UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates	, and New Employees	LEGISLATIVE RESCURDE CENTER	<u>(v</u>
Name: LAGINE KIEBUTTEL	Daytime Telephone:		2016 APR 11 PM 1: 12	
New Member of or Candidate foy State: FC  U.S. House of Representatives District: 9  Candidates – Date of Election: ACC 37	7100	Check if Amendment	U.S. HEUSE OF REPRESENTATIVES  (Office Use Only)	
New Officer or Employee  Employing Office:		Period Covered: January 1, to	A \$200 penaity shall be assessed against any individual who files more than 30 days late.	Yalı
PRELIMINARY INFORMATION - ANSWER EACH OF	F THESE QUESTIONS	ONS		
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 unearmed income from any reportable asset during the reporting period?	No	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	4
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?	S S	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	or arrangements with Yes No	4
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No Sc	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a single Yes No	
ATTACH THE CORRESPONDING SCHEDULE IF THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU	ATTACH THE CORRESPONDING SCHEDULE IF INCLUDES ONLY THE SCHEDULES THAT YOU	EDULE IF YOU ANSWER "YES" HAT YOU ARE REQUIRED TO COMPLETE	S" O COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWE	T 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" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or your dependent child?	on Ethics and certain other ' nt child?	"excepted trusts" need not be disclosed. Ha	lave you excluded from Yes No	~
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, 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.	income, transactions, or liab e Committee on Ethics.	silities of a spouse or dependent child becau	use they meet all three Yes No	

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	of Eugles	Mes	ME SHILL TON	Who Fall	Mescales	Saving (75)	ANT	<u> </u>	FRATZ	SAVINCE (D)	SAVINCS (S)	ASSET NAME		Assets and/or Income Sources	BLOCK A
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		<del></del>						X					TAX-DEFERRED	ลี	
													Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
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		Daniel N											\$1-\$200 =		
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			(A)							( <u>)</u>			Spouse/DC Income over \$1,000,000* ≦		

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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## SCHEDULE C - EARNED INCOME

Name: Page\_

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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

					Tool Fusuess	FC Hospital	Up Systems	EXAITI-JIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education		<b>Source</b> (include date of receipt for nonoraria)	
				\	Salary	Sax Of	Salay	Spouse Speech Spouse Salary	Honorarium Salary	Туре	Ŧ
					67	3CK	16 K	\$0 N/A	\$0 \$20,000	Current Year to Filing	Am
					321	1238	42K	\$1,000 N/A	\$76.000	Preceding Year	Amount

#### SCHEDULE D - LIABILITIES

Name: WAME SIKENTIES	Page 4 of 5
ng the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	ount owed during the reporting
ieal property including mongages on meir personal residence. <b>Exclude:</b> Any mongage on your personal residence (unless you ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to	nally liable); and liabilities owed to
port a secretary extense execute // a constitutively cold if the halones at the close of the constitutively executed \$10,000	The paried occasion and poor

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.
\*Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during period. Members: Members are required to report all liabilities secured by

			4		DC, JT		
			Mac Took	Example First Bank of Wilmington, DE	Creditor		
		•	167	5/98	Date Liability Incurred MO/YR	l	
			TIMENTED C.L.	Mortgage on Rental Property, Dover, DE	Type of Liability		
<del></del>					\$10,001- \$15,000	>	
			X		\$15,001- \$50,000	œ	
					\$50,001- \$100,000	C	
				×	\$100,001- \$250,000	0	$\Big]_{lacktriangle}$
					\$250,001- \$500,000	m	moun
			_		\$500,001- \$1,000,000	TI	Amount of Liability
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					\$5,000,001- \$25,000,000	Ŧ	
					\$25,000,001- \$50,000,000	-	-
					Over \$50,000,000	J	
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#### 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.

		Owner	Position	india in any rengious, social, maternal, or political engliss (such as
		Make Tools LLC	Name of Organization	inera in any rengines, acomi, matemia, en perimena entra de perimena ina esta esta perimena (a perimena), a imperimena acempana entra esta perimena esta esta perimena est

### SCHEDULE F - AGREEMENTS

of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of govern	S Name: WANE SIEFATTER
save of absence during the period of government service;	KIETATIEN Page 5 of 5

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.

Date	Parties to Agreement	Terms of Agreement
	$8/\mathcal{O}$	

# 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.

government and any information considered communities as a result of	доченняет апо алу плотнакоп солзменев сонтмента аз а result or a privileged relationship recognized by tax. Во постаров плотнакоп почтавие с
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
M/N	