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UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT	Form A LEGISLATIVE RESOURCE CRIT: For Use by Members, Officers, and Employees MAY 13 AM 9: 49
Name: Roymond Eugene Gene Green Day	(Office Use Only) 人 (Office Use Only) (Office Use Only) (Office Use Only) (Office Use Only) (Office Use Only) (Office Use Only) (Office Use Only) (Office Use Only) (Office Use Only) (Office Use Only) (O
FILER STATUS Member of or Candidate for State: \(\frac{7}{\times}\) U.S. House of Representatives District: \(\frac{2}{3}\)	Officer or Employing Office: Employee
REPORT 2015 Annual (Due: May 16, 2016) /	Amendment Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE Q	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 b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	P. 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?
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes exceeding \$1,000 during the reporting period?	No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?
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?	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?
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 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?
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANS	TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Off the Committee on Ethics for further guidance.	IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" 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.

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?

Yes

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Yes

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Raymond Eugene Gene Green Page 2 of 6

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\$1,000.	Spouse/DC Asset with Income over \$1,000,000*	Over \$5,000,000 SpouseIDC Asset with Income over \$1,000,000	\$1,000,001-\$5,000,000	\$100,001-\$1,000,000	\$50,001-\$100,000	\$5,001-\$15,000 \$15,001-\$50,000	\$2,501-\$5,000	\$1,001-\$2,500	\$201-\$1,000	\$1-\$200	None	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	TAX-DEFERRED	CAPITAL GAINS EXCEPTED/BLIND TRUST	INTEREST CARITAL CAINS	RENT	DMIDENDS	NONE	Spouse/DC Asset over \$1,000,000*	Over \$50,000,000	\$5,000,001-\$25,000,000 \$25,000,001-\$56,000,000	\$1,000,001-\$5,000,000	\$500,001.\$1,000,000	\$250,001-\$500,000	\$100,001-\$250,000	\$50,001-\$100,000	\$15,001-\$50,000	\$1,001-\$15,000	\$1-\$1,000	None	ts. con, e.g., business business so of the and its g second as rental financial financial financial financial financial rigs Plan at is an the 'EIF' (SP) or anyone asset or (SP) or anyone	move than \$1,000 in interest-beating 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. Excetude: Your personal residence, including second formes and vacation homes (umbess there was rental income during the reporting period); and any financial increme 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 requirements, please refer to the instruction booklet.	For rental ar provide a control for an owner that is not business to geographic Exclude: You horres that is not business to geographic Exclude: You have the form and income during the form of the fo
Leave this column blank if there are no transactions that exceeded	<u>≅</u>	<u>×</u>	×	≖	_	≤		₹		=					_			_	±.					G	- F	т	0		8	>	amount is over here is	For bank and other cash accounts, total the amount in all interest-bening accounts. If the total is over \$5,000, list every financial institution where there is	For bank
BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold please indicate as follows: (S (part)).		ck C, y dicate i ox bek investu i taxali arned dent ch	n Bko sets inc alle bo If reid in vas ex depend	BLOCK D Amount of Income Amount of Income 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.	D Incol	BLOCK D Amount of Income h you checked "Tax-Defen ne" column. For all other ne by checking the apprest, and capital gains, er st, and capital gains, er x "None" if no income x "None" if your spouse no interest.	Amount (Amount to Amount	An For assets for which ye may check the "None" category of income to Dividends, inferest, must be disclosed accounts. Check generated. "Column XII is for asse in which you have no in	for with the 1 inc. inte disclating the 1 inc. inte disclating the column of the colum	For assets may check category o Dividends, must be a accounts. generated. "Column XI in which yo	For a may categ Divid must according general for which in which with a condition with a con	accounts that 401(k), IRA, or Tax-Deferred capital gains, and as income Check "None" ig the reporting	BLOCK C Type of Income rms that apply. For erred income (such as you may check the ends, interest, and ted, must be disclor in trushle accounts, erated no income duri	BLOCK C a of inc b of inc characteristics be interest characterist characterist	Type erred it you n you n hends, the d, m in taxu rrated it	colun tax-def junts), Divide sinvest t held	Type of Income Check all columns that apply. For generate tax-deferred income (such as 529 accounts), you may check the column. Dividends, interest, and even if reinvested, must be disclost for assets held in taxable accounts, if the asset generated no income durit period.		BLOCK B Value of Asset Indicate value of asset at dose 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.	¥ you y the i nclude	specific spe	ing position are incomed are incomed are incomediated are	BLOCK B Value of Asset Indicate value of asset at close of the reporting period. If you use valuation method other than fair market value, please specify the metho used. If an asset was sold during the reporting period and is included on 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.	BLOCK B Value of Asset at close of the repo an fair market value, ring the reporting pe re, the value should add by your spouse or	BLOX ue of ir mari ir mari ir mari ir walt	Val at do an fai an fai me, the eld by	asset ther th old du old inco ed inco	ue of the whole of whose senerate series for an interesting the series of the series o	Indicate value of as valuation method oth valuation method oth vased. If an asset was sok because it generated "Column M is for asst you have no interest.	Indica valua used. If an becau *Colu you h		BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income and with a fair market value acceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that received the recording thesolds.	A Identify productic exceeding and (b) income to income d (do not under

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SCHEDULE C - EARNED INCOME

Name: Ray mond Eugene Gane Green 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 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. 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: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. Type	Type Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary Legislative Pension Spouse Salary Apou-3 e Peussion Spouse Salary	was \$27,225. In addition, certain Amount 36,000 \$18,000 \$18,000 N/A X S ¬ , ¬ Q Q N/A N/A
CWAITTU Negotiated Pension Plan	Unican Pension	3 3 5 3

SCHEDULE F - AGREEMENTS

Name: Raymond Engine Gene Green	
Gene Green	
Page 5 of Lo	

Date	Parties to Agreement	Terms of Agreement
05/1990	05/1990 Intl Typographical Union (ITU)	Continued participation in providing plan
61/1993	61/1993 State of Texas	Continued participation in persion dan

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, Anlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Raymond Eugene Gen
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Gene Green
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Identify the source and list travel filinerary, 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.

the filer. **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

Emples: Common Heat	Examples: Coverment of China (MECEA) Habitat for Humanity (Charity fundratiser) Commonwealth Fund a Alliance for Health Reform	Date(s) Aug. 8-11 Har. 3-4 Feb 20-22	City of Departure-Destination-City of Return DC-Besting, China-DC DC-Boston-DC Rowston - Howston - Howston DC - Tel Aviv, Israel - Howston	γ γ γ Logging?	×	Food? (Y/N)
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