REPRESENTATIVES IENT SEU Candidate for State: #2 resentatives District: #2	FORM B For New Members, Candidates, and New Employees Daytime Telephone: Solution	2016 MAY -3 PM 12: 59 2016 MAY -3 PM 12: 59 3016 MAY -3 PM 12: 59 4016 MAY -3 PM 12: 59 (Office Use Only) A \$200 penalty shall be assessed against any
	New Members, Candidates, and New Employees	LITEISLATIVE RESOURCE FOLL
		2016 MAY -3 PM 12: 59
	me Telephone:	
\boxtimes	Check if Amendment	(Office Use Only)
	Period Squered: January 1, 2014 to Science 31, 2615	Period Covered: January 1, 2014 A \$200 penalty shall be assessed against any to October 31, 2615 individual who files more than 30 days late,

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

Yes No X	EXEMPTION — Have you excluded from this report any other assets, "unearned" 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.
Yes No X	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?

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: PAUL R. BABEU Page 2 of 6

Use additional sheets if more space is required.	Extrade Cash Mec.	National de Retronal titic.	Fablic Safety Retorment	Bank of America Account	ABC Hedge Fund X	Examples:	SP, EHF DC, Mega Corp Stock EHF	the account that exceeds the reporting thresholds. 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. 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 location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); 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 check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A Former in the program of the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Assets and/or Income Sources 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 (b) any other reportable asset or source of income which generated more than \$200 in 'unearmed' income during the year. Provide complete names of stocks and mutual funds (do not use only toker symbols).
* -	*	×	×	×	×	Indefinite	×	None > \$1.\$1,000 □ \$1,001.\$15,000 □ \$15,001.\$50,000 □ \$50,001.\$100,000 m \$100,001.\$250,000 ¬ \$250,001.\$500,000 □ \$500,001.\$1,000,000 □ \$1,000,001.\$25,000,000 □ \$5,000,001.\$25,000,000 □ \$25,000,001.\$50,000,000 □ \$25,000,001.\$50,000,000 □ \$25,000,001.\$50,000,000 □ \$500se/DC Asset over \$1,000,000° □		Value of Asset Value of Asset 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. If an asset was sold during the reporting period and is included only because it generated income, the value should be None. *Column M is for assets held by your spouse or dependent child in which you have no interest.
×	×	×	~	×	Partnership Income	Royalties	×	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 Type of Income Check all columns that apply. For accounts that generate tax-deferred income (such as 401K), IRA 529 accounts), you may check the Tax-Deferred column. Dividends, interest, and capital gallist, even (relinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.
X	×	X		×	X X X X X X X X X X	×	×	None		Amount of Income Block C, you may check the "None" column. For all is other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if relinvested, 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.

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SCHEDULE A - ASSETS & "UNEARNED INCOME" Page 3 of

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SCHEDULE C - EARNED INCOME

Name: PAUL R. BABEU | Page 4 of 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 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.

		Δm	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	0\$ 0\$	\$500
EXAMPIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Anal County, AZ - Sheriff Office	Solary	\$84,020	\$100,824.
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SCHEDULE D - LIABILITIES

Name: PANL R. BABEU

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. (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 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

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		(- /	ANCOMO MICHARS VERINAMY	First Bank of Wilmington, DE	Creditor		
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			Montage on Rental Santage	Mortgage on Rental Property, Dover, DE	Type of Liability		
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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	une current carentiar year. Firstyear candinates and new employees report positions here in the current carentiar year and two previous years.
Position	Name of Organization
Board of Directors - Member	Notional Sherifts Association
Board Member	Artzona Peace Officers Memorral Board

SCHEDULE F - AGREEMENTS

Name: PAML R. BABEU Page 4 <u>°</u> 0

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.

_	12/20	Date
	12/2002 Myself of Public Safety Retirement System antimued Participation	Parties to Agreement
	Ontinued Participation in Law Enforcement & Elected Pension Plan	Terms of Agreement

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.

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