| | | | HAND * |
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| UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT | Form A For Use by Members, Office | ers, and Employees | DELIVERED SLATIVE REACTURE FOR THE PROPERTY OF THE PROPERTY |
| Name: Bobby L. Rush Day | time Telephone: <u>20</u> | | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| FILER STATUS Member of or Candidate for State: U.S. House of Representatives District | | fficer or Employing blice mployee | AUUSE OF REPRESENTATIVES |
| REPORT TYPE 2015 Annual (Due: May 16, 2016) | Amendment | Termination Date of Term | tination: |
| PRELIMINARY INFORMATION - ANSWER EACH OF THESE Q | JESTIONS | | |
| 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? | | iny reportable agreement or ing the reporting period or in he date of filing? | |
| B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? | No reportable gift(s) t | spouse, or your dependent o totaling more than \$375 in va reporting period? | |
| C. Did you or your spouse have "earned" income (e.g., salanes, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | No reportable travel of | spouse, or your dependent of or reimbursements for travel in a single source during the | totaling more than Yes No |
| D Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | | ial or organization make a do for a speech, appearance, o | |
| E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | No ATTACH THI | E CORRESPONDING | SCHEDULE IF YOU ANSWER "YES" |
| IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR | RUST INFORMATION - | ANSWER EACH | OF THESE QUESTIONS |
| IPO - Did you purchase any shares that were allocated as a part of an initial Public Offe the Committee on Ethics for further guidance. | ering during the reporting period? If yo | ou answered "yes" to this qui | estion, please contact Yes No No |
| TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Eth this report details of such a trust that benefits you, your spouse, or dependent child? | ics and certain other "excepted trusts | " need not be disclosed. Ha | ve you excluded from Yes No No |
| EXEMPTION – Have you excluded from this report any other assets, "unearned" incomprese tests for exemption? Do not answer "yes" unless you have first consulted with the | | se or your dependent child be | ecause they meet all Yes No |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Borby L. Rush Page 2 of 5

| SLOCK A | _ | | | | | Rt : | ock i | 5 | | | | | | _ | | _ | | BLÒ | CK C | | | _ | | - | | | Bi O | CK D | | | | | - | BLOCKE |
|---|--|---|------------------|-------------------|--|--|--------------------|----------------------|-------------------------|--------------------------|-------------------------|---|----------------------------|------|-----------|---|--|--|----------------------|--------------|--|--------------|----------|---------------|---------------|----------------|-----------------|-------------------|-------------------|----------------------|-------------------------|------------------|-----------------------|---|
| Asset and/or Income Source | | Value of Asset | | | | | Type of Income | | | Amount of Income | | | | | | | - 1 | Transaction | | | | | | | | | | | | | | | | |
| 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 licker symbols) For all IRAs and other retirement plans (such as 4018), plans) provide the value for each asset haid in. | evalu used If all become *Col you | valuation method other than fair market value, used. If an asset was sold during the reporting perpectures it generaled income the value should told the following the salue should told the salue should the salue should the salue should the salue should the salue | | | in of asset at close of the reporting period. If you use a check off columns that apply. For accounts that For assets for which you checked "Tax-Defermed" in Block Condition than fair married value, please specify the method perior and the marked formed in content (such as 401%). IRA, or may check the "None" column. For all other assets is noted as set as the category of income by checking the appropriate box to column. Dividends, interest, and capital gains, even if retinvest column. Dividends, interest, and capital gains, even if retinvest column. Dividends, interest, and capital gains, even if retinvest columns, the column of the capital gains, even if retinvest columns, the columns of the capital gains, even if retinvest columns accounts. Check "None" if no income was earned for assets held in taxable accounts. Other "None" if no income was earned the saset legal of upong the reported on income during the reported. | | | | | | | r than fair market value, please specify the method during the reporting period and is included only occurs the value should be "None". | | | | ncale ix bel invest i taxa amed | the later low. Extends to the later low. Extends to the later low. It is a second to the later low. | àtset had Durcheses (원) Seles (S) or | | | | | | | | | | | | | | | | |
| the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts if the total is over 55,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. | ^ | В | C | Đ | F | F | G | н | 1 | J | К | L | M | | | | | | | | | _ | 1 |)1(| ly | v | VI | VI | VIII | ξX | X | XI . | اللا د د الا | Leave this column blank if there are no transactions that exceeded 5 (900) |
| For rental and other real property held for investment provide a complete address or description, e.g., "rental property," and a city and state | | | | | | | | | | | | | | | | | | | | | ŀ | | | | | | | | į | | | | | |
| For an ownership interest in a privately-hold business that is not publicly traded, state the name of the business. The nature of its activities, and its geographic location in Block A. | | | | | | | | | | | | | | | | | | | | | | | | | | : | | | | | | | | |
| Exclude. Your personal reaigence, including second hones and vacation homes (unless there was rental income during libe reporting period), and any financial integest in, or income derived from, a fielded retherment program including the Thrift Savings Plan. | | | | | | | | | | | | | | | | | | | | | rite (r-(Sang.) | | | | | | | | : | | | | CIC,090* | |
| If you have a privately-traded fund that is an Excepted Investment Fund, please check the 'EIF' box, | | | | | | | | | | | | | .000 000 | | | | | | | | care or Fa | | | | | | | | | | | İ | ncome over \$1.0 | |
| 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 snyone ($JT_{\rm h}$ in the optional column on the far left. | | ļ | 900 | 0.000 | 90,000 | 286,000 | 500 500 | 1,000,000 | \$1 000 001-\$5,000 000 | \$5,000,001-\$25.006,100 | 25,000,001-\$50,000,000 | | SpouseIDC Asset over \$1 0 | | (0) | | | SANS | EXCEPTED/BLIND TRUST | PAGD | pe of increse 8 g . Partnershalt | | | 0 | 30 | 30 | 900 | 0.030 | 00 000 | 1 000 000 | \$1.060 701-\$5 000,000 | į | Assai anth | |
| For a detailed discussion of Schedule A requirements, please refer to the instruction booklet | None | \$1-51,000 | \$1,001-\$15,000 | \$15,001-\$50,000 | \$51,001.\$100,000 | \$100,001-5250,000 | \$250 001-3500 000 | \$500,001.51,000,002 | \$1 000 001. | \$5,000,001 | 925,000,00 | Over \$55,000,000 | Spouseffic | NOME | DIVIDENDS | REVI | *** EREST | CAPITAL GAINS | EXCEPTE | TAX-DEFERRED | Other Type of income (Specify 8.g., Partner | ¥ore Fore | \$1.5209 | \$201-\$1,099 | 555 25-100°15 | \$2,501-55 300 | \$6 001-515 000 | \$15,001-\$50,030 | \$50,001-5100 050 | \$100,001-51,000,000 | \$1,000,101 | Over \$5,000,000 | Sycasoff | P, S, S(part). or E |
| SP, EJF DC. SP Mege Corp Stock | F | _ | | | × | | _ | | | | | | | | х | | | | | | | Г | | | χ | | | | | | | _ | S | Solet, |
| Simon & Schuster | | Τ. | indefn | te | T | | | | | | | | | | | | 1 | | | | Royalbes | | | х | | ! | | Г | | | Ī | - | 1 | |
| ABC Hedge Fund X | | | | | 1 | | ¥ | | | | | | 1 | | | | | | | | Partnership Income | | _ | | | × | | | | | | | ı | |
| thirt Savingslan | | | | | | | X | | | | | | ٦ | | | | | | | | | | | | | | | | i | | | i | Т | |
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Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: Bubby L. Rush Page 3 of \$

