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DELIVERED** 1 of 6

LEGISLATIVE RESOURCE CENTER

MAY 19 PM 1:50
(Office Use Only)

**UNITED STATES HOUSE OF REPRESENTATIVES
2016 FINANCIAL DISCLOSURE STATEMENT**

Form A
For Use by Members, Officers, and Employees

Name: David Wayne LeBeau Daytime Telephone: (202) 225-6576

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

| | | | | | |
|---------------------|---|---|--|----------------------------|---|
| FILER STATUS | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>LA</u> District: <u>02</u> | <input type="checkbox"/> Officer or Employee | Employing Office: _____ | Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/> |
| REPORT TYPE | <input checked="" type="checkbox"/> 2016 Annual (Due: May 15, 2017) | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination | Date of Termination: _____ | |

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? <u>or</u> 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 up through the date of filing? | Yes <input type="checkbox"/> No <input checked="" 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(s) totaling more than \$375 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 pension/IRA distributions) 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 reimbursements for travel totaling more than \$375 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 in 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 "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 <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

David Wayne Sobushak

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| BLOCK A Assets and/or Income Sources | | BLOCK B Value of Asset | | | | | | | | | | | | | BLOCK C Type of Income | | | | | | | BLOCK D Amount of Income | | | | | | | | | | | | BLOCK E Transaction | | | | | |
|---|------------------------|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---------------------------|------|-----------|------|----------|---------------|----------------------|-----------------------------|--|------|---|----|-----|----|---|----|-----|------|----|------------------------|----|-----|---------------------|--|--|
| SP, DC, JT | ASSET NAME | None | A | B | C | D | E | F | G | H | I | J | K | L | M | NONE | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | TAX-DEFERRED | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | None | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | P, S, S(part), or E | | |
| | PRF bond Market | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PRF Int-linked bond | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PRF Money Market | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | T-C Life Cycle 2015 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | T-C Life Cycle 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | T-C Life Cycle 2025 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SP Vanguard Five Mnyg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PRF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SP Vanguard Intl. Mnyg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SP Vanguard Long-Term | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Use additional sheets if more space is required.

Name:

e: David Wayne Jacobsen

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Amount of Liability

[illegible]

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.

[illegible]