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| UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT | Form A For Use by Members, Officers, and Employees | U.S. HOUSE OF REPRESENTATIVES |
| | | (Office Use Only) |
| Name: Raymond Eugene "Gene" Green | Daytime Telephone: 202-225-1688 | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| FILER X Member of the U.S. State: | TX Officer or Employing Office. | Staff Filer Type: (If Applicable) Shared Principal Assistant |
| REPORT X 2016 Annual (Due: May 15, 2017) | Amendment Termination Date of Termination: | ination: |
| PRELIMINARY INFORMATION - ANSWER EACH OF TH | 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? <u>or</u> b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period? | Yes X No 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? | rangement with an Yes X No |
| ndent child purchase, sell, or real estate in a transaction period? | Yes No X reportable gift(s) totaling more than \$375 in value from a single source during the reporting period? | ld receive any Je from a single Yes No X |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | Yes X No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? | traing more than Yes X No No |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | Yes No X I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? | article during the Yes No X |
| E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | E COR | RESPONDING SCHEDULE IF YOU ANSWER "YES" |
| IPO AND EXCLUSION OF SPOUSE, DEPENDENT, | T, OR TRUST INFORMATION - ANSWER EACH OF | F THESE QUESTIONS |
| IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you ans contact the Committee on Ethics for further guidance. | ial Public Offering during the reporting period? If you answered "yes" to this question, please | estion, please Yes No X |
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child? | mittee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded pendent child? | we you excluded Yes No X |
| EXEMPTION — Have you excluded from this report any other assets, "uner all three tests for exemption? Do not answer "yes" unless you have first co | EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | ecause they meet Yes No X |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Raymond Eugene "Gene" Green Page_ <u>`</u>q 6

| Texas (IRA) | SP Community Bank of | Preference Annuities | Allstate Preferred | Chase Bank (IRA) - | JT Bank of America | ABC Hedge Fund | Simon & Schuster | SP Mega Corp. Stock | in the optional column on the far left. For a detailed discussion of Schedule A requirements please refer to the instruction booklet. | If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or | If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. | rescues: Your personal residence, including section homes and vacation homes (unless three was renal income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. | For an ownership interest in a privately-heat business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. | 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). | that generated more than \$200 in "unearned" income during the year. | 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 the contract the contract of the con | Assets and/or income Sources | BLOCK A |
|-------------|----------------------|----------------------|--------------------|--------------------|--------------------|-----------------------|------------------|---------------------|---|--|--|---|---|---|--|--|---|--|--|---|------------------------------|-------------|
| | × | | | × | | × | Indefinite | FF | None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 | 2 o | | | | <u> </u> | 3,03 | A B C D | 8 | ~ | | | | |
| | | | | | × | × | | × | \$50,001-\$100,000 \$100,001-\$250,00 \$250,001-\$500,00 \$500,001-\$1,000, \$1,000,001-\$5,00 \$5,000,001-\$25,0 | 000,000 | | | | | | E F G H I J K | | our 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 used. | Value of Asset | BLOCK B |
| | × | | | × | × | | | х | Over \$50,000,000 Spouse/DC Asset NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIN TAX-DEFERRED | | | | | | | | | Boset deutstaten in income druit die tehende beitog | | | × | BLOCK C |
| | | | | \ \ \ | | Partnership Income | Royalies | | Other Type of Inco (Specify: e.g., Par None | | income or | Farm (ncome) | | | | | | | None if the | | | |
| | × | | | | × | × | × | × | \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$100,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000 Over \$5,000,000 Spouse/DC Asset | 1,000 | me over | \$1,000,000 | | | W = 3 G T | IIX X XI IIIV IV V IV IV IV IV IV IV IV IV IV I | D as | Column XII is for assets held by your spouse or dependent child prin which you have no interest. | must be disclosed as income for assets held in taxable e accounts. Check 'None' if no income was earned or generated, e | | Amount of Income | BLOCK D |
| | | | | | | | | S(part) | , S, S(part), or E | | | | | | blank if there are no transactions that exceeded \$1,000. | follows: (S (part)). | an asset was sold, please indicate as | n the reporting period. | exchanges (E) exceeding \$1,000 | Indicate if the asset had purchases (P). | Transaction | BLOCKE |

