\$50,001- \$100,000	\$50,001- \$100,000 \$100,001- \$250,000	\$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000	\$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000	\$50,001- \$100,000 \$100,001- \$250,000 \$250,000 \$500,000 \$1,000,000 \$1,000,000 \$5,000,000	\$50,001- \$100,000 \$100,001- \$250,000 \$250,000 \$500,001- \$1,000,000 \$5,000,000 \$5,000,000 \$5,000,001- \$25,000,000	\$50,001- \$100,000 \$100,001- \$250,000 \$250,000 \$500,001- \$1,000,001- \$5,000,000 \$5,000,000
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			CREDIT PERS RESIDENCE	S.	\ <u>\</u>	Χ	X	X	X	X	X	X	X
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			VA office buriary						X	×	X	×	×

#### **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, 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 hald in any religious social fraternal or political antities for the profit of the borders and positions are positions.

Position	Position Name of Organization
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Name: JATMES KANDY FORDET JR Page 6 of

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 spouse or the child, perent, 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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BC JT SP		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)
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#### 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, 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

Position	Position  Position  Name of Organization
•	
$A/\mathcal{N}$	

### SCHEDULE F.- AGREEMENTS

Name: JATURES KANDY FARSET SR Page

dentify the da	ate, parties to, and general terms of any agreement or arrangement that you have clearal of payments by a former or current employer other than the U.S. governments.	dentify 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
6-1	6-1 VIRGINIA RETIREMENT SUSTEM	Retheries plan

#### 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. Excitude: 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.

Source	Description	Value
Example: Mr. Joseph Smith, Artington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
N/A		

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Thries
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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 relimbursed 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 Giffs 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

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (YIN)	Family Member Included? (Y/N)
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схетриев:	Habilat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	۲	۲ .	*
NONO	CONFRESS PRAYER CAUCUS		- W Sandsmanny - Ja			
Fa	Fourman Dad, INC	EB 26-18	FEB 26-28 CHESPETHE 14	<	Υ	Υ
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