

| UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT | For New Members | FORM B For New Members, Candidates, and New Employees | Page 1 of |
|--|--|---|--|
| Name: Koep Koupolds 1 | Daytime Telephone:_ | one:_ | 2016 MAR 24 PM 1:29 |
| New Member of or Candidate for State: | 0 0 | Check if Amendment | U.S. HÄUSE OF REPRESENTATIVES (Office Use Only) |
| New Officer or Employee Employing Office: | | Period Covered: January 1,to | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS | THESE QUES | TIONS | |
| 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 Make more than \$200 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? | g the reporting period Yes No No |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | 3 | 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? | arrangement with an Yes No 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 | 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 No |
| ATTACH THE CORR THIS FORM INCLUDES ONLY T | ESPONDING SCI | ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE | ;" COMPLETE |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH | INFORMATION | | OF THESE QUESTIONS |
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not this report details of such a trust that benefits you, your spouse, or dependent child? | n Ethics and certain oth ? | | be disclosed. Have you excluded from Yes No Mo |
| EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child be exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | come, or liabilities of a see on Ethics. | spouse or dependent child because they meet all three tests for | all three tests for Yes No No |
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

| Use additional sheets if more space is required | M2010008100104 | and College Oxford Of | listaristst.orgel OH | JOB Main St. Cyfedoff | ABC Hedge Fund X | Examples: Simon & Schuster | Sep. Lega Corp Stock EFF | 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. 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. Exclude: Your personal residence, including second homes (unless there was rental income during the reporting period); and any financial interest in, or income elevied from, a federal interest in, or income elevied from, a federal interest in, or income elevied from, a federal interest in, or protectly-treded fund that is an Excepted investment program, including the Thrift Savings Plan. If you have a privately-treded fund that is an Excepted investment Fund, please check the "EIF" box. If you have a privately-treded 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 or your spouse (SF) of dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A For during the state of the instruction booklest. | For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. | (do not use only ticker symbols). | | which generated more than \$200 in of income during the year. | | Identify (a) each asset held for investment or investment or income and with a fair market value | Assets and/or Income Sources | BLOCK A |
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| <u>×</u> | | | _ | × | Partnership | Royalites | × | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of income (Specify: e.g., Partnership Income or Farm Income) | | generated no income during the reporting period. | income for assets held in taxable | Dividends, interest, and capital gains, even if reinvested, must be disclosed as | ulat generate tax-determed modified (additional determination of the "Tax-Deferred" column of the co | Check all columns that apply. For accounts that repeats to undeferred income (such as | Type of Income | BLOCK C |
| | | | × × | × | × | × | × | None | | ∞ € | COMMITTED IN GOODS HOW BY YOUR SPONSO OF ASPORTABLE WHICH HAIRS JOST HAVE IN HINGIBSE. | | other assets indicate the category of income by checking the appropriate box below. Dividends, in and capital gains, even if reinvested, must be disclosed as income for assets held in | For assets for w | Amount of Income | BLOCK D |

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SCHEDULE C - EARNED INCOME

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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.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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.

| Source (include date of receipt for honoraria) | Туре | Am Current Year to Filing | Amount Preceding Year |
|---|---|-------------------------------|--------------------------|
| ABC Trade Association, Battimore, MD (July 15) Examples: Site of Maryland (Sivil War Roundfable (Oct. 2) Oritatio County Board of Education | Honorarium Salary Spouse Speech Spouse Salary | \$0 \$20,000 \$0 N/A | \$1,000 \$1,000 NA |
| Butter Country Roundle - Butter (Butterly) | Salery |) Q | CON 68 4 |
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SCHEDULE D - LIABILITIES

Name: Rose Tourolls Page of J

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 X is for liabilities held solely by your spouse or dependent child.

| | | | | | | | P | Amount of Liability | t of Lia | ability | | | | |
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| рс, л 8 ⁸ - | 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 | Mortgage on Rental Property, Dover, DE | | | | × | | | | | | | |
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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, 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.

| The Current Calendar year. Filst-year Candidates and new t | uie culterit caleridat year. Filatrysal cariettaates and her simpleysees report positions return the culterit caleridat year and two previous years. |
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| Position | Name of Organization |
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