MATT SALMON 5TH DISTRICT, ARIZONA

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Congress of the United States House of Representatives

Washington, DC 20515-0305

www.house.gov/salmon

June 2, 2015

Legislative Resource Center 135 Cannon House Office Building OFFICE OF THE CLERK S. HOUSE OF REPRESENTATIVES

2015 JUN -4 PM 4: 32

COMMITTEE ON

FOREIGN AFFAIRS

CHAIRMAN

SUBCOMMITTEE ON ASIA AND THE PACIFIC

COMMITTEE ON EDUCATION AND THE WORKFORCE

HAND DELIVERED

To Whom It May Concern,

By mistake, a MECEA trip was left off of my 2014 Financial Disclosure form that I filed on May 13, 2015. I have added the trip to my form and am sending two new copies.

If you have any questions, please contact me or my assistant, Olivia Maxwell, at 202-225-2635 or olivia.maxwell@mail.house.gov.

Sincerely,

Matt Salmon

Member of Congress

B. Did you, your spouse, or your dependent child purchase, sell, or 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. 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 A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: 2014 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** 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 this report details of such a trust that benefits you, your spouse, or your dependent child? 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 IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS reporting period exceeding \$1,000 during the reporting period? three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics REPORT FILER STATUS end of the reporting period? <u>or</u> b. Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the asset during the reporting period? Matthew James Salmon X X U.S. House of Representatives 2014 Annual (Due: May 15, 2015) Member of or Candidate for District: State: A Yes Yes Yes Ŋ Yes Yes X No Daytime Telephone: 202-265-2636 X X X Amendment S O Z 중 8 For Use by Members, Officers, and Employees X 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? H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single 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 source during the reporting period? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the Form A Employee Officer or Employing Office: Date of Termination: Termination OUS. HOUSE OF REPRESENTA LEGISLATIVE RESOURCE CENTER 2015 JUN -4 PM 4: 32 INSIDE MAN : or 10 Office REPRESENTATIVES Yes Yes ĕs ¥es Yes Yes Yes X Š Z 중 중 ĕ ĕ <u>Z</u>

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

NEARNED INCOME"
Name: Matthew J. Salmon
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	IT Bank of America	on Bank of America	IT CECUSAVINGS.	ABC Hedge Fund X	Examples: Simon & Schuster	SP, SP Mega Corp. Stock ElF	rental property," and a diverse or description, e.g., "rental property," and a diverse of the state the name of the business, the returned 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 teleral retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an excepted investment Fund, please check the "EIF" for source is that of your spouse (SP) or depandent child (DC), or jointy 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 other cash accounts, total the amount in all inherest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in Interest-bearing accounts.	BLOCK A Asset and/or Income Source Identify (a) each asset held for 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 that generated more than \$200 in "unearmed" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). 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.
	×	X	×	×	Indefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$150,001-\$100,000 \$100,001-\$250,000 \$500,001-\$1,000,000 \$500,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000	A B C D E F G H 1 J K L M	BLOCK B Value of Asset Indicate value of asset at close of the reporting period. If you use a 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.
	×	X	×	Partnership	Royalies	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specily: e.g., Partnership Income or Farm Income)		BLOCK C Type of Income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(4), IRA, or 529 accounts), you may check the Tax-Deferred column. Dividends, interest, and capital galants, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check None' if the assets generated no income during the reporting period.
	X	7	X			×	None \$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 \$100,001-\$5,000,000 Over \$5,000,000 Spouse/DC Asset with income over \$1,000,000*		BLOCK D Amount of Income Arount of Income It For assets for which you checked "Tax-Deferred" in Block C, you re may check the "None" column. For all other assets inclusate the "Category of Income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested e must be disclosed as income for assets held in taxable amust be disclosed as income for assets held in taxable generated. Column XII is for assets held by your spouse or dependent child in which you have no interest.
						S(part)	P, S, S(part), or	Leave this colurr blank if there are no transactions that exceeded \$1,000.	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,00 in the reporting period. If only a portion (an asset was sol please indicate a follows: (S (part)

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	1							ŀ							Over \$50,000,000	
	1														Spouse/DC Asset over \$1,000,000*	
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	1							1							Spouse/DC Asset with Income over \$1,000,000° ≚	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Matthew J. Salmon

