C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the Name: FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS 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? EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS FILER STATUS b. Make more than \$200 in unearned income from any reportable asset during the reporting period? end of the reporting period? or Compas CABRIEL Χ U.S. House of Representatives Employing Office: New Officer or Employee Candidates - Date of Election: New Member of or Candidate for THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE GOWETLEE ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" 6 State: 4 Yes X Yes ĕs Daytime Telephone: For New Members, Candidates, and New Employees <u>×</u> S 8 \times X J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? 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? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? FORM B Period Covered: January 1, Check if Amendment A \$200 penalty shall be assessed against any individual who files more than 30 days late. U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 2016 MAY 19 AM 11:39 NAY 14 2016 Page 1 of (Office Use Only) Yes Yes ĕ ĕs Ύes

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Roman GABRIEC GENTACEZ Page_ ا ع

BLOCK A	BLOCKB	вгоск с	BLOCK D
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income
	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value,		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest,
	please specify the method used. If an asset was sold during the reporting period and is	401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column.	ourse assess inducte the category or income by creating the appropriate box below. Lawrentus, interest and capital galaris, even if reinvested, must be displaced as income for assets held in taxable accounts. Check "None" if no income was earned or generated.
	included only because it generated income, the value should be "None."	even if reinvested, must be disclosed as income for assets held in taxable	*Column XII is for assets held by your spouse or dependent child in which you have no interest.
Provide complete names of stocks and mutual funds (do not use only ticker symbols).	"Column M is for assets held by your spouse or dependent child in which you have no interest.	generated no income during the reporting	
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in		Allow	
the account that exceeds the reporting thresholds.			Current Year Preceding Year
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.		ma)	
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.		ne or Farm Inco	
Exclude: Your personal residence, including second thomes 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.	r	., Partnership Inco	
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 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.	5,000 50-000 100,000 \$250,000 \$500,000 \$1,000,000 1-\$5,000,000 1-\$25,000,000 01-\$50,000,000	T GAINS O/BLIND TRUS	,500 ,000 5,000 50,000 1100,000 \$1,000,000 00,000 C Income over 00 ,500 ,500 5,000 5,000 100,000 \$1,000,000
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$1,000,00 \$5,000,00 \$25,000,0 Over \$50	TAX-DEF	\$1,000,000 Over \$5,0 Spouse/D None \$1-\$200 \$201-\$1,0 \$1,001-\$2 \$2,501-\$5 \$5,001-\$1 \$15,001-\$ \$100,001 \$1,000,000 Over \$5,0
SP, EIF	×	×	×
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Examples: ABC Hedge Fund X	X	Partnership Income	× × ×
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	I	ŀ	l	I	1	1	j	l		l	l	l	1	1		Spouse/DC Income over \$1,000,000° ≧	

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

Name:	
Roman GABBIEL GONZACEZ	
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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. **EXCLUBE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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Course (include date of receipt for hoperarie)	1		Amount
Source (iliciade date of fecelpt for fiorioraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Marylatio (Oct. 2)	Salary Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Ontario County Bosit of Education	Spouse Salary	NJA	WA
All-Rec			
67 8:11	Benefits	\$ 8,000	A B
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SCHEDULE D - LIABILITIES

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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 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.

2						DC Jr Se		
			i		Example			
				wind	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	Φ.	
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						Over \$50,000,000	۲	
						Over \$1,000,000* (Spouse/DC Liability)	*	

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.

		None	Position	
			Name of Organization	Jest animalist animal see their promote their the pullbury partials from the street profession.

SCHEDULE F - AGREEMENTS

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continuation or deterral or 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.
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;

Date	Parties to Agreement	Terms of Agreement
	Mont	

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.

government at	d any initialian considered confidential as a result of a	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
	Move	
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FILER NOTES (Optional)

Name: Page____of___

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FILER NOTES (Optional)

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CAMPAIGN NOTICE

REGARDING FINANCIAL DISCLOSURE REQUIRE

If you have not yet raised (either through contributions or loans from yourself others) or spent in excess of \$5,000 for your campaign, or if you have withdraway your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

ndicate Your Status: Select One)	Dear Madam Clerk:							
Over \$5,000 ·	This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.							
Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.							
Withdrawal ◆	This is to notify you that under the laws of the state of							
── of Candidacy	[Note: If your Financial Disclosure Statement was due before the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]							
	Name (Please Print or Type): Toman GONZIZEL ROMAN GABRIGE GONZACEZ							
	State: CALIFGRNIA District: 40 Date: 5/12/16							

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:

The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601