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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, ar	FORM B andidates, and New Employees	DELIVERED Page 1 of 6
Name: David (Johlan	Daytime Telephone.		2016 JUN 22 AM II: 59
New Member of or Candidate for State: Ariz. U.S. House of Representatives District: On- Candidates - Date of Election: Primary: Aug. 34, 16	3 GCn. Nov. 8, 16	Check if Amendment	UFFICE OF THE CLEAK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1, 2015 to Tens 14, 2016	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF	F THESE QUESTIONS	NS	
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 uneamed income from any reportable asset during the reporting period?	No E. C	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ing the reporting period Yes No No
C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No F. D outs	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 Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes flability (more than \$10,000) at any point during the reporting period?	No J. D	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	s? No No No Single Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ESPONDING SCHEI	SCHEDULE IF YOU ANSWER "YES" LES THAT YOU ARE REQUIRED TO	S" O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	INFORMATION - /	ANSWER <u>BOTH</u> OF THESE QUESTIONS	E QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child?	ກ Ethics and certain other "e: d?	xcepted trusts" need not be disclosed. Have you excluded from	lave 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.	ncome, or liabilities of a spous tee on Ethics.	se or dependent child because they meet	t all three tests for Yes No X

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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 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.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment of Indicate value of asset at close production of income and with a fair market value you use a valuation method use acceeding \$1,000 at the end of the reporting period, please specify the method used and (b) any other reportable asset or source of if an asset was sold during the income which generated more than \$200 in included only because it gen "uneamed" income during the year.	Assets and/or income Sources	BLOCK A	SCHEDULE A – ASSETS & "UNEARNED INCOME"
	C C C C C C C C C C C C C C C C C C C			Provide complete names of stocks and mutual funds "Column M is for assets held by your spouse or dependent accounts. (do not use only ticker symbols). Child in which you have no interest. Child in which you have no interest.	of the reporting period. If her than fair market value, re reporting period and is erated income, the value	Value of Asset	BLOCK B	& "UNEARNED INCOME"
ome)				accounts. 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, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, linterest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable	Type of Income	BLOCK C	Name: David
		Current Year			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	ВLОСК D	d Gowan
	III V V VI VII VII VII VI X X XI XI	Preceding Year			you may check the "None" column. For all appropriate box below. Dividends, interest, as income for assets held in taxable d	me		Page 2 of 6

For an ownership interest in a privately-held busi that is not publicly traded, state the name of business, the mature of its activities, and geographic location in Block A.

Exclude: Your personal residence, including second names and vacation homes (unless there was rental recome during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

you so choose, you may indicate that an asset roome source is that of your spouse (SP) spearchaft child (CD), or jointly held with anyone (J the optional column on the far left.

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ailed discussion of Schedule please refer to the instruction booklet.

None \$1-\$1,000 \$1,001-\$15,000

\$15,001-\$50-000

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Spouse/DC Asset over \$1,000,000*

Spouse/DC Income over \$1,000,000*

Other Type of Income (Specify: e.g., Partnership Income or Farm Inco

Over \$50 000,000

NONE

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

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Spouse/DC Income over \$1,000,000*

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DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED

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Royalties Partnership Income

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you have a privately-traded fund that is an Excepte westment Fund, please check the "EIF" box.

Use additional sheets if more space is required.

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Examples:

ABC Hedge Fund Simon & Schuster Mega Corp Stock

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: David GOWAY

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of 6

SCHEDULE C - EARNED INCOME

Name: David GOWAN Page 上 잋 6

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.

	*	Am	Amount
Source (include date of receipt for nonotalia)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
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AZ House of Representatives	Salary	11,538.46	\$24,000,50
AZ Cochise Courty Courts	Spouse Salary	#/6,000 est.	\$32,000. cst
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SCHEDULE D - LIABILITIES

Name: David Gowan Page 5 of 6

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 liabile); 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.

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DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$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	Over \$1,000,000* (Spouse/DC Liability)
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							- 1
	Sallie Mae	Mae	1/04	Student Lan								基	Х	_	
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SCHEDULE E - POSITIONS

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. New Members and second-year candidates report positions held in the reporting period and 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

Position	Name of Organization
Chairman	Isshin-Shorn-Go Ryn Karate Association
Board Member	Verities Christian Community Schaul
Presinct Committeemen	Az Gor

SCHEDULE F - AGREEMENTS

Name: David Gowan Page_ 6 <u>으</u>, 6

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.

OCH INTOCHOLL C	or addition of paymonas of a former of carroin origination care and are consequent	од паравот от разнять ву в топтого часть выпустование стородо.
Date	Parties to Agreement	Terms of Agreement
1/09	Myself + State of Arraga	Participation in ponsion
6/11		Participation in pension
:		

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.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
;	