INANCIAL DISCLOSURE STATEMENT  Name: \( \frac{1}{2} \) ATTHR \( \frac{1}{2} \) \\  New Member of or Candidate for State: \( \frac{1}{2} \) \\  FILER STATUS  PRELIMINARY INFORMATION - ANSWER EACH OF THESE 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?  b. Make more than \$200 in uncanned income from any reportable  asset during the reporting period?  C. Chardidates - Date of Election: \( \frac{1}{2} \) \(	Candidates, and New Employees  Check if Amendment  Period Covered: January 1, Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?  L. Did you have any reportable agreements or arrangements with an outside entity?  J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?  HEDULE IF YOU ANSWER "YES"  THAT YOU ARE REQUIRED TO COMPLETE	LEGISLATIVE RESOURCE CENTER  2015 APR   L PH  : LO  OFFICE OF THE CLERK OFFICE OF THE CLERK OFFICE USE ONLY)  A \$200 penalty shall be assessed against any individual who files more than 30 days late.  The promise with the standard of filing?  The clerk in the control of the c
New Member of or Candidate for State: Candidates - Date of Election: 11 10		2015 APR 14 PH 1: 40  2015 APR 14 PH 1: 40  OFFICE OF THE CLERK OFFICE OF REPRESENTATIVES (Office Use Only)
		A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUES	TIONS	
re than \$1,000 at the Yes X	E. Did you hold any reportable positions during or in the current calendar year up through the	period Yes X
Yes	F. Do you have any reportable agreements o an outside entity?	Yes 🔀
e Yes	J. Did you receive compensation of more tha source in the current year and two prior year	Yes
ATTACH THE CORRESPONDING SC	HEDULE IF YOU ANSWER "YE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	- ANSWER <u>BOTH</u> OF THESE	E 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 dependent child?	er "excepted trusts" need not be disclosed. H	ave you excluded from Yes No
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	iabilities of a spouse or dependent child becau	dependent child because they meet all three Yes Wo X

## SCHEDULE A

- ASSETS & "UNEARNED INCOME"  Name: \ Name: \	A	– ASSETS 8	
Name:	вгоск в	, "UNEARNED INCOME"	
1 MAT	вьоск с		
PIRYN Name Page 1 of	BLOCK D	Nayo No	

LEMENTA CONTIL	MAYS MUTULE OX	of PERS	PERS	ABC Hedge Fund	Examples: Simon & Schuster	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 (unless there was rental income during the reporting period); and any financial inferest 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 bookdet.	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
×	<b>X</b>	×	×	×	Indefinite	×	None         >           \$1-\$1,000         ∞           \$1.001-\$15,000         ○           \$15,001-\$60-000         □           \$50,001-\$100,000         m           \$190,001-\$250,000         □           \$250,001-\$1,000,000         □           \$500,001-\$1,000,000         □           \$1,000,001-\$25,000,000         □           \$25,000,001-\$25,000,000         □           \$25,000,001-\$50,000,000         □           \$25,000,001-\$50,000,000         □           \$25,000,001-\$50,000,000         □           \$25,000,001-\$50,000,000         □           \$25,000,001-\$50,000,000         □           \$25,000,001-\$50,000,000         □           \$25,000,001-\$50,000,000         □		*Column M is for assets held by your spouse or dependent child in which you have no interest.	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.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	вгоск в
				Partnership Income	Royalties	×	NONE DIVIDENDS  RENT INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividents, interest, and capital gains, even if relinvested, must be disclosed as income for assets held in taxable accounts.	Type of Income	BLOCK C
×	X	X	×	×	×	×	None		6	Is For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all sother assets indicate the category of income by checking the appropriate box below. Dividends, interest, it 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.	Amount of Income	BLOCK D

SCHEDULE A - ASSETS & "UNEARNED INCOME"

크몽۴ Assets and/or Income Sources ASSET NAME # > None 00 \$1-\$1,000 O \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 Value of Asset m 71 \$100,001-\$250,000 \$250,001-\$500,000 G ± \$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\* Z NONE DIVIDENDS RENT Type of Income INTEREST BLOCK C 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 ₹ N VI VI VIII Current Year \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 ≂ \$100,001-\$1,000,000 Amount of Income × \$1,000,001-\$5,000,000 Over \$5,000,000 × BLOCK D Spouse/DC Income over \$1,000,000\* ≚ None \$1-\$200 \$201-\$1,000 = \$1,001-\$2,500 V V V Preceding Year \$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 Income over \$1,000,000\* ≅

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### SCHEDULE C - EARNED INCOME

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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.

					CITY of STOCKIN (STOCKIN PD)	CITY OF STOCKTON (STOCKION PD)	Ontario County Board of Education	ABC Trade Association, Baltimore, MD (July 15)  Examples: State of Maryland	<b>Source</b> (include date of receipt for nonoraria)		INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in 2014. 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.
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				SACARCI	SALRU	Spouse Salary	Honorarium Salary	Type	•	bers and employees compensational services involving a fidu
					h2.2115		N/A	\$0,000 \$20,000	Current Year to Filing	Arr	ensated at or above the "senior staff" rate was \$26,955. It is unchange fiduciary relationship) are totally prohibited for Members and senior staff
					At 585 HOIL	ht. St.8 101 &	N/A	\$500 \$76,000	Preceding Year	Amount	ate was \$26,955. It is unchanged in ted for Members and senior staff.

#### SCHEDULE D ~ LIABILITIES

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. 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 (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 exceeded \$10,000. 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 \*Column K is for liabilities held solely by your spouse or dependent child

	10					
	8			SP. DC, JT		
NEL	338	ACC	Example			
NEL NET	MRS YMUTUAL	MASS MUNAL	First Bank of Wilmington, DE	Creditor		
8/10	1014	8/11	5/98	Date Liability Incurred MO/YR		
STUDENT LOAN	hom (Defutuo (ump)	Low (Referrepcemp)	Mortgage on Rental Property, Dover, DE	Type of Liability		
		X		\$10,001- \$15,000	>	
	×			\$15,001- \$50,000	<del>0</del>	
×				\$50,001- \$100,000	C	
			×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	n	t of Li
				\$1,000,001- \$5,000,000	ဖ	Amount of Liability
				\$5,000,001- \$25,000,000	<b>T</b>	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	٤	
				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 listed in Schedule C; 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.

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	Chair warmen	RESTRAT	Position	מום ווכום ווי מוס וכיסו נווים אבווטם מוום מוכי סמוו כווג סמוכו
		STUCKTUN POLICE OFFICIAL ASSOCIATION (SWA)	Name of Organization	position into integrining points and the controlled foot. The few extrements and the surpreferent position into in the control controlled from the few process from the few process.

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SCHEDOLE F - AGREEMEN S		
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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in	or future employment; a leave of absence during the period of government service; nuing participation in an employee welfare or benefit plan maintained by a former employee	of government service; naintained 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.

government and any information considered confidential as a result of a	government and any minumater commonate as a room or a printegor reasonability root in the repeat minumater root or servers or
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

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