AUG 11 201

Page 1 of _

three tests for exemption? **EXEMPTION** – 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 TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. this report details of such a trust that benefits you, your spouse, or dependent child? IPO – 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. the current calendar year up through the date of filing? E. Did you hold any reportable positions during the reporting period or in D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS reporting period? exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: 2017 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES REPORT TYPE FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the Receive more than \$200 in unearned income from any reportable end of the reporting period? or Do not answer "yes" unless you have first consulted with the Committee on Ethics 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S On 10/5/K Daytime Telephone: State: District: Yes Yes ž X ¥es Yes Amendment N 장 Z Š For Use by Members, Officers, and Employees G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period? F. 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" lieu of paying you for a speech, appearance, or article during the reporting period? reportable travel or reimbursements for travel totaling more than M. Did you, your spouse, or your dependent child receive any Did any individual or organization make a donation to charity in \$390 in value from a single source during the reporting period? Form A Employee Officer or Employing Office Date of Termination: ermination Have you excluded from O.S. HOUSE OF REPRESENTATIVES A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTE 60 AUGITUS USANDADA) 2 12.4.17 Shared Staff Filer Type: (If Applicable) Yes Yes Yes 89 Yes Yes Yes Principal Assistant 중 Š Š 충 ĕ 중 중 X X X X \times \boxtimes

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

B

Page

80

랓

Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1.00 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" 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 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. 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. retirement program, including the Thrift Savings Plan income during the reporting period); and any financial interest in, or income derived from, a federal nomes and vacation homes (unless there was renta Exclude: Your personal residence, including secon geographic location in Block A. provide a complete address or description, "rental property," and a city and state. For rental and other real property held for investment (do not use anly ticker symbols) ncome during the year. Provide complete names of stocks and mutual funds ğ Dac TO Assets and/or Income Sources report a privately-traded fund that is an ed investment Fund, please check the "EIF" of Property رہ! د د ents, please refer to the instruction bookle Ş roperty 2 TOTIS SHIPT Fed Ca poerty Mega Corp. Stock ABC Hedge Fund Simon & Schuster ₫, £ Schedule e.g. 4 × used. you have no interest If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." 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 *Column M is for assets held by your spouse or dependent child in which > \$1-\$1,000 100 < \$1,001-\$15,000 o \$15,001-\$50,000 o × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 71 BLOCK B × \$250,001-\$500,000 ၈ \$500,001-\$1,000,000 Ŧ \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ٠. \$25,000,001-\$50,000,000 ~ Over \$50,000,000 ۳. Spouse/DC Asset over \$1,000,000 S 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" NONE Check all columns that apply. the asset generated no income during the reporting DIVIDENDS × RENT ₹ INTEREST Type of Income CAPITAL GAINS BLOCK C EXCEPTED/BLIND TRUST TAX-DEFERRED Ę Partnership Other Type of Income Royalties (Specify: e.g., Partnership Income or Farm Income) 7 accounts. generated. 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 reinvesed, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or *Column XII is for assets held by your child in which you have no interest. For assets for which you checked "Tax-Deferred" in Block C, \$1,\$200 = \$201-\$1,000 . × \$1.001-\$2.500 ₹ Amount of Income < × ≤ BLOCK D \$5,001-\$15,000 ≨ \$15,001-\$50,000 ¥ \$50,001-\$100,000 spouse \$100,001-\$1,000,000 ヌ \$1,000,001-\$5,000,000 × 9 depender Over \$5,000,000 × Spouse/DC Asset with Income over \$1,000,000* ≚ If only a portion of an asset was sold, please Indicate as no transactions that exceeded \$1,000. purchases (P), sales (S), or Leave this column blank if there are exchanges (E) exceeding \$1,000 Spent follows: (S (part)). in the reporting Indicate if the isset had Transaction S, S(part), or E BLOCKE

