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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and Nev	New Employees	LETTER ATTIVE STATE OF STATE O
Name: Criston Dosev	Daytime Telephone:	2016 JUI	2016 JUII 21 PM 2: C5
New Member of or Candidate for State: F. U.S. House of Representatives District: i Candidates – Date of Election: 8 30 10	Check if Amendment	O.C.	(Office Use Only)
STATUS New Officer or Employee Employing Office:	Period Covered: Janu to 1101 15, 2	ary 1,30 <i>1</i> 5 A \$200 penalty shall b	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE	THESE QUESTIONS		
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?	No E. Did you hold any reports or in the current calendar y	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes 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 reporting period?	No F. Do you have any reports outside entity during the reyear up through the date of	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 X
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 J. Did you receive compensation of more than source in the current year and two prior years?	\$5,000 from a single	Yes No
ATTACH THE CORR THIS FORM INCLUDES ONLY T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	J ANSWER "YES" E REQUIRED TO COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	INFORMATION - ANSWER BOT	OTH OF THESE 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?	n Ethics and certain other "excepted trusts" need no		Yes No 1
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 exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	come, or liabilities of a spouse or dependent child been Ethics.	cause they meet all three tests for	Yes No N

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SCHEDULE A - ASSETS	& ONEARNED INCOME.	Name: CRISTO	nv Dosev	Page 2 of 6
BLOCK A	вгоскв	вгоск с	BLOCK D	
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	me
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearmed" income during the year.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Il columns that apply. For accounts erate tax-deferred income (such as RRA, or 529 accounts), you may the Tax-Deferred column, ds, interest, and capital gains, reinvested, must be disclosed as reinvested as tax-based as the column.	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, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable 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.	you may check the "None" column. For all ppropriate box below. Dividends, interest, d as income for assets held in taxable s.
Provide complete names of stocks and mutual funds (do not use only ticker symbols).	assets held by your spouse or dependent have no interest.	income for assets near in taxable accounts. Check "None" if the asset 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		penod.		
The hour and other cook consumer reporting intestigues.			Current Year	Preceding Year
ror pank and other cash accounts, total me 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.	(((((((((((((((((((IK X XI IIIV IIV IV V III
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.		me)		
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 (noc		
Exclude: Your personal residence, including second homes 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.		, Partnership Incor)4) *
If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.			51,000,000	51,000,000
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	gains Gains Id/Bland Trus Erred	,500 ,000 5,000 50,000 100,000 \$1,000,000	,500 ,000 5,000 50,000 100,000 \$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	\$1,000,00 Over \$5,0	Over \$5,0
SP, Mean Corp Stock	×	×	×	×
Examples:	Indefinite	Royalties	X	×
ABC Hedge Fund X	×	Partnership Income	×	×
IT MARGON PROPLE	×	*	×	×
AT MARDOC DES LIC	×	~	×	×
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Variouand Ruth INA	×	×	X	
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Use additional sheets if more space is required.

SCHEDULE A ASSETS & "UNEARNED INCOME"
Name: Cristor Doser
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SCHEDULE C - EARNED INCOME

Name: Cristov Dosev Page 4 of 6

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.

	4	Amo	Amount
source (include date of leceipt for Horiorana)	Type	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$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
Mardoc Management	edlary	X	\$130,000
Mandac Properties, LP	partruistip distributionent \$90,000	ernent \$90,000	
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SCHEDULE D - LIABILITIES

Name: Cristor Doser

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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. DC, JT		
SYM	COHA	Tef	Example			
SYMMETRA	COHEN FINANCIAL	TOF BANK	First Bank of Wilmington, DE	Creditor		
9/13	5/12	5/12	5/98	Date Liability Incurred MO/YR		
1.		MORT ON RENEIL PAY	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	₩	
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X	X	X		\$1,000,001- \$5,000,000	6	bility
				\$5,000,001- \$25,000,000	Ξ	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	-	
				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.

Managing General Partner Books PACKING PON (sidem NANDON I Advisory Board Position BALLY IN Mandac Properties Mandac Development Money (**Maunal** Heroes Youndarion. FISH Name of Organization Morticallo uncompensated 4

SCHEDULE F - AGREEMENTS NA

Name: Cristov Dosev Page 6 of 6

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
	NA	

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.

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

;							NOTE NUMBER
							NOTES