PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

| ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" | COXRESPONDING SCHEDOL | |
|---|--------------------------------------|--|
| | CODDING COURT | ATTACH THE |
| J. Did you receive compensation of more than \$5,000 from a single Yes No X | Yes X No J. Did yo source ir | D. Did you, your spouse, or your dependent child have any reportable iability (more than \$10,000) at any point during the reporting period? |
| 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 F. Did you an outsic calendar | C. Did you or your spouse have "earned" income (e.g., salaries, nonoraria, or pension/IRA distributions) of \$200 or more during the reporting period? |
| E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | Yes X No E. Did yo | 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? |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

| | | | | F |
|----------|-----|---|--|---|
| <u>8</u> | ¥88 | | this report details of such a trust that benefits you, your spouse, or your dependent child? | |
| 7 | • | 's" need not be disclosed. Have you excluded from | TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need | - |
| | | | | |

EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, 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.

8

| BLOCK A | DULE A – ASSETS (|
|---------|-------------------------------------|
| BLOCK B | DULE A – ASSETS & "UNEARNED INCOME" |
| BLOCK C | Name: Joseph |
| BLOCK D | oh L. Dunn |
| | Page 2 of 7 |

| (Circusi - Defined Benefit) | Robins, Kaplan, Millert | Minnesota Life-Universal | SP UCI Retirement Plan | Fidelity-Deferred Comp | ABC Hedge Fund X | Examples: | SP, EFF. DC, Mega Corp Stock EFF. | 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 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 Thift Savings Plan. 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. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. | For bank and offer 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 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. | identity (a) each asset need on 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 "uneamed income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). | Assets and/or Income Sources | BLOCK A |
|-------------------------------|-------------------------|--------------------------|------------------------|------------------------|--|------------|------------------------------------|--|--|--|---|------------------------------|----------|
| | | | - | • | | | | None | - 3 | P | Infliciate value or asset at close or the reporting benot. In you use a valuetion method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is lincluded only because it generated income, the value should be "None." **Column M is for assets held by your spouse or dependent child in which you have no interest. | | コ |
| | | | - | | | | | \$1-\$1,000 | | | mun M | | |
| | | × | 6 | × | | Indefinite | | \$1,001-\$15,000 | | ? = | valu cafy the cafy the nanly None list | • | ļ |
| × | - | | 7 | | - | 8 | × | \$15,001-\$50-000 \$50,001-\$100,000 | | <u></u> | s so secand | · _ | - 1 |
| | | | 3 | <u> </u> | | - | Ĥ | \$100,001-\$250,000 | | n | met a met a met a met a la du | . <u>a</u> | _ |
| | | | Determined | | | + | | \$250,001-\$500,000 | | D | hod | . <u>0</u> | BLOCK B |
| | | | | <u> </u> | ├ | - | | \$500,001-\$1,000,000 | | | the snera | Value of Asset | Κ̈́В |
| | | | 7 | | †— | + | - | \$1,000,001-\$5,000,000 | - | _ | wursp | set | |
| | | | 2 | | | ╁ | | \$5,000,001-\$25,000,000 | | | ting incor | • • | J |
| | | | 2 | | | ╁ | - | \$25,000,001-\$50,000,000 | | × | mar pend me, e or o | | ı |
| | | | 1 m | | 1 | | | Over \$50,000,000 | r | - | the a | | |
| | | | 7 | | 1 | H | | Spouse/DC Asset over \$1,090,000* | | - | nd is value | | |
| X | | X | × | | | T | | NONE | | \neg | | | |
| | | | | \times | | - | × | DIVIDENDS | | | Check an columns true apply. Too that generate tax-deferred income 401(k), IRA, 529 accounts), you not the "Tax-Deferred" column. Dimberest, and capital gains, relinvested, must be disclosed a for assets held in taxable income during the reporting period. | | |
| | | | | | | T | | RENT | | | erate RA, ar bed, a erate | . ⊣ | - 1 |
| | | | | × | | t | | INTEREST | | | coulmis triet apply. To coulmis triet ax-defended income VA, 529 accounts), you vA, 529 accounts), you and capital gains, and capital gains, and capital gains, d, must be disclosed to held in taxable hone" if the asset geruning the reporting period | Type of Income | _[|
| | | | | | 1 | ╁ | | CAPITAL GAINS | | | defe acco d" c capit in in | <u> </u> | BLOCK C |
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| | | | | ĺ | | ┾ | <u> </u> | TAX-DEFERRED | | | mincor yaina gaina cable cable | . § | ı |
| | | | | | Partnership Income | Royalties | <u> </u> | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | 1 | check all columns mat apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period. | | Ì |
| X | | 좃 | 又 | | क € | W | | None | _ | 一 | | | |
| | | _ | | | <u> </u> | T | × | \$1-\$200 | = | | For ass other as and ca accoun *Colum | | ı |
| | | | | | - | | | \$201-\$1,000 | = | | ets f phtal n XII | | |
| | | | | × | <u> </u> | T | | \$1,001-\$2,500 | ₹ | | indis gasindis hec | | |
| | | | | | [| × | | \$2,501-\$5,000 | < | [[| hich cate: ms, 4 k.*No 'assi | | |
| | | | | | × | | | \$5,001-\$15,000 | ≤ | Current Year | the c aven ine" i ets hi | | |
| | | | | | | | | \$15,001-\$50,000 | ≦ | IŽI | check ategy finoi | | |
| Ш | | | | | | | | \$50,001-\$100,000 | ≦ | ¥ | ked tony or sinve | | |
| Щ | | | | | <u> </u> | | | \$100,001-\$1,000,000 | ᄝ | | Tax- fino: stec news | . | |
| Щ | | | | | <u> </u> | _ | | \$1,000,001-\$5,000,000 | × | | Defer hme l hs ea hs ea | ş | |
| \square | | | | | ļ | _ | | Over \$5,000,000 | × | | med by chemed or de | Š. | <u>_</u> |
| | | | | | | _ | | Spouse/DC Income over \$1,000,000* | ≚ | H | 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. | Amount of Income | BLOCK D |
| × | | <u> </u> | <u> </u> | | | - | | None | | | lock iscla eners | 쿬 | ô |
| $\vdash\vdash$ | , | | | | | - | | \$1-\$200 | = | | C, y ne ap ated. | ě | |
| $\vdash \vdash$ | | | <u> </u> | ~ | — | + | <u>×</u> | \$201-\$1,000 | | | ou m propi as i | ō | |
| | | | | | | ╁ | . | \$1,001-\$2,500 \$2,501-\$5,000 | < | ઢ | riate Incom | | |
| H | | | | | | × | | \$5,001-\$15,000 | <u></u> ` | Preceding | hack box i | | |
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| H | | | | | -`` | ╁╌ | | \$50,001-\$100,000 | |) Year | 70 int | | |
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| | | | | | | t^- | | Over \$5,000,000 | × | | n. For all , interest, n taxable | | |
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Use additional sheets if more space is required.

