Name: **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: UNITED STATES HOUSE OF REPRESENTATIVES 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? IPO – Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS reporting period: exceeding \$1,000 during the reporting period? IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS REPORT TYPE FILER STATUS Make more than \$200 in uneamed income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the # FINANCIAL DISCLOSURE STATEMENT end of the reporting period? or asset during the reporting period? loser tha × 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for District: State: /IIIZIMA 四 Yes Yes Yes Yes Yes Daytime Telephone: × X × Amendment Š 중 Š ٧ ٥ 중 For Use by Members, Officers, and Employees × × F. Did 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" lieu of paying you for a speech, appearance, or article during the reporting period? H. Did you, your spouse, or your dependent child receive any source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single Did any individual or organization make a donation to charity in reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? Form A Employee Officer or × Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISUALIVE OF SOURCE CENTE 2017 FEB (Giffice Use Only) January 2, 2017 JAN 30 2011age 1 of 6 Yes Yes Yes Yes ¥es Yes Yes × 8 <u>z</u> 8 Š Š Š X X × メ × X

IT IT Citizens Checking	JT BB&T Checking	or AMEX Savings	JT 10 N. Main - Chotrom	ABC Hedge Fund X	Examples: Simon & Schuster	SP Mega Corp. Stock EFF	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.	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	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.	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.	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 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 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.		BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or
×	×	×			Indefinite		None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000					> 0 0		valuation method other thused. If an asset was sold dubecause it generated inco *Column M is for assets the you have no interest.	Indicate value of asset
			*	×		×	\$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					т О Т		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." *Column M is for assets held by your spouse or dependent child in which you have no interest.	BLOCK B Value of Asset Value of Asset Value of Asset
			*			×	\$25,000,001-\$50,000,0 Over \$50,000,000 Spause/DC Asset over NONE DIVIDENDS								
×	*	×		Pa	8		INTEREST CAPITAL GAINS EXCEPTED/BLIND TR TAX-DEFERRED Other Type of Income	UST						isch a	BLOCK C Type of Income Check all columns that apoly. For ac
			*	Partnership Income	Royalties		(Specify: e.g., Partners	nip Income or F	Farm Income)				ii V		accounts that For
*	*	×		×	×	×	\$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 Spouse/DC Asset with		1,000,000*			= = = = = = = = = = = = = = = = = = =			BLOCK D Amount of Income For assets for which you checked "Tax Deferred" in Block C, you
						S(part)	P, S, S(part), or E					Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)).	asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.	BLOCK E Transaction Indicate if the

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Schwalo Deposit	LADOL SUCA	Tusha Shra	Wastrock Stock	Well's Paugo Sleak	Norfolk Southern Stock	McDowdels Stock		Collegebound Fund		American Funds ARA	SP VIGINIA DETAYMENT		Lavinama Pacific Stock	Virginia Notherment	ASSET NAME		BLOCK A Asset and/or Income Source
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_			_	ļ	_	ļ		_								None >	
					L	<u> </u>										\$1-\$1,000	
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[\$100,001-\$250,000 TI	BLOCK B Value of Asset
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															·	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Ð
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																Spouse/DC Asset with Income over \$1,000,000° ≚	
																P, S, S(part), or E	BLOCK E Transaction

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ROBERT HURT

SCHEDULE C - EARNED INCOME

Name: NOSCRITUM
Page_4of_6

Name: LOXIU LIVIN Page	Je of
t 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 a spouse, lie	⊮iod. For a spouse, list
e 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: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	ensated at or above the "senior staff" rate re totally prohibited.	e was \$27,225. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 \$1,000 N/A
Virginia Commonwest th University	Spouse Selary	NA
		armi,
	The state of the s	

SCHEDULE D - LIABILITIES

*Column K is for liabilities held solely by your spouse or dependent child.

period. 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 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 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. Name: llober thri Page 5 6

Ī				JL		sp. DC, лт		
			10 CH	1486	Example			
_			Par Cattreys Bowle	BBAT BONK	First Bank of Wilmington, DE	Creditor		
•			7/08	11/1	5/98	Date Liability Incurred MO/YR		
		Chatham	Bus Ganty Line 10N Main	maylang uppy ngn-apolation	Mortgage on Rental Property, Dover, DE	Type of Liability		
			×	\$		\$10,001- \$15,000	>	
						\$15,001- \$50,000	100	
				×		\$50,001- \$100,000	c	
					х	\$100,001- \$250,000	D	\ \
						\$250,001- \$500,000	m	Amount of Liability
						\$500,001- \$1,000,000	ŦI	t of Li
						\$1,000,001- \$5,000,000	G	ability
						\$5,000,001- \$25,000,000	Ŧ	
						\$25,000,001- \$50,000,000	_	
						Over \$50,000,000		
						Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS N A

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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			Position	The second secon
			Name of Organization	

SCHEDULE F - AGREEMENTS

Name: ILOBGET TURK Page_ 9

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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 employe	continuation o	Identify the da
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; ayments 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 employe	ır deferral of pa	ite, parties to
rms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; ormer or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employe	ayments by a f	and general te
reement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; ant employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employe	ormer or curre	ms of any ag
angement that you have with respect to: future employment; a leave of absence during the period of government service; ther than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employe	nt employer o	reement or arr
t you have with respect to: future employment; a leave of absence during the period of government service; J.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employ	ther than the l	angement tha
h respect to: future employment; a leave of absence during the period of government service; ent; or continuing participation in an employee welfare or benefit plan maintained by a former employe	U.S. governme	it you have wit
iture employment; a leave of absence during the period of government service; ng participation in an employee welfare or benefit plan maintained by a former employe	ent; or continui	h respect to: fu
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f absence during the period of government service; ree welfare or benefit plan maintained by a former employ.	n in an employ	ent; a leave of
ng the period of government service; benefit plan maintained by a former employ	/ee welfare or	f absence duri
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				12/95	Date
			VIDGINIA	12/95 BOBOTHURY GAMOMEMAN of	Parties to Agreement
, , , , , , , , , , , , , , , , , , ,				LEGISLATIVE PENSION - VIRGINIA RETURNEM STARM	Terms of Agreement

SCHEDULE G - GIFTS NA

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. **Exclude**: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. **Note**: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400