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FINANCIAL DISCLOSURE STATEMENT	For New Members	FORM B For New Members, Candidates, and New Employees	2016.III 12 PM 2-15	2016. III 12 PM 2-15
Name: James Marshall Piotrowski	Daytime Telephone:		U.S. Harde of Rephasenskings	TRESCRIPTION OF THE PROPERTY O
New Member of or Candidate for State: Idaho U.S. House of Representatives District: 1 Candidates – Date of Election:		Check If Amendment	(Office	(Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1, 2015 to May 17, 2016	A \$200 penalty shall Individual who files n	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	F THESE QUES	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? or b. Make more than \$200 in unsarned income from any reportable asset during the reporting period?	Yas Vo	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 atte of filing?	Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	₹ 80	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 the current calendar	Yes 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?	8	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 Vo
ATTACH THE CORI	RESPONDING SCI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH O	I INFORMATION		F 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?	on Ethics and certain othe d?	er "excepted trusts" need not be disclosed. He	ave you excluded from	Yes No €
EXEMPTION - Have you excluded from this report any other assets, "unearned" 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 sitee on Ethics.	spouse or dependent child because they meet	all three tests for	Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: James Marshall Piotrowski
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		$\overline{1}$	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 \$5.000, list every financial institution where there is \$5.000 in riterest-bearing accounts. For renal and other real property held for investment, provide a complete address or description, o.g., rential 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 list geographic location fromas (nates there was rential accome chang the reporting penal); and any inancial accome chang the reporting penal); and any inancial accome chang the reporting penal); and any inancial retirement program, including the Tantt Savings Plant. If you have a privately-traded fund that is an Excepted five such as a constitution of the total course of	Assets and/or Income Sources Value of Assets and/or Income Sources Value of Indentify (a) each asset held for investment or indicate value of asset at dose production of income and with a fair market value you use a valuation method oil oxcooding \$1,000 at the end of the reporting period please specify the method used, and (b) any other reportable asset or source off an asset was seid during it income which generated more than \$200 in included by bocause it gen uncome during the year. Provide complete names of stocks and mutual funds "Column M is for assets held by for all IRAs and other reliroment plans (such as dollar) and the value for auch asset held in which you have no interest for all IRAs and other reliroment plans (such as dollar).
	Examples.	}	when the control of t	BLOCKA Assets and/or Income Sources ify (a) each asset held for investmen culton of income and with a fair market v oding \$1,000 at the end of the reporting pe (b) any other reportable asset or source to which gonarised more than \$200 smed income during the year. did complete names of stocks and mutual to ourse only ticker symbols). at IRAs and other retirement plans (auc) of plans) provide the value for each asset he covern that exceeds the repositing firesholds.
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]]	Partnership		Cither Type of Income (Specify: a g., Partnership Income or Farm Income)	BLOCK C Type of Incorne Chock at column that apply. For accounts that generale tax-deferred incorne (such as 401(k), IRA, or 529 accounts), you may chock the Tax-belarred column. Dividende, Inflerest, and capital generated reinvested, must be disclosed as income for assets hald in taxable accounts. Chack "None" if the asset generated no income during the reporting period.
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ASSET NAME Herzfeld & Piotrowski, Law firm, Boise idaho 824 Franklin, LLC, Propery Ownership Co., Boise idaho SEP-IRA		BLOCK A Assets and/or Income Sources
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CAPITAL GAINS		BLOCK C
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Other Type of income (Specify Partnership Income or Farm In	r: e.g , ncome)	
None None		
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Over \$5,000,000	×	

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: James Piotrowski

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 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.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payrolt. 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 \$27,495. 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. Amount	come may apply to you after yomit is \$27,495. In addition, cert staff.	ain types of income (notably honorar Am	ilmit on outside earned income for ha, director's fees, and payments for ount
Source (include date of receipt for honoraria)	Туре	Am Current Year to Filing	Amount Preceding Year
ABC Trade Association, Ballimore, MD (chly 15)	Honorarium	\$0 \$0	\$500
EXamples: Curl War Roundlable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	SO N/A	\$1,000 N/A
State of Idaho	Spouse Salary	N/A	N/A

SCHEDULE D - LIABILITIES

Name: James Piotrowski

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by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

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.

					SP. DC, JT		
	Banner Bank	Nelnet	Bank o	Ехатрю			
	Bank		Bank of America	First Bank of Witnington, DE	Creditor		
	2/15	9/15		5/96	Date Liability Incurred MO/YR	l	
	Mortgage on Bus. Property	Student Loan	Credit Card	Mortgage on Renial Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
		×	×		\$15,001- \$50,000	B	
					\$50,001- \$100,000	c	
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					\$1,000,001- \$5,000,000	o	Amount of Liability
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					\$25,000,001- \$50,000,000	-	
					Over \$50,000,000	٠.	
	-	1		1	Over \$1,000,000* (Spouse/DC Liability)	~	1

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 enterprise, parties and campaign organizations organizations social organizations and period and the current calculations and campaign organizations are social organizations. For positions social organizations are provided and the current calculations are calculated and campaign organizations. For positions social organizations are provided and the current calculations are calculated as an exercise calculations.

the current calendar year. First-year candidates and r	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
Director-Trustee	Ted Trueblood Chapter of Trout Unlimited

SCHEDULE F - AGREEMENTS

Name: Sames Morahali Pilatravaic page 6 of 7

continuation o	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to; tuture employment; a leave of continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer	identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: tuture employment; a leave or 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

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
	SW Idaho Building Trades Council	Legal Services
Idaho	ldaho Buildiing Trades Coucnil	Legal Services
WDB, Inc.	Inc.	Legal Services
Teams	Teamsters Local 483	Legal Services
Nampa	Nampa Fire Fighters Local Union	Legal Services
L.I.F.E., Inc.	., Inc.	Legal Services
Inclus	Inclusion, Inc.	Legal Services

SCHEDULE F - AGREEMENTS

Name: James Markall Phorat	
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		Date	Identify the da continuation o	
		Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employ	
		Terms of Agreement	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.	

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
Idaho AFL-CIO	Legal Services
Eighth District Electrical Pension Fund	Legal Services
Exceptional Child Center, Inc.	Legal Services
f.B.E.W. Local 291	Legal Services
idaho Disability Defense and Education Fund	Legal Services
Idaho Education Association	Legal Services
International Union of Operating Engineeers L. 370	0 Legal Services