PLASION PIN

| SCHEDULE A – ASSETS & "UNEARNED INCOME" |
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| Name: |
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| Page |
| 3_of_7 |

| | | | | | Beak of America | Wells | Chase | * Circsi- Universal | Robins, Kaplan, Miller | SP Net Life-Flexible | SP Lincoln Life-Flexible | Met life Ing. Whole | Met life Ins. whole | SP, ASSET NAME EIF | | | | | Assets and/or Income Sources |
|---|------------------|----------|----------|----------|-------------------------|-------------|--------------|--|------------------------|--|--|---------------------|--|--------------------|--|--------------|--------------|------------------|------------------------------|
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| | | | | L | T | | | | | | | | | | \$50,001-\$100,000 | | п | 1 : | \$ |
| | | | | | | | | | | | | | | | \$100,001-\$250,000 | - | ri . | | |
| | | | | | | | | | | L | L., | | | | \$250,001-\$500,000 | G | ה | | e of A |
| | | ļ | | | | | | | <u> </u> | | <u> </u> | ļ | <u> </u> | | \$500,001-\$1,000,000 | | E | | Value of Asset |
| | | ļ | | ļ | ļ <u>.</u> | | | | <u> </u> | | | ļ | <u> </u> | | \$1,000,001-\$5,000,000 | - | | | <u> </u> |
| | | | | | | | <u> </u> | | ļ | | | | | | \$5,000,001-\$25,000,000 | • | - ' | | |
| | | | ļ | | <u> </u> | ļ | ļ | ļ | <u> </u> | | | | <u> </u> | | \$25,000,001-\$50,000,000 | | 5 | ŀ | |
| | | | | _ | _ | | Ļ | ļ | - | L | _ | _ | | | Over \$50,000,000 | - | | | |
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| | | <u> </u> | | | <u> </u> | × | <u>×</u> | <u> </u> | \sim | \succ | × | ~ | × | | NONE | | | | |
| | | | | | | | <u> </u> | | <u> </u> | ļ. <u> </u> | _ | | ļ | | DIVIDENDS | | | | |
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| | | <u> </u> | | | | | T^{-} | | | | | 1 | | | TAX-DEFERRED | | | | ■ |
| | | | | <u> </u> | | - | | | | | | | | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | | ı. | |
| | | | | | $\overline{\mathbf{x}}$ | × | × | | × | メ | × | × | >< | | None | - 1 | | | |
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| | | | | | × | × | × | | × | | × | × | ~ | | None | | | | |
| | <u> </u> | | <u> </u> | | <u> </u> | ļ | <u> </u> | ļ | - | <u> </u> | <u> </u> | _ | | | \$1-\$200 | = | | Con | |
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SCHEDULE C - EARNED INCOME