| the source and an EXCLUDE: Milita INCOME LIMITS | pe, and amount of earned income from any source (other than the filer's current employment be nount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. my bay (such as National Guard or Reserve pay), federal retirement programs, and benefits rec and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and en notably honoraria, director's fees, and payments for professional services involving a fiduciary r | See examples below. eived under the Social Security Act aployees compensated at or above the "senior staff" rate w | |
|---|---|--|---------------------------------------|
| | Source (include date of receipt for honoraria) | Type | Amount |
| Examples: | Keene State Slate of Maryland Civit War Roundtable (Oct. 2) Onlaws County Board of Education | Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary | \$6 000 \$18,000 \$1,000 N-A |
| Citiz | iens For Rush | Spouse Salary | MA |

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Bobby L. Rus h Page 4 of \$

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 flabilities 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.

| | | | | | | | À | mour | t of Li | ability | | | *** | |
|--------------|---------------------------------------|--|---------------------------------------|-----------|-----------|-----------|------------|------------|---------------------------|-----------------------------|------------------------------|-----------------|-------------------|--|
| SP GC, JT | Creditor | Date Liability Incurred MO/YR | Type of Liability | 4 | 1- 0 | م -1- | 001. | 91. 80 | \$500,001- \$1,000,000 | \$1,000,001- \$6,000,000 | \$5,000,001- \$25,000,000 |),001- 0,000 | Over \$50,100,000 | Over \$1 000 000** (Spouse*DC Liab. rfv) |
| | Example First Bank of Wiltrangton, DE | 5/98 | Mortgaye on Rental Property, Dover DE | \$10.001- | \$15,001- | \$50.001- | \$100,001- | \$250,001- | | | | \$25 000,001- | S revO | Over \$: |
| | Senaca Mortgage Senaca Mortgage | NIA NIA | Mortgaga Mirtgaga | | | | X | | | | | | - | |
| | | | | | | | | | | | | | | <u> </u> |

SCHEDULE E - POSITIONS

| Consultant of any corporation, firm, partnership, or | sated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States Exclude Positions entitles (such as political parties and campaign organizations); and positions solely of an honorary nature |
|--|---|
| Position | Name of Organization |
| PASTOR Elder | Beloved Community Christian Church of God in Christ |
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| SCHEDULE H - | TDAVE | DAVAGENTO | DEILEDI | DOCESTO |
|--------------|--------|-----------|------------|-----------|
| SCHEDULE H - | IKAVEL | PAIMENIS | and Kelmbu | IKSEMENIS |

| Name: Bobby C. Rusi | H Page S of S |
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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, 5 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 to the filer.

| Source | (Pato(s) | City of Departure-Destination-City of Return | Lodging7 (Y/N) | Food? (Y/N) | Family Member Included? (Y/N) |
|--|---------------------------|--|-------------------|----------------|----------------------------------|
| Government of Chino (MECEA) | Aug. 6-11 | DC-Bellying, China+QC | Y | , | ٨ |
| Examples. Habitat for Humanity (charity kundrasser) | Mar 3-4 | 5€-Bosk#+DC | ř | Ť | ¥ |
| CAHada, Montreal | 5/26-5/91 201 5 | CHICAGO, III- | У | y | Y |
| Quebec | 2015 | CHICAGO, III- | | | _ |
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