 σ

Assets and/or Income Sources			дS					L	1	1		1			.			
So		ASSET NAME	I and the a	IN Pr B														
HECOS.		EJF																
	None >>	37352	4		May 13	(9.81)	No. of		14.2	y-,		\$ % A		403	2000 2000 2000	(e e	F . ''	S. 183
	\$1,001-\$15,000				enter (: - 6°)?¥`.				8" (C)), 5 % major 10	47	****
	\$15.00\$ \$5.000			*		14.5				3.0	}		200					
≼	\$50,001-\$100,000 m	Bus son			- 14	1.46	100		8 8	355				6:40	(v.)	S. 22.		ζ,
Value of Asset	\$10,00 1,000,000		100							ya.		KYY MEJ	Š.			N _A S		
f Ass	\$250,001-\$500,000 o	and the	9/5		*****************	80.78		6 8		Hari			Ŝi da	5) (1				. 2.3
2	\$1,000,001-\$5,000,000 <u> </u>		80.00						egg-sec.		7.45	2 600	2/33	662		lan iliz		
	\$5,000,000-825,000,000					100		X Test		<i>(</i> *)							, 12 di	2
	\$25,000,001-\$50,000,000				\$150 G				\$	<i>18</i> 74	O.	125.0	4	syr (7. S.	ĽW.		
	Spouse/DC Asset over \$1,000,000*	. 97 . P.s.	1	o é			e and to	26.0	2.4	S.ac	5.2	2,05	34 / 3					21.4
		Muser Store		K					- S	ASS.	400 m			70 May		10		•
	DIVIDENDS	Since Since	C 208		CHOWN)	SSO.		74 B	87.5				an a d		7 K.V.			5.43
بر	INTEREST		100	0.4	05A		36		5 3	*	6-A) 'A' .	92,4	(C)	5/4	3, 7	* , ***	÷2 ,
Type of Income		.				Serb.	o taking	je s	ئۇنىيىنى ئۇنىيىنى	33.1	1,5	\$\$***	, in		975			
pe of Inco	EXCEPTED/BLIND TRUST	40° A 30° A	Care		100 au	50.725	100			×0.34	:: 181 ::::181		1200	20.55			C 939	(হণ্ড)
Ž									1				3	1 12 1 10 1 10				
	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)				:													
	\$1-\$200 =			**	246				de ilin	A CO	4.5			72	,	J. 20	\$ \d	
	\$1.5200 = 1		Ť.	10 Terr 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	3			Žú			S,XE			. On		44%		Service Control
>	\$1,001-\$2,500		. 12900.	Z,							. C							
Amount of Income	PEON SECON						46.4 A		57.7 57.46				Y.			1 (C)		
unt of Inc	\$5,001-\$15,000 \(\leq \)			329 Z			17337				900			4169	() ((((((((((((((((((, del	22.5% 2582.48	
псол	\$50,001-\$100,000		0.00		76 Y 8	*13° & 1	9.446	9-300 P	100 X	-Sheet	2,000	V.C.S.	(a) (.)	7.55	7.759	1-pm 3	. 42	20 A
10	\$10.00 (a.m.)							4.0	72			12.			1	63 V 5		
	\$1,000,001-\$5,000,000 ×		- A	3 To 1	. Ž	a de la composición della comp				1,50	S. 7.3		2	76%	- 15 - 15 - 15	8	NAS.	ÉNG
	Spouse/DC Asset with Income over \$1,000,000*	en to p	20	Sec.	4. E. E.		* 6-4X	4 L CS	E 25.	(A) 1/2	1.65°49			\$45.2			**************************************	7
Transaction	P, S, S(part), or E																	

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: JOHN CONYERS

Page 3 of 10

SCHEDULE B – TRANSACTIONS

			eck Box if Capital Gain eeded \$200	(MO/DAYR) or Quarterly, Monthly, or Bi- wesity, if applicable	994-			0000	8,061- 9,000 m		999,801- 969,000 &	J000,000 1-	5,600,001- - - - - -	er \$50,000,000
Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	Sale	Partel Selo Exchange	Check Box if C Exceeded \$200	weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$000,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000		\$25,000,001- \$50,060,000
SP, DC, JT Asset														
Sp Exemple Mega Corp. Slock		×	×	3/9/17		×								
N hader nut ds				2016	V	»					٠			
SP Inv Property				2016	7	······							I	
						ļ.,							1	
													1	
											`			
									y i		7			
					, ,								1	
					,						,			
		-											I	l
					2 %									
					3.						3, 4		f .	
							1 1						1	
											3 - C 3 - C			

SCHEDULE C - EARNED INCOME

Name John Conters Page 5

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 a 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: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	ensated at or above the "senior staff" rat a fiduciary relationship) are totally prohib	te was \$27,765. The 2018 limit is ited.
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
Neighbolhood Legal Services	Spouse Salary	NA
		-

SCHEDULE D - LIABILITIES

Name: John (DNYES JR Page 6 of 10

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. Numbers: 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 tout 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.

	l	H	5			80	,	
		7	0			sp. DC, Л		
		Wells Eargo	Fed /	Cona. F	Example			
	ر	targo	Loan Servicing	ong Fed (Rep. Union	First Bank of Wilmington, DE	Creditor		
	•	6/13	4990'S	12/12	5/15	Date Liability Incurred MO/YR		
*	Residence	mortage on Persons	Student Loan	Personal	Mortgage on Rental Property, Dover, DE	Type of Liability		
		- 3 3 73 19		. *		\$10,001- \$15,000	>	
		X		X		\$15,001- \$50,000	æ	
	7				,	\$50,001- \$100,000	c	
			×		×	\$100,001- \$250,000	D	
	* (\$250,001- \$500,000	m	moun
	,					\$500,001- \$1,000,000	п	t of Li
-			2			\$1,600,001- \$5,000,000	6	Amount of Liability
			Ī			\$5,000,001- \$25,000,000	I	
						\$25,000,001- \$60,000,000	-	
		•				Over \$50,000,000	_	
						Over \$1,900,900* (Spoure/DC Liability)	*	

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.

			 -	۲
	. / .	N/A	Position	more and religious, section, manerical, or persons ensured to the
			Name of Organization	THE IT WISH ASSETTING THE PROPERTY OF THE PROP

SCHEDULE F - AGREEMENTS

	Name: John Co
•	nyers, Tre
	Page

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 a
--

			Date
		N/B	Parties to Agreement
			Terms of Agreement

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Ехатрів:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
	N/A		
			-
			31

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: (TohN
Conters, JR
Page 8 of/()

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 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

	Source	Date(s)	City of Departure-Destination-City of Return	ination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member included? (Y/N)
	Covernment of China (MECEA)	Aug. 6-11	DC-Beiling, China-DC	China-DC	Υ	*	z
Examples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	lon-DC	۲	۲	۲
	N/A						
						!	
							ļ

Name:
Page 9 of 10

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA	Name:	Page_	9 of 10
List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	onsor of an event to a charitable organ	nization in lieu of paying a	an honorarium to you. A
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2017 Aug. 13, 2017	\$2,000 \$500
NN			

				***					NOTE NUMBER
					Would CAll back but NO ONE DID.	Me also called this office for assistance but with stold smeare	_	Ne have been unable to ContactheTreasurer of his	NOTES

A.