UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT For New Member	FORM B LECTION For New Members, Candidates, and New Employees 2016	Page 1 of 5 Pees IAY PM
Name: NEISON JEROME CANNON Daytime Telephone:	lone:	SALVING STATES
New Member of or Candidate for State: WI U.S. House of Representatives District: 157 Candidates – Date of Election:	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Employing Office:	Period Covered: January 1, 2015 to MAY 15, 2016	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	TIONS	
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 peniod?	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 No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No 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?	r arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No No	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 No
ATTACH THE CORRESPONDING SCHEDULE IF YOU AITHIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE R		NSWER "YES" EQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOT	N - ANSWER <u>BOTH</u> OF THESE	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 dependent child?	ner "excepted trusts" need not be disclosed. H	lave you excluded from Yes No No
EXEMPTION – Have you excluded from this report any other assets, "unearmed" 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.	spouse or dependent child because they mee	t all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: CANNOW NELSON J.

	ASSORK	Pore baan	tractuas	timbea		Examples:	₹ 5 ,	For a detailed requirements, pleasi	If you so choose, y income source is dependent child (DC in the optional column	If you have a private investment Fund, pl	Exclude: Your pers homes and vacation income during the re interest in, or ind retirement program,	For an ownership interest in a that is not publicly traded, s business, the nature of it geographic location in Block A.	For rental and other real property held provide a complete address or differental property," and a city and state.	all interest-bearing \$5,000, list every fi more than \$1,000 in	the account that exc	For all IRAs and a 401(k) plans) provid	(do not use only ticker symbols).	uneamed income during the year.	Identify (a) each production of income exceeding \$1,000 a and (b) any other	Assets and	
* '	Assorto farm equip.	aan	Ř,	ON 60 ACARS	ABC Hedge Fund X	Simon & Schuster	Mega Corp Stock	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 dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second floories 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.	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.	or rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.	r or bank and other cash accounts, total the arrount 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	XS and molecules		r investment or fair market value reporting period, set or source of	Assets and/or Income Sources	BLOCK A
	ļ		·		ļ			None							٨		child in which you have no interest.	included only because it generated should be "None."	Indicate value of asset at close of the reporting penod. 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		
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<u> </u>					<u> </u>	<u> </u>		Spouse	DC Income over	\$1,000,0	00,			\(\frac{1}{2}\)	Щ			for assets held by your spouse or dependent child in which you have no interest	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. Dividents, interest, and capital gains, even if reinvested, must be disclossed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.	Amount of Income	BLOCK D
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SCHEDULE C - EARNED INCOME

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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 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)	Туре	Am.	Amount Preceding Year
ABC Trade Association, Baltimore, MD (July 15) State of Maryland State of Maryland Civil War Roundtable (Oct. 2) Ontario County Board of Education	Honorarium Salary Spouse Speech Spouse Salary	\$0 \$20,000 \$0 N/A	\$500 \$76,000 \$1,000
Noathwestern Mich. College, traverse city, MI	SALARY	3 500	6212
GARFIELD TWP., KALKASKA COUNTY, MIT	SALDAY	1 500	3315

SCHEDULE D - LIABILITIES

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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. 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 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

							\	Amount of Liability	t of Li	ability			
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SP.	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50.000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	 \$25,000,001- \$50,000,000	
	Example First Bank of Wilmington, DE	gton, DE 5/98	Mortgage on Rental Property, Dover, DE				×						
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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 employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Director	KALKASUA WeaveriAL HEALTH GANGA
Disa ctes	Noothern MICH, Law Enforcement Training 6 page
Dipectua	GARFIELD TOWNSHIP PRAKS + RECEPPTION SEPT.
Aropriete	CATURE FARESTAY + NURSERRY, LLC

SCHEDULE D - LIABILITIES

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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 reat property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent if 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.

				SP, DC, JT		-
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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 employees report positions held in the current calendar year and two previous years.

			Position	
			Name of Organization	The second secon