UNITED STATES HOUSE OF REPRESENTATIVES	FORM B For New Members, Candidates, and	FORM B andidates, and New Employees	THE PROPERTY WANTED
Name: Toe BACA	Daytime Telephone:	9 .	2016 APR - 7 PM 2: 12
New Member of or Candidate for State: Candidate for	3016	Check if Amendment	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1, 30/7 to May 15, 30/6	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	F THESE QUESTIONS	SNC	
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. C	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ig the reporting period Yes No No
C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No F. D outs	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?	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 Soul	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR	ATTACH THE CORRESPONDING SCHEDULE IF YO	DULE IF YOU ANSWER "YES" IAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	INFORMATION - /	ANSWER <u>BOTH</u> OF THESE QUESTIONS	E 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?	on Ethics and certain other "e: d?	xcepted trusts" need not be disclosed. Ha	ave you excluded from Yes No No
EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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.	income, or liabilities of a spoutee on Ethics.	se or dependent child because they meet	all three tests for Yes No No

Interest in, or income derived from, a federal retirement program, including the Thrift Sewings 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 (ICC), 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. SP, Mega Corp Stock Mega Corp Stock ABC Hedge Fund X ABC Hedge Fund X Mega Corp Stock Indefinite	rement program, including the Thrift Savings Plan. The horizon privately-traded fund that is an Excepted stiment Fund, please check the "EIF" box. The control is that of your spouse (SP) or endent child (DC), or jointly held with anyone (JT), he optional column on the far left. The a detailed discussion of Schedule A curements, please refer to the instruction booklet. The please refer to the instruction booklet.	rement program, including the Thrift Savings Plan. Su have a privately-traded fund that is an Excepted astiment Fund, please check the "EIF" box. Out so choose, you may indicate that an asset or or one source is that of your spouse (SP) or renderit child (DC), or jointly held with anyone (JT), the optional column on the far left. a detailed discussion of Schedule A currennents, please refer to the instruction booklet. Eramples: Mega Corp Stock EFF Mega Corp Stock EFF	rement program, including the Thrift Savings Plan. The horizon of the Savings Plan of Savings Plan of Savings Plan of Savings Plan of the Savings (SP) or the optional column on the far left. The optional column on the far left. The a detailed discussion of Schedule A currents, please refer to the instruction booklet. The plan of Savings	rement program, including the Thrift Savings Plan. u have a privately-traded fund that is an Excepted setment Fund, please check the "EIF" box. ou so choose, you may indicate that an asset or one source is that of your spouse (SP) or endent child (DC), or jointly held with anyone (JT), he optional column on the far left. a detailed discussion of Schedule A urements, please refer to the instruction booklet. Erampies: Mega Corp Sbock EFF Mega Corp Sbock Shouster Schedule ABC Hedge Fund X	rement program, including the Thrift Savings Plan. The horizon of the transport of transport of the transport of the transport of the transport of transport of the transport of transport of the transport of the transport of transport of the transport of transport of the transport of transpo	rement program, including the Thrift Savings Plan. The have a privately-traded fund that is an Excepted setment Fund, please check the "EIF" box. Ou so choose, you may indicate that an asset or name source is that of your spouse (SP) or endert child (D(), or jointly held with anyone (JT), he optional column on the far left. a detailed discussion of Schedule A of the please refer to the instruction booklet. Mega Corp Stock Mega Corp Stock	from, a federal rift Savings Plan. at its an Excepted EIF box. that an esset or spouse (SP) or with anyone (JT). None \$1,5000 \$1,001-\$15,000	J other cash accounts, total the am searing accounts. If the total i servery financial institution where to LOOO in interest-bearing accounts to LOOO in interest-bearing accounts to differ real property held for inversing the address or description of the control of the contr	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.	Howard complete names of stocks and murual runos contain in a so (do not use only ticker symbols).		Assets and/or Income Sources	BLOCK A
** \$5,001-\$100,000 *******************************	× \$50,001-\$100,000 \$100,001-\$250,000 × \$250,001-\$500,000 \$100,001-\$5,000,000 \$1,000,001-\$5,000,000 \$25,000,001-\$50,000,000 \$25,000,001-\$50,000,000 Dec.\$50,000,000	× \$50,001-\$100,000 \$100,001-\$250,000 × \$250,001-\$500,000 \$1,000,001-\$5,000,000 \$1,000,001-\$50,000,000 \$25,000,001-\$50,000,000 \$25,000,001-\$50,000,000	× \$50,001-\$100,000 \$100,001-\$250,000 × \$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$50,000,000 \$25,000,001-\$50,000,000 \$25,000,001-\$50,000,000	× \$50,001-\$100,000 \$100,001-\$250,000 × \$250,001-\$50,000,000 \$1,000,001-\$1,000,000 \$1,000,001-\$5,000,000 \$25,000,001-\$50,000,000 \$25,000,001-\$50,000,000	× \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$500,001-\$5,000,000 \$1,000,001-\$5,000,000 \$25,000,001-\$50,000,000 \$25,000,001-\$50,000,000	× \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$50,000 \$1,000,001-\$5,000,000 \$5,000,001-\$50,000,000 \$25,000,001-\$50,000,000 \$25,000,001-\$50,000,000	\$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	######################################	Transport of the second	Child in which you have no interest.	of the reporting period. If her than fair market value, the reporting period and is erated income, the value	Value of Asset	BLOCK B
Partnership Income	**************************************	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Royalles			DVIDENDS ENT ************************************	penou.	ated no income during the	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for asset held in taxable income for asset held in taxable	Type of Income	вгоск с
x \$1-\$200 \$201-\$1,001-\$2 \$1,001-\$2 \$5,001-\$1 \$15,001-\$ \$10,001-\$ \$10,0001-\$ \$10,0001-\$ \$10,0001-\$ \$10,0001-\$ \$10,0001-\$	\$1,000,001 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000	\$201-\$1.001-\$2 \$1,001-\$2 \$5,001-\$1 \$15,001-\$1 \$15,001-\$1 \$15,0001-\$1 \$11,000,00 \$11,000,00 \$50,001-\$1	\$1,000,001 \$1,000,000 \$1,000,001 \$1,000,001 \$10,000,001 \$10,000,001 \$10,000,001 \$10,000,001	** \$1-\$200 \$1,001-\$2 \$1,001-\$2 ***********************************	\$201-\$1.90 \$1,001-\$2 \$5,001-\$1 \$15,001-\$1 \$15,001-\$1 \$15,001-\$1 \$100,001 \$1,000,000 \$50,001-\$1	\$1,5200 \$1,001-\$2 \$1,001-\$2 \$15,001-\$1 \$15,001-\$1 \$10,001 \$1,000,00 \$1,000,00	\$1-\$200 \$201-\$1.9 \$1,001-\$2 \$2,801-\$5 \$5,001-\$1 \$18,001-\$ \$100,001- \$1,000,001 \$1,000,000 \$50,001-\$1	1000 のある はって から			For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column, officer assets indicate the category of income by checking the appropriate box below. Dividends, and capital gains, even if reinvested, must be disclosed as income for assets held in 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
\$1-\$200 \$201-\$1,00 \$1,001-\$2 \$2,001-\$1 \$15,001-\$1 \$100,001-\$1 \$1,000,00	\$1-\$200 \$201-\$1,001-\$2 \$2,001-\$1 \$5,001-\$1 \$50,001-\$1 \$100,001-\$1 \$1,000,000 \$2,001-\$3	\$1-\$200 \$201-\$1,00 \$1,001-\$2 \$2,501-\$1 \$5,001-\$1 \$50,001-\$ \$1,000,00 \$1,000,00	\$1-\$200 \$200-\$1,00 \$1,001-\$2 \$2,501-\$1 \$5,001-\$1 \$50,001-\$ \$1,000,00 \$1,000,00 \$2,000-\$3	\$1-\$200 \$201-\$1.00 \$1,001-\$2 \$2501-\$5 \$5,001-\$1 \$50,001-\$ \$1,000,00 \$1,000,00	\$1-\$200 \$201-\$1,00 \$1,001-\$2 \$2,501-\$1 \$15,001-\$1 \$100,001-\$1 \$1,000,00	\$1-\$200 \$201-\$1,00 \$1,001-\$2 \$2,501-\$5 \$5,001-\$1 \$15,001-\$1 \$1,000,00 \$1,000,00	\$1-\$200 \$201-\$1,00 \$1,001-\$2 \$2,501-\$1 \$15,001-\$1 \$50,001-\$ \$1,000,00 \$1,000,00	10 17 17 17 17 17 17 17			ock C, you may check the "None" column. For all ig the appropriate box below. Dividends, interest, sclosed as income for assets held in taxable nerated.	Income	D

