JUN 75 2016

UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of 5
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	
Name: James Hogedory Daytime Telephone:		+ 15 PH12: 32
New Member of or Candidate for State: Manacage U.S. House of Representatives District: 1 5 5 7 5 + 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Check If Amendment	(Office Use Only)
STATUS New Officer or Employee Employing Office:	Period Covered: January 1,to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	TIONS	
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? OI b. Make more than \$200 in uneamed income from any reportable asset during the reporting period? No No No No No No No No No N	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	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 No No No	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 X
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO		SWER "YES" QUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH		OF THESE 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?	er "excepted trusts" need not be disclosed. H	ave you excluded from Yes 🔲 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.	spouse or dependent child because they mee	all three tests for Yes 🔲 No 🔯

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Name: James Hogedorn	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C -- EARNED INCOME

Name:	
Name: James	
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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. 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 filler'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.

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 "senior staff" rate was \$27,225. The 2016 limit is \$27,485, 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.	ncome may apply to you after you limit is \$27,495. In addition, cert or staff.	u are on House payroll. The 2019 ain types of income (notably honoral	limit on outside earned income for fia, director's fees, and payments for
	•	Am	Amount
Source (include date of receipt for nonorana)	lype	Current Year to Filing	Preceding Year
╝	Honorarium	\$0	\$500
EXAMPles: CM War Roundfable (Oct. 2) Ordano County Board of Education	Spouse Salary	\$0 N/A	\$1,000 N/A
Scothode IRA	Oistribation	54,525	32,900

SCHEDULE D - LIABILITIES

	Name:	
	Page 4	
	Page 4 of 5	
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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.

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	Example			910,000.
nmerican Express		Creditor		Column v is the light age indicated by your spouse of depositions clina.
, jan	5/98	Date Liability Incurred MO/YR	• • •	y by your abounce
	Mortgage on Rental Property, Dover, DE	Type of Liability		or apparation come.
	X	\$10,001- \$15,000	>	
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		\$500,001- \$1,000,000	Amount of Liability	
		\$1,000,001- \$5,000,000		
		\$5,000,001- \$25,000,000	x	
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			_	
		Over \$1,000,000* (Spouse/DC Liability)		

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 campalgn 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.

		Position Name of Organization
		nization

SCHEDULE F - AGREEMENTS

	Name:
	Name: James
	Hogedon
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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.
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;

Date	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.

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