Name: Joseph L. Ounn Page 4 of 7

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.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff 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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for

| | | | | UCI | UCI | State Bar of California | Ontario County Board of Education | Examples: Civil War Roundtable (Oct. 2) | | Course (Include date of levelly for Incliniaria) | Source (include date of receipt for honoraria) |
|--|--|--|--|---------------|---------|-------------------------|-----------------------------------|---|------------|--|--|
| | | | | Spouse salary | Salary | Salary | Spouse Salary | Spouse Speech | Honorarium | l ype | Tuno |
| | | | | NIA | 160,000 | N/A | WA | \$20,000 | 0\$ | Current Year to Filing | |
| | | | | N/A | Ø | 277,557 | N/A | \$76,000 | \$500 | Preceding Year | Amount |

SCHEDULE D - LIABILITIES

Name: JOSCPh L. CHAN Page

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.

| } | 50 | | į | 96 | | SP, DC, JT | | |
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| | <u> </u> | 2 | 77 | | Example | j." | | |
| Bank of America | American Express | Spice Federal Credit Union | Federal Loan Servicing | Department of Ed. | nple First Bank of Wilmington, DE | Creditor | | |
| 6/14 | 6/14 | 1999 | 9/10 | 11/19 | 5/98 | Date Liability Incurred MO/YR | ļ | |
| Credit Card | Credit Card | Line of credit | student luan | student trabuts | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| X | X | X | | | | \$10,001- \$15,000 | > | |
| | | | X | | | \$15,001- \$50,000 | 0 0 | |
| | | | | | | \$50,001- \$100,000 | c | |
| | | | | | × | \$100,001- \$250,000 | 0 | $\Big]_{lacksquare}\Big $ |
| | | | | X | | \$250,001- \$500,000 | m | moun |
| | | | | | | \$500,001- \$1,000,000 | 71 | Amount of Liability |
| | | | | | | \$1,000,001- \$5,000,000 | 6 | ability |
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| | | | | | | \$25,000,001- \$50,000,000 | | |
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| | | | | | | Over \$50,000,000 | <u>-</u> | . |

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.

| 7 | STATE But of Calif CEO | Sonatio from Office | Bd Member | Bd Member | Trustee | Position |
|---|------------------------|---------------------|---|--------------------------------|---|----------------------|
| | STATE Bund City. | | Foundation for Democracy: Justice (on lawe of alrona) | Vojce of OC (resigned in 2015) | UC IR vinc Foundation (on lease of alpense) | Name of Organization |

SCHEDULE F - AGREEMENTS

Name: JOSEPH L. DWON Page_ 앜

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 |
|--|---------------------------|------------------|----------------------|
| | \mathcal{N}/\mathcal{T} | $_{i}$) $/_{n}$ | Parties to Agreement |
| | | | Terms of Agreement |

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 and any information considered confidential as a result of a | government and any montation considerate control a privileged transmit recognized by tax. To not repeat montation hatter on ochequie c. |
|---|---|
| Source (Name and City/State) | Brief Description of Duties |
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| | |
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| N / 1/ | |
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| | |

Name: Joseph L. Dunn

Page 7

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