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SCHEDULE C - EARNED INCOME

Name: JOE BACA 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. **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 "serior 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.

	4	Amo	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
Ц	Honorarium	\$0	\$500
EXAMPLES: Civil War Roundlable (Oct. 2)	Spouse Speech	\$0 \$0	\$1,000
SWNCOR CARE TWO	Salary (cowattent	0	140,000
Athans Services	Salary (coosultait)	0	5,000
Palo Verde Community College	HONORIUM	0	#352.00
CCCEORSA	Honorium	0	500.00

SCHEDULE D - LIABILITIES

Nan	Name: Joe Baca	Page_5_ of
ny time during the reporting period by you, iabilities secured by real property including tomobiles, household furniture, or appliance	ny time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting labilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence tomobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	tount owed during the reporting tgage on your personal residence ass you are personally liable); and
ling of you or your spouse. Report a revol t	ling 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	t the close of the reporting period

Report liabilities of over \$10,000 owed to any one creditor at au period. New Members: Members are required to report all li (unless you rent it out or are a Member); loans secured by aut liabilities owed to you by a spouse or the child, parent, or sibli exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP DC, JT						
	Example					
Creditor	First Bank of Wilmington, DE					
Date Liability Incurred MO/YR	5/98					
Type of Liability	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 pravious years.

	33 Degree	Sole Proprietor (consument) JB Strategies	Position	uie cuiteti caietida, yedi. Ettatyedi calididates allu tew emproyees tepot positiotis tielu iii tre cuiteti caietidat yedi attu <u>t</u>
	Knight of Columbus	JB Strategies LLC	Name of Organization	iproyees report positions hard in the current carefular year and two previous years.

SCHEDULE F - AGREEMENTS

Name: Joe Basa	
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
12/2013	12/20/3 Musers	Continual Participasion in Varizon Benefit Pension flam
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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.

9-1		
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services