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| | | | | | of Texas | Retirement System | Employees | | of Texas (IRA) | Community Bank | | Preference Annuities | Allstate Preferred | Chase Bank (IRA) - | Prudential Financial | ASSET NAME EIF | | | BLOCK A Assets and/or Income Sources | | SCHEDULE A – ASSETS & "UNEARNED INCOME" |
| | | | | | | | | | | | | | | | | | None | > | | 1 | Šo. |
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| <u> </u> | | | _ | | | | <u></u> | | | | | | _ | | × | | \$100,001-\$250,000 | п | BLOCK B | | Z |
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| <u> </u> | <u> </u> | | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | | | _ | | | | | | \$25,000,001-\$50,000,000 | | | | |
| <u></u> | L | | <u> </u> | ļ | _ | ļ | <u> </u> | | | | _ | <u> </u> | | <u> </u> | | | Over \$50,000,000 | | İ | | |
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| | | | <u> </u> | <u> </u> | | <u> </u> | Schedule | | | | | L | | <u> </u> | ļ | | CAPITAL GAINS | | BLOCK C Type of Income | | Ι¥ |
| | | | _ | <u> </u> | | <u> </u> | 트 | | | | | _ | | <u> </u> | | | EXCEPTED/BLIND TRUST | | ᇙ | | 2 |
| | | | | | - | | e C | | | × | | | | × | × | | TAX-DEFERRED | | ma ' | | <u> </u> |
| | | | | | | | | | | | | | | | | | Other Type of Income (Specify: a.g., Partnership Income or Farm Income) | | | | Raymond Eugene |
| | | | | | | | | | | × | | | | × | × | | None | _ | | 1 | ดู้ |
| | <u> </u> | | | | | | Γ | | | | | | | | · | | \$1-\$200 | = | 1 | | "Gene" Green |
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| Г | | | | | T | | <u> </u> | | | | Γ | | | | | | \$2,501-\$5,000 | < | § | | ě |
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| | | | ┢─ | | _ | | \vdash | - | | \vdash | | | | | - | | Spouse/DC Asset with Income over \$1,000,000* | | l | | ll l |
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SCHEDULE C - EARNED INCOME

Name: Raymond Eugene "Gene" Green Page_ 4 으 တ

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.

INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765, In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. **Employees Retirement System of Texas** Teacher Retirement System of Texas **CWA/ITU Negotiated Pension Plan** Examples: Keene State
State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education Source (include date of receipt for honoraria) Spouse Pension Legislative Pension Union Pension Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary Type \$57,799 N Amount \$353 \$6,000 \$18,000 \$1,000 N/A

SCHEDULE F - AGREEMENTS

| Name: |
|-----------------------------|
| Raymond Eugene "Gene" Green |
| Page 5 of |
| 6 |

| employer. | continuation or deferral of payments by a former or current employer other than t | identify the date, parties to, and general terms of any agreement or arrangement | |
|-----------|--|--|--|
| | 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 | 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; | |

| Date | Parties to Agreement | Terms of Agreement |
|---------|--|---|
| 05/1990 | 05/1990 Intl Typographical Union (ITU) | Continued participation in pension plan |
| 01/1993 | State of Texas | Continued participation in pension plan |
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SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 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 \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|--|--|---------------|
| Example: Mr. Joseph Smith, Arlington, VA | Silver Platter (determination of personal Mendship received from the Ethics Committee) | \$ 400 |
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

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| Name: |
| Raymond Eugene "Gene" Green |
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| Page 6 |
| of 6 |
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 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 the filer.

| | Source | Date(s) | City of Departure-Destination-City of Return | Lodging? (Y/N) | Food? (Y/N) | Family Member Included? (Y/N) |
|-----------|---|---|--|-------------------|---|---|
| | Government of China (MECEA) | Aug. 6-11 | DC-Beiling, China-DC | ۲ | ۲ | ĸ |
| Examples. | Habitat for Humanity (charity fundralser) | Mar. 3-4 | DC-Bostor-DC | ¥ | Y | Υ |
| The Alli | The Alliance for Health Reform & the | Mar 11-13 | DC-Middleburg, VA-DC | ~ | * | Υ |
| Comn | Commonwealth Fund | | | | | |
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