

**HAND
DELIVERED**

**UNITED STATES HOUSE OF REPRESENTATIVES
2017 FINANCIAL DISCLOSURE STATEMENT**

Form A
LEGISLATIVE RESOURCE CENTER
For Use by Members, Officers, and Employees

18 MAY 15 PM 4:22
(Office Use Only)

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Name: Michael H. Coffman Daytime Telephone: 202-225-7872

U.S. HOUSE OF REPRESENTATIVES

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

REPORT TYPE	<input checked="" type="checkbox"/> 2017 Annual (Due May 15, 2018)	<input type="checkbox"/> Amendment	Date of Termination
FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	<input type="checkbox"/> District	<input type="checkbox"/> Officer or Employee
	<input checked="" type="checkbox"/> Colorado	<input type="checkbox"/> Employment Office	<input type="checkbox"/> Staff Filer Type (if Applicable)
			<input type="checkbox"/> Senator <input type="checkbox"/> Principal Assistant

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 b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F Did you have any reportable agreement or arrangement with an outside entity during the reporting period? or, in the current calendar year or through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G Did you, your spouse, or your dependent child receive any reportable gift totaling more than \$500 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C Did you or your spouse have earned income (e.g., salaries, honoraria or fee-for-service) in excess of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H Did you, your spouse, or your dependent child receive any reportable travel or reimbursement for travel totaling more than \$300 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E Did you hold any reportable positions during the reporting period or at the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

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 the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS - Details regarding Qualified Blind Trusts, approved by the Committee on Ethics and certain other exempted 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, income, or any 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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Name: <u>Michael H. Cohen</u>	Page <u>3</u> of <u>12</u>
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Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name:

Michael H. Coffman

Page

6 of 10

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. Members: Members are required to report all liabilities secured by the property including mortgages on their personal residences. Exclude Any mortgage on your personal residence (unless you rent it out or are a Member's home secured by other assets, 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 child, parent, or sibling of you or your spouse. Report a revolving charge account (e.g., credit card) only if the balance at the close of the reporting period exceeds \$10,000. Column K is for liabilities held solely by your spouse or dependent child.

Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount 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	Over \$50,000,000
American State Bank Greentree Village, Co	04/15	1st Mortgage Residence, Amer. Co	X									

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 political or non-profit partnership or other business enterprise, nonprofit organization, labor organization, or educational or other institution or 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.

Position	Name of Organization

SCHEDULE F - AGREEMENTS

Name: Michael H. Coffman

Page 7 of 10

(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 paid leave in an employee welfare or benefit plan maintained by a former employer.)

Date	Parties to Agreement	Terms of Agreement
01/2008	Colorado Public Employees Retirement Assn. and Michael H. Coffman	Deferred Benefit Pension Plan

SCHEDULE G - GIFTS

Report the source, by name, a brief description, and the value of all gifts totaling more than \$390 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 \$155 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 3) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Jacob Smith, 1234 St.	Gift of a book on ethics	\$20

Page 8 of 10

EXCLUDE: Travel-related expenses provided by federal, state, and local governments or by a foreign government, not required to be separately identified under the Foreign Gifts and Decorations Act (FDGA) of U.S.C. § 7212, political travel that is required to be provided under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally reimbursement of his or her relationship to the traveler.

[illegible]

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: H. O. C.

Page 9 of 10

List the source, activity, date, speech appearance, or address, date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. Separate confidential list of charities receiving such payments must be filed directly with the Committee or Ethics

[illegible]

