

**UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT**

**FORM B**  
For New Members, Candidates, and New Employees

Name: Joe Bach Daytime Telephone: \_\_\_\_\_

<b>FILER STATUS</b>	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>CA</u> District: <u>31st</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/> Candidates - Date of Election: <u>June 7, 2016</u>		
	<input type="checkbox"/> New Officer or Employee Employing Office: _____		
	Period Covered: January 1, <u>2014</u> to <u>MAY 15, 2016</u>		

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

<p><b>A.</b> Did you, your spouse, or your dependent child:</p> <p><input checked="" type="checkbox"/> Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u></p> <p><input checked="" type="checkbox"/> Make more than \$200 in unearned income from any reportable asset during the reporting period?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>E.</b> Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p>	<p>Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>C.</b> Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>F.</b> 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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>D.</b> Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p><b>J.</b> Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**  
**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

<p><b>TRUSTS</b> - 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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>EXEMPTION</b> - 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.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

Page 2 of 4[illegible]

Page 3 of 6

**Use additional sheets if more space is required**

## Page 4 of 7

**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.

**Use additional sheets if more space is required.**

## Page 5 of 6

[illegible]

Position	Name of Organization
Sole Proprietor (Consultant)	2B Strategies LLC
3 <sup>rd</sup> Degree	Knight of Columbus

# **SCHEDULE F – AGREEMENTS**

Name: Joe Baca

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	Myself	Continued Participation in Varized Benefit Pension Plan

## **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