UNITED STATES HOUSE OF REPRESENTATIVES For New Members, Candidates, and New Employees	JUN 1 5 700115 Page 1 of 62
Name: Frank Lasee Daytime Telephon.	19:1 H ZZ WUC 0107
New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election: Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Employing Office: to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
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? or in the current calendar year up through the date of filing? b. Make more than \$200 in unearned income from any reportable asset during the reporting period? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period 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 reporting period? 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 X
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 J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	ın \$5,000 from a single Yes
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO (ANSWER "YES" REQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THES	OTH OF THESE 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?	ave you excluded from Yes No
EXEMPTION Have you excluded from this report any other assets, "unearned" 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.	t all three tests for Yes No No

SCHEDULE C - EARNED INCOME

Name: Frank Lasse Page 2 <u>م</u> ة

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 payroil. 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.

Source (include date of receipt for honoraria)	1		Amount
east of (morace and or receipt for notificially)	lype	Current Year to Flling	Preceding Year
	Honorarium Salary	000 003	\$500 67# OXO
Ontario County Board of Education	Spouse Salary	\$0 NVA	\$1,000 N/A
STATE OF WISCONSIN	Salary	23,000	50,950
	0		
			İ

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Frank & Lasee

Page 3 of 6

Use additional sheets if more space is required	Charles Shunzi Dynamur.	JAMPICION MOYER MILL	Detta Arrunas	Southwest Ar/lives	ABC Hedge Fund X	Examples:	SP, Mega Corp Stock Elf	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. For bank and other cash accounts, it 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 focation in Block A. For an ownership interest in aprivately-held business that is not publicly traded, state the name of the business. The nature of the activities, and its geographic focation in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting periods) and any financial interest 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 chack the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or depandent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A fequiraments, please refer to the instruction booklet.	(do not use only ticker symbols).	Provide complete names of stocks and mutual finds	ed" income during the year.	and (b) any other reportable asset or source of income which generated more than \$200 in	production of income and with a fair market value exceeding \$1,000 at the end of the reporting period.) each esset held	Assets and/or Income Sources	BLOCK A
used Undertowninger	X	X		×	×	Indefinite	×	None \$1.\$1,000 \$1.\$15,000 \$15,001.\$15,000 \$15,001.\$15,000 \$50,001.\$250,000 \$100,001.\$250,000 \$250,001.\$1,000,000 \$1000,001.\$25,000,000 \$250,001.\$25,000,000 \$25,000,001.\$25,000,000 \$25,000,001.\$25,000,000 \$25,000,001.\$25,000,000 \$25,000,001.\$25,000,000 \$25,000,001.\$25,000,000 \$25,000,001.\$25,000,000 \$25,000,001.\$25,000,000 \$25,000,001.\$25,000,000 \$25,000,001.\$25,000,000	child in which you have no interest.	"Column M is for assets held by your spouse or dependent	included only because it generated income, the value should be "None."	If an asset was sold during the reporting period and is	you use a valuation method other than fair market value, please specify the method used.	indicate value of asset at close of the reporting period. If	Value of Asset	вгоск в
	×	X			Pertnership	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Ferm Income)		or assets held in t	vested, must be disch	-	that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may		Type of Income	BLOCK C
X	×	X			×	×	× × ×	None		-	**Column XII is for assets held by your spouse or dependent child in which you have no interest.	accounts. Check None' If no Income was earned or generated.	other assets indicate the category of income by checking the appropriate box below. Dividend, in and cantial nating even if reinvested must be disclosed as income for assets below in	Š.	Amount of Income	BLOCK D

	ত্য		S		C		口	_	13		早	ት ጸ %				*	
ane W	EDUCATORS CANTUM	Defere WISHIS	1645Swan Rd	Macine WI 53405	13208 Kinzie	Racine W153405	4209 15th St	Pacine WI STYPOS	1547 Clevelandst	Macine WIS 3702	7550/m/Des42	ASSET NAME EF				Assets and/or income Sources	BLOCK A
X			X		X		X		X		*		None \$1.\$1,000 \$1,001.\$15,000 \$15,001.\$15,000 \$50,001.\$100,000 \$100,001.\$250,000 \$250,001.\$100,000 \$1,000,001.\$1,000,000 \$1,000,001.\$25,000,000 \$25,000,001.\$25,000,000 \$25,000,001.\$25,000,000 \$25,000,001.\$25,000,000 Spouse(DC Asset over \$1,000,000)	> 0 0 0 m m m G II		Value of Asset	BLOCK B
X			×		×		×		×		×		NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			Type of Income	BLOCK C
X					X		*		×		X		\$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$1000,000 \$1,000,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000		Current Year	Amount	
X			×		X		X		X		X		None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$15,000 \$50,001-\$100,000	1k K A A 19 16 1	Preceding Year	Amount of Income	BLOCK D

Name: FRANK G. Lasee

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page A of 6

SCHEDULE D - LIABILITIES

Name: FRAL G. Lasel Page 5 of 6

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 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. 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 *Column K is for liabilities held solely by your spouse or dependent child.

<u>[</u>		20	7		gp. DC, JT		
000	36	Sal	Ban	Ехетрів			
DINC	Chase bank	allierviv	Bank Mutual	First Bank of Wilmington, DE	Creditor		
	1115	9/2015	6/2011	5/98	Date Liability Incurred MO/YR		
icevolating creatil cava	Credit Cord	Student Loan	Mortage on Restation	Martgage on Rental Property, Dover, DE	Type of Liability		
>	×	X	9		\$10,001- \$15,000	>	
					\$15,001- \$50,000	œ	
			,		\$50,001- \$100,000	c	
			X	×	\$100,001- \$250,000	D	
					\$250,001- \$500,000	m ·	moun
					\$500,001- \$1,000,000	71	Amount of Liability
				,	\$1,000,001- \$5,000,000	ө	bility
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	_	
					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 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.

Position	Name of Organization

SCHEDULE F - AGREEMENTS

IENTS Na	Name: Frank Gilasee	Page 6 of 6
terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of	ct to: future employment; a leave of absence during the period of	of government service;

dentify the da	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	pement that you have with respect to: future employment; a leave of absence during the period of government service; rthan the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement
_		
SCHEDU	SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE	OF \$5,000 PAID BY ONE SOURCE
Report source customers of government a	Report sources of compensation received by you or your business affiliation for services provided directly by you during the cu customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat	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