| Yes No X | se they meet all three | bilities of a spouse or dependent child because they meet all three | ed" income, transactions, or liat n the Committee on Ethics. | EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | |
|---|--|---|---|---|--------------|
| Yes No X | ave you excluded from | "excepted trusts" need not be disclosed. Have you excluded from | tee on Ethics and certain other dent child? | TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne this report details of such a trust that benefits you, your spouse, or your dependent child? | |
| | E QUESTIONS | - ANSWER <u>BOTH</u> OF THESE QUESTIONS | ST INFORMATION . | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B | |
| | COMPLETE | THAT YOU ARE REQUIRED TO COMPLETE | Y THE SCHEDULES T | THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR | I |
| Š S | n \$5,000 from a single s? | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | any reportable Yes No Source in the current source in the current | D. Did you, your spouse, or your dependent child have any reportable Y liability (more than \$10,000) at any point during the reporting period? | T – – |
| Yes No | or arrangements with | 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? | 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 reporting period? | - |
| Yes No | ng the reporting period atte 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? | Yes No E | 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 unearned income from any reportable asset during the reporting period? | |
| | | ONS | OF THESE QUESTI | PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS | ا _ ا |
| A \$200 penalty shall be assessed against any individual who files more than 30 days late. | A \$200 penalty shall individual who files n | Period Covered: January 1,to | | New Officer or Employee Employing Office: | |
| บ.ร. Hรปริยัติ สิริการ์ เกียร์ เกียร์ บ.ร. Hรปริยัติ REPRESENTATIVES (Office Use Only) | U.S. HOUSE Office | Check if Amendment | 67 | New Member of or Candidate for State: | 7 |
| 2016 APR 28 PM 1: 36 | 2016 APR | ne: | . Daytime Telephone: | Name: DIMITALI CHETANY | |
| FOISL ATIVE RESOURCE CENTER | I FOISI ATIV | FORM B Candidates, and New Employees | For New Members, Candidates, and | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT | |
|) · | | | | | ı |

SCHEDULE D - LIABILITIES

| | Name: | |
|--|---------|--|
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| | Pageof | |
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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.

| | _ | _ | _ | _ | | | |
|---|-------|---|---|--|--|-----|---------------------|
| | | | | | sp. Dc, JT | | |
| | | | | Example | | | |
| | | | | 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 | 8 | |
| | | | | : | \$50,001- \$100,000 | c | |
| | | | | × | \$100,001- \$250,000 | 0 | ≥ |
| · | | | | | \$250,001- \$500,000 | m . | Amount of Liability |
| | | | | | \$500,001- \$1,000,000 | 71 | of Lia |
| | | | | | \$1,000,001- \$5,000,000 | 6 | bility |
| | | | | | \$5,000,001- \$25,000,000 | I | |
| | | | | | \$25,000,001- \$50,000,000 | - | |
| | | | | | Over \$50,000,000 Over \$1,000,000* | - | |
| | | | | | (Spouse/DC Liablity) | ~ | |

SCHEDULE E - POSITIONS

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. 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

| | | BOARD MEMAGR | C20 | Position |
|--|--|--------------------------------------|--|----------------------|
| | | THE TINY HOUSE PROJECT OF CHAPLESTON | HIGHEST WIND LLC - INACTIVE SINCE 2013 | Name of Organization |

SCHEDULE F - AGREEMENTS

| EEMENTS | Name: DIMITRI CHERNY | CHERNY | Page of |
|---|---------------------------------------|------------------------------------|---------------------------------------|
| 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; | espect to: future employment; a le | ave of absence during the period c | of government service; |
| ants by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit p | ; or continuing participation in an e | employee welfare or benefit plan m | plan maintained by a former employer. |

| Identify the dar continuation or | Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation is | 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 |
| | | |
| | | |
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| | | |
| | | |

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 |
| FIFTH WHEAL LOGISTICS | TRUCK DRIVER |
| 25 DMMS SMHAC | |
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