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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT For	FORM B For New Members, Candidates, and	and New Employees	LEGISLATIVE BESOURCE DENTITY	ATIVE BESOURCE DENTITY
Name: Told Phops Daytime	time Telephone:		2016 MAR -8 AM 10: 26	AM 10: 26
New Member of or Candidate for State: CX@S  U.S. House of Representatives District: 3  Candidates – Date of Election: May 13+ 100 v	20%	Check if Amendment	U.S. Hadse of REPRESENTATIVES  (Office Use Only)	Office Use Only)
New Officer or Employee  Employing Office:	Period Cov	Period Covered: January 1,A in	\$200 penalty shall be dividual who files me	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE	IESE QUESTIONS			
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 unearned income from any reportable asset during the reporting period?	No E. Did you hold a or in the current	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date 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 reporting period?	No F. Did you have any an outside entity dur calendar year up thn	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	with	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?	No J. Did you receive co source in the current	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	,	No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	YOU ANSWER "YES" ARE REQUIRED TO (	COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	ORMATION - ANSWE	R BOTH OF THESE QUESTIONS	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 your dependent child?	ics and certain other "excepted trust?	s* need not be disclosed. Have		Yes No N
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	a, transactions, or liabilities of a spounittee on Ethics.	se or dependent child because they meet all three		Yes No X

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Name		1. 1/ 1. 1/0.	Piche (Kul)	Schlowe P.	Walt Disses	ABC Hedge Fund	Examples:	SP, DC, Mega Corp Stock	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 federal retirement program, including the l'hith Savings 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 (DC), 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.	# <del>*</del>	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 more than \$1,000 in interest-bearing accounts.	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.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	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 which generated more than \$200 in unearmed income during the year.	Assets and/or Income Sources	BLOCK A	SCHEDULE A –
Over \$50,000,000  Spouse/DC Asset over \$1,000,000*  NONE  NONE  NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income)  Type of Income  RENG  NONE  Type of Income  BLOCK C  Type of Income  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income)			Auto	Banes	orp.		er			y held for investment, or description, e.g., state. state invataly-held business ate the name of the activities, and its		<u>≅.8</u>			1e Sources		ASSETS &
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### SCHEDULE C - EARNED INCOME

Name: Toll World Page 3 of 5
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List the source, type, and amount of earne and filer's spouse, list the source and amo **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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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 yo limit is \$27,225. In addition, certa r staff.	u are on House payroll. The 2014 iin types of income (notably honoral	l limit on outside earned income for ia, director's fees, and payments for
	<b>T</b>	Am	Amount
<b>Source</b> (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0.000	\$500
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Halt Sasta Phalos - Forn Paul Freez Ron Mauscout	Salary -IC	6,250	30,48
Town Mohn Bank Mussel	Salony-IC	O	2,6/10
1 Pan Roads, Hesself Mase, Towns Mast Ends	′ /		,

#### **SCHEDULE D - LIABILITIES**

Name: Coll Report	Page 4 of 5
g the reporting period by you, your spouse, or your dependent child. <b>Mark the highest amount owed during the reporting</b> red by real property including mortgages on their personal residence. <b>Exclude</b> : Any mortgage on your personal residence usehold furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	ount owed during the reporting gage on your personal residence ss you are personally liable); and
vour spouse. Report a <b>revolving charge account</b> (i.e. credit card) only if the balance at the close of the reporting period	the clase of the reporting period

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

		SP. DC, JT		
Discart	Example First Bank of Wilmington, DE	Creditor		
2001	5/98	Date Liability Incurred MO/YR		
Reality	Mortgage on Rental Property, Dover, DE	Type of Liability		
7	<	\$10,001- \$15,000	>	
		\$15,001- \$50,000	œ	
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		Over \$50,000,000	٠	
		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 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 previous years.

Proprieta	Petracka	Paracher	Postportar	Orangelor	Norther	Position	the current calendar year. That year candidates and new t
Total Plays Back I Took Plays & Kis Souther Contest Type otene	Texas Miller Earls	Todally la Muse	Has Style Read	Parka Resid	Wed od Ray	Name of Organization	uie cultetii caletiuat yeat. Fili <b>seyeat calculuates atra tiew etipioyees</b> teport positions tiero in the cultetii caletiuat yeat atra two previous years.

Use additional sheets if more space is required.

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	e	1991 SA	Date	Identify the date, parties t continuation or deferral of	SCHEDULE F – AGREEMENTS
		SAG AFTICITY Muselt	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in	AGREEMENTS
		Continued participation in SAS/AFTRA Possion Plan	Terms of Agreement	re with respect to: future employment; a leave of absence during the period of government service; symment; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	Name: Told Months Page 5 of 5

# 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
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