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SCHEDULE B - TRANSACTIONS

Name: Matthew J. Salman Page_ 4 잌

SP, DC, JT Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. * Column K is for assets solely held by your spouse or dependent child Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property hald by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a birief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unloss it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction. 8 쓩 BriffmAmer Healthcare RIT Northstar Realty Finance Corp First-Eagle US Valuations A Comm. North Bank IRA: Example JOMM Not! Bank TRA: None Mega Corp. Stock Asset Purchase Type of Transaction Sale Partial Sale X Exchange Check Box if Capital Gain × Exceeded \$200 12,12 12.5 (MO/DAYR) or Quarterly, Monthly, or Bi-weekly, if applicable 17.10.1 Date 3514 \$1,001-\$15,000 > \$15,001-X × œ \$50,000 \$50,001-\$100,000 O \$100,001-5 \$250,000 Amount of Transaction \$250,001m \$500,000 \$500,001-\$1,000,000 п \$1,000,001-0 \$5,000,000 \$5,000,001-I \$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 Over \$1,000,000* (Spouse/DC Asset)

SCHEDULE C - EARNED INCOME

Matthew J. Salmon
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List the source, type, and amount of earned income from any source (other than the flier's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, lit 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: The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	insated at or above the "senior staff" rate is totally prohibited.	was \$26,955. In addition, certai
Source (include date of receipt for honoraria)	Туре	Amount
	Approved Teaching Fee Ladislative Pension	\$6,000 \$18,000
Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
Arizona State University	Spouse Salary	N/A
Origami Owl Inc.	Spuse Propoetorship	N/A
	-	

SCHEDULE D - LIABILITIES

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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. 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.

333	F. C. F.	E		ST CIM	Example	S.A.			
	Chase Bank	Citibank	US Bank	Chase Bank	First Bank of Wilmington, DE	Creditor			mentioned the second of Jean alternation of
- 2 2 4 2 2	2005	2003	12/2005	7/1997	5/98	Date Liability Incurred MO/YR			
アクニ・シュー	Credit Card	HELOC	Mortiage-Lakeside AZ	Mortgage-Mesa AZ	Mortgage on Rental Property, Dover, DE	Type of Liability			
	×]			\$10,001- \$15,000	>		
<						\$15,001- \$50,000	₩		
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						\$25,000,001- \$50,000,000			
						Over \$50,000,000	_		
						Over \$1,000,000* (Spouse/DC Liability)	~		

SCHEDULE E - POSITIONS

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 had in any religious social fraterial or political parties for partners and campaign or partners and partners and positions social fraterial or political parties for partners and campaign or partners and partners and partners and positions social fraterial or political partners and partners are partners and partners and partners and partners are partners and partners are partners and partners and partners are partners are partners and partners are partners and partners are partners are

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SCHEDULE F -- AGREEMENTS

Matthew J. Salmon
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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 employer.

Date	Parties to Agreement	Terms of Agreement
	NONC	

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all giffs 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
None		

SCHEDULE H -- TRAVEL PAYMENTS and REIMBURSEMENT

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship the filer.

4 1 1 1 C 1					1
Source	Dato(s)	City of Departure – Destination – City of Ratum	Lodging? (YIN)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (WECEA)	Aug. 6-11	DC-Beijing, China - DC	۲	٧ .	Z
Charipson Habilat for Humanity (charity fundralser)	Mar. 3-4	DC-Boston-DC	۲	Υ	۲
House Member Retreat	Jan 24-31	DC-Combridge, MA-DC	A	У	Z,
Heritage Member Retreat	Feb 6-8	DC-Richmord, VA-DC	Y	Y	Z
Club for Growth	Feb 22-Nar2	DC-PalmBeach, FL - DC	7	У	2
Dialogue - Turkey Trip	Apr. 11-20	DC-Istanbul Turkey-DC	Y	Y	ν.
Humpfy Dunpty Institute -UN Trip	Jun 19-13	DC- Nawyork, NY-PHX	~	~	Z
ND PER NOVW DY PROGRAM (MECON) AND 2-0	Aug 2 - 9	DC - Morman - DC			Z
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LIEU OF HONORARIA **SCHEDULE I - PAYMENTS MADE TO CHARITY IN**

Name:	Matthew
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	Salmon
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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. I separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

	 		 			_	_	_	
						NONE	Examples: XYZ Magazine	Association of American Associations, Washington, DC	Source
							Article	Speech	Activity
		,					Aug. 13, 2014	Feb, 2, 2014	Date
							\$500	\$2,000	Amount

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									NOTE NUMBER
								NONE	
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