



Filing ID #10011489

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Lynn Carnell Coleman  
**Status:** Congressional Candidate  
**State/District:** IN02

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2016  
**Filing Date:** 06/16/2016

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
1241 Academy Pl.  LOCATION: South Bend, IN, US	SP	\$50,001 - \$100,000	Rent	\$2,501 - \$5,000	\$5,001 - \$15,000
1977 Police Officers and Firefighters Pension and Disability Fund		\$15,001 - \$50,000	Tax-Deferred		
200763 Roycroft Dr.  LOCATION: South Bend, IN, US	JT	\$50,001 - \$100,000	Rent	\$5,001 - \$15,000	\$5,001 - \$15,000
State Farm Life Insurance		\$100,001 - \$250,000	None		
Symetra Life Insurance		\$15,001 - \$50,000	None		
TIAA Cref	SP	\$250,001 - \$500,000	Tax-Deferred		

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
TIAA Cref	Spouse 401K	\$12,000.00	\$24,000.00
Beacon Health Systems	Salary	\$15,199.99	\$28,900.00
200763 Roycroft Dr.	Rent	\$5,400.00	\$10,800.00
1241 Academy Pl.	Spouse Rent	\$4,050.00	\$8,100.00
1977 Police Officers and Firefighters Pension and Disability Fund	Pension	\$5