

**HAND  
DELIVERED**

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**UNITED STATES HOUSE OF REPRESENTATIVES  
2016 FINANCIAL DISCLOSURE STATEMENT**

**Form A**  
For Use by Members, Officers, and Employees

Name: Elise Marie Stefanik Daytime Telephone: \_\_\_\_\_

2017 MAY 18 PM 2:18  
OFFICE OF REPRESENTATIVES  
A \$200 penalty shall be assessed against any individual who files more than 30 days late.

<b>FILER STATUS</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>NY</u> District: <u>21</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
<b>REPORT TYPE</b>	<input checked="" type="checkbox"/> 2016 Annual (Due: May 15, 2017)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

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

<b>A.</b> 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? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>F.</b> Did 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>B.</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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>G.</b> Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>H.</b> Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>I.</b> Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>	

**IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS**

<b>IPO</b> - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Elise Stefanik

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BLOCK A			BLOCK B													BLOCK C							BLOCK D												BLOCK E			
Assets and/or Income Sources			Value of Asset													Type of Income							Amount of Income												Transaction			
<p>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 that generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p> <p>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.</p> <p>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.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.</p> <p>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 its geographic location in Block A.</p> <p>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 Thrift Savings Plan.</p> <p>If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.</p> <p>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.</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>			<p>Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."</p> <p>*Column M is for assets held by your spouse or dependent child in which you have no interest.</p>													<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.</p>							<p>For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.</p> <p>*Column XII is for assets held by your spouse or dependent child in which you have no interest.</p>												<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.</p> <p>If only a portion of an asset was sold, please indicate as follows: (S (part)).</p> <p>Leave this column blank if there are no transactions that exceeded \$1,000.</p>			
SP, DC, JT	SP	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E (Sign)		
			None																																			
			\$1-\$1,000																																			
			\$1,001-\$15,000																																			
			\$15,001-\$50,000																																			
			\$50,001-\$100,000					X																														
			\$100,001-\$250,000																																			
			\$250,001-\$500,000							X																												
			\$500,001-\$1,000,000																																			
			\$1,000,001-\$5,000,000																																			
			\$5,000,001-\$25,000,000																																			
			\$25,000,001-\$50,000,000																																			
			Over \$50,000,000																																			
			Spouse/DC Asset over \$1,000,000*																																			
			NONE																																			
			DIVIDENDS														X																					
			RENT																																			
			INTEREST																																			
			CAPITAL GAINS																																			
			EXCEPTED/BLIND TRUST																																			
			TAX-DEFERRED																																			
			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																			
			None																																			
			\$1-\$200																																			
			\$201-\$1,000																																			
			\$1,001-\$2,500																																			
			\$2,501-\$5,000																																			
			\$5,001-\$15,000																																			
			\$15,001-\$50,000																																			
			\$50,001-\$100,000																																			
			\$100,001-\$1,000,000																																			
			\$1,000,001-\$5,000,000																																			
			Over \$5,000,000																																			
			Spouse/DC Asset with Income over \$1,000,000*																																			

# SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: **Elise Stefanik**

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BLOCK A Assets and/or Income Sources			BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
SP, DC, JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
	None																																				
	\$1-\$1,000																																				
	\$1,001-\$15,000																																				
	\$15,001-\$50,000																																				
	\$50,001-\$100,000																																				
	\$100,001-\$250,000																																				
	\$250,001-\$500,000																																				
	\$500,001-\$1,000,000																																				
	\$1,000,001-\$5,000,000																																				
	\$5,000,001-\$25,000,000																																				
	\$25,000,001-\$50,000,000																																				
	Over \$50,000,000																																				
	Spouse/DC Asset over \$1,000,000*																																				
	Key Bank Fixed Rate Roth IRA																																				
	-Key Bank Certificate of Deposit																																				
	Key Bank Personal Checking																																				
	Key Silver Money Market Savings																																				
	EMS DC Properties																																				
	-Residential Rental Property (Washington, DC)																																				
	(See Note 1 Regarding Assets)																																				

# **SCHEDULE D – LIABILITIES**

Name: **Elise Stefanik**

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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. **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	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
	First Niagara Bank	8/10	Business loan to EMS DC Properties (Personally Liable)				X							
	Adirondack Trust	6/16	Business Loan to EMS DC Properties (Personally Liable)				X							
	(See note 2 regarding Liabilities)													

# **SCHEDULE E – POSITIONS**

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

Position	Name of Organization
(NONE)	

**FILER NOTES**  
**(Optional)**

**Name:** Elise Stefanik

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