UNITED STATES HOUSE OF REPRESENTATIVES FOR	New Members,	FORM B For New Members, Candidates, and New Employees		Page 1 of <b>6</b> 2317 MAY 19 & MIO: 55
Name: KLAN GRAYSON Day	Daytime Telephone:	one:	U.S. N.	U.S. HOUDE OF REPARES LA LATIVES
New Member of or Candidate for State:  U.S. House of Representatives District:  Candidates – Date of Election: 11 / 6 / / \$		Check if Amendment	<b>€</b> (Office	(Office Use Only)
New Officer or Employee  Employing Office:		Period Covered: January 1, 2016 to 1/3-17	A \$200 penaity shall t individual who files m	A \$200 penatty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	IESE QUESTIONS	IONS		
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?	8	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting period date of filing?	Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes period?	8	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?	arrangement with an the current calendar	Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes     Mability (more than \$10,000) at any point during the reporting period?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a single	S S
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ONDING SCH	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ORMATION	- ANSWER BOTH OF THESI	QUESTIONS	
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or dependent child?	ics and certain other		not be disclosed. Have you excluded from	Yes No X
EXEMPTION - Have you excluded from this report any other assets, "uneamed" 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.	, or liabilities of a sp Ethics.	pouse or dependent child because they meet	all three tests for	Yes No X
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# SCHEDULE A - ASSETS & "UNEARNED INCOME"

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production of income and with a fair market value exceeding \$1,000 at the end of the forming before and (b) any other reportable steet for status of income that generated more than \$200 in "unearned" income during the year. If you so choose, you may indicate that an asset moome source is that of your apouse (SP) dependent child (DC), or jointly held with enyor (JT), in the optional column on the far teft. 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 bank and other cash accounts, total the amount in all intereshearing accounts. If the total its over \$5,000, let every financial institution where there is more than \$1,000 in interest-bearing accounts. For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset haid in the account that exceeds the reporting thresholds. Provide complete names of stocks and mutual funds (do not use only ticker symbols). Exclude: Your personal residence, including second nomes and vacation homes (unless them was replat noomes during the reporting period); and any financia nierest in, or income distined from, a federal nierest in, or income distined from, a federal For an ownership interest in a privately-held business that its not publicly traded, etale the name of the business, the nature of its activities, and its etirement program, including the Thrift Savings Plan. Ę pted investment Fund, please check the Emphis: Cody disor Ly Wife as detailed المامر عنسهاده دام المام a detailed discussion of Schuerness, please refer to the instruction Gliffer Janese Asset and/or income Source Apage Silver Fred have a privately-traded fund that is an han wither Grand andrium Mutale An It Rel-Carh BLOCK A Mega Corp. Stoc Simon & Schuster ABC Hadge Fund Schedula 9 × 9 9 Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please epacify the method used. X If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." None \*Column M is for assets held by your spouse or dependent child in which you have no interest. > \$1-\$1,000 œ indefinite \$1,001-\$15,000 O \$15,001-\$50,000 o \$50,001-\$100,000 × Value of Asset m \$100,001-\$250,000 73 BLOCK B \$250,001-\$500,000 Θ \$500,001-\$1,000,000 x \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 -\$25,000,001-\$50,000,000 \* Over \$50,000,000 <u>\_</u> Sociate/DC Asset over \$1,000,000 Œ Check all columns that apply. For socours that Frod generate tax-defented income (such as 401(k), IRA, or motion generate tax-defented income (such as 401(k), IRA, or motion generated to the first position of the fi NONE DIVIDENDS × RENT INTEREST Type of Income CAPITAL GAINS BLOCK C EXCEPTED/BLIND TRUST TAX-DEFERRED Royalles Other Type of Income (Specify: e.g., Partnership income or Ferm income) For assets for which you checked "fox-Deferred" in Block C, you may check the "None" column. For all other assets indicate him to stagony of income by checking the appropriate box below. Bividends, interest, and capital gains, even it reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" it no income was samed or generated. Column XII is for assets held by your spouse or dependent chikn which you have no interest. \$1-\$200 = \$201-\$1,000 포 × \$1,001-\$2,500 ₹ Amount of Income \$2,501-\$5,000 < \$5,001-\$15,000 ≤ STOCK D \$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 ≚ u Indicate if the a lease that purchases (P). Lasies (S), or a suchanges (E) rescending \$1,000 in the reporting Leave this column blank if there are no transactions that exceeded \$1,000. an asset was sold, please indicate as follows: (S (pert)). If only a portion Transaction S, S(part), or E BLOCK E

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Name: ALANGRAYSON

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ALAN GRAYSON

# SCHEDULE C - EARNED INCOME

Name: ALAN ERAY SUD Page 6 of 8

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. 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 EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff,

						Med Expet Convitory, Inc. Sport Clay	U.S. Congress for instructions, this does not read to be listed)	EXBMPles: State of Maryland Cox. 2) Ontario County Board of Education	ABC Trade Association, Baltimore, MD (July 15)	Source (include date of receipt for Honoraria)	
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## SCHEDULE D - LIABILITIES

Name: ALLE GOLALS

Page 7 of A

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, perent, or sibiling 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 ilabilities held solely by your spouse or dependent child

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							\$50,001- \$100,000	c	
						×	\$100,001- \$250,000	6	>
		×					\$250,001- \$500,000	п	Amount of Liability
					×		\$500,001- \$1,000,000	<b>"</b>	of Lie
		_		X			\$1,000,001- \$5,000,000	6	bility
							\$5,000,001- \$25,000,000	<b>x</b>	
							\$25,000,001- \$50,000,000	-	
	_		$\downarrow$				Over \$50,000,000	-	
L							Over \$1,000,000* (Spouse/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 eny 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
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ひれる	Souly 16-in Fried (Ca) Lodg.
Trustee	Color telecommunications Trust
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## SCHEDULE D - LIABILITIES

Name:	
Page 80 of 88	

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 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 liabile); and liabilities oved to you by a spouse or the child, parent, or stoling 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.

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						Example	-		
	•					First Bank of Wilmington, DE	Creditor		
						5/98	Date Liability Incurred MO/YR		
						Mortgege on Rental Property, Dover, DE	Type of Liability		
							\$10,001- \$15,000	>	
							\$15,001- \$50,000	œ	
							\$50,001- \$100,000	ဂ	
						×	\$100,001- \$250,000	0	P
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							\$500,001- \$1,000,000	70	t of Li
							\$1,000,001- \$5,000,000	၈	Amount of Liability
							\$5,000,001- \$25,000,000	<b>I</b>	
							\$25,000,001- \$50,000,000	-	
							Over \$50,000,000	٠	
							Over \$1,000,000* (Spouse/DC Liability)	3	

#### 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, pertnership, or other business enterprise, nonprofit organization, isbor 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 campalon organizations); and positions social, fraternal, or political entities (such as political parties and campalon organizations); and positions social, fraternal, or political entities (such as political parties and campalon organizations); and positions and provided the programment of the programm

Position	Position Name of Organization
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