Yes No	all three tests for	pouse or dependent child because they meet	¹" income, or liabilities of a s nittee on Ethics.	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.
Yes No X	ave you excluded from	ਭਾ "excepted trusts" need not be disclosed. Ha	e on Ethics and certain oth	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?
- ·	E QUESTIONS	I - ANSWER <u>BOTH</u> OF THESE QUESTIONS	ST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B
	S" COMPLETE	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	CORRESPONDING SCHEDULE IF YOU AR	ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARI
Yes X No	n \$5,000 from a single	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	* *	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?
Yes No	arrangement with an the current calendar	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?	Zo C	C. Did you or your spouse have "earned" income (e.g., salaries, hornoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No	ig the reporting period date of filing?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	s No	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?
		rions .	OF THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF THESE
A \$200 penaity shall be assessed against any individual who files more than 30 days late.	A \$200 penaity shal individual who files	Period Covered: January 1, 2016 to 1994		New Officer or Employee Employing Office:
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2016 MAY 13 PM 1:33 C	2016 MAY	one:	Daytime Telephone:	Name: BRENT SOWNEK-SCHMSLZ
MAY 06 2016:	WA TEREST	FORM B Candidates, and New Employees	FORM B For New Members, Candidates, and	UNITED STATES HOUSE OF REPRESENTATIVES
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: BRENT SUNNEX-SCHMELL

Page 2 of 67

MICAUSUFT	ALPHASET	CHIMENA INVI CURP	SPOR STP SOUTHWIT	BERKSHIES HATHAUTY	ABC Hedge Fund X	Examples:	SP. EIF DC. Mega Corp Stock	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 rental and other real property held for investment, provide a complete address or description, e.g., rental 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 its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (urless 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. 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.	(do not use only ticker symbols). 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.	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 "unearned" income during the year. Provide complete names of stocks and mutual funds.	Assets and/or Income Sources	BLOCK A
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					Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	income during the reporting	Check all columns that apply. For accounts that generate tax-deferred income (such as 40f(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capitat gains, even if reinvested, must be disclosed as lincome for assets held in taxable accounts. Check "None" if the asset		
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						Ι΄		Spouse/DC Income over \$1,000,000* ≚		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. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D
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SCHEDULE A – ASSETS & "UNEARNED INCOME"	
Name: BRENT SO	
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																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-\$1,000,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 \$201-\$15,000 \$1,000,001-\$5,000,000 \$1,000,001-\$1,000,000 \$1,000,001-\$1,000,000 \$1,000,001-\$1,000,000 \$1,001-\$2,500 \$2,501-\$1,500 \$15,001-\$1,500,000 \$10,001-\$1,000,000 \$10,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000	X N N N N N N N N N			BLOCK D

SCHEDULE C - EARNED INCOME

Name: BRENT SOMMER SCHWELL Page 5 of 7

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.

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 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.

provide the same of the same o	o control		
	•	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
Examples: Chil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
NZW JERSEY MARNOAL WAS WALL, MI	5 Pouse stuppy	42	~#
_			

SCHEDULE D - LIABILITIES

Name: BRENT SUNNIK-SCHMILL

Page Wy bor

xceeded \$10,000. *Column K is t	abilities owed to you by a spouse	unless you rent it out or are a Merr	eriod. New Members: Members	Report liabilities of over \$10,000 ow
exceeded \$10,000.	or the child, parent, or sibling of you	ber); loans secured by automobiles	are required to report all liabilities s	ed to any one creditor at any time d
ise or dependent child.	u or your spouse. Report a revol t	s, household furniture, or appliance	secured by real property including	during the reporting period by you,
	<i>ring charge account (i.e.,</i> credit ca	s; liabilities of a business in which y	mortgages on their personal reside	our spouse, or your dependent chil
	iabilities 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	(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	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	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
	he reporting period	sonally liable); and	personal residence	ring the reporting

					SP, DC, JT		
			BANK	Example			
		The state of the s	OFANKAICA	First Bank of Wilmington, DE	Creditor		
			6/15	5/98	Date Liability Incurred MO/YR	ı	
			MURTURUS ON HUMA AH, NJ	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	æ	1
•	•				\$50,001- \$100,000	c	
				×	\$100,001- \$250,000	0	$\Big _{\mathbf{a}}$
			×		\$250,001- \$500,000	m	Amount of Liability
					\$500,001- \$1,000,000	וד	t of Li
					\$1,000,001- \$5,000,000	6	ability
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000	-	
					Over \$50,000,000	<u> </u>	
					Over \$1,000,000* (Spouse/DC Liability)	~	
				BANK OF ANKAICA 6/15 MURTURUS OF THINS #HINS	First Bank of Wilmington, DE 5/98 Mortgage on Rental Property, Dover, DE X VK O 午 中下KANC中 (夕) 1 写 M ルネですいる。 計れる。 計れる。 計れる。 計れる。	Creditor Creditor	Date Creditor Cr

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, fratemal, 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.

				•
		VICE CHAIR	Position	
		ATLANTIC HIGHLANDS ELEMENT MEN SCHOOL BOARD OF EDUCATION	Name of Organization	

SCHEDULE F - AGREEMENTS

Name: BEENT SUNNEK-SCHWYLL

Page & Tof Q

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

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.

Social and any morning contract to contract to a contract to	gerentien wir and mitomate Commental of a principal manufallip roogiled by har. Be not repeat international research contraction of a principal manufallip roogiled by har.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Wilson tower SATURTONN, NJ	LEGAL SERVICES & CONSULTING
9 9	
V 20 20 20 20 20 20 20 20 20 20 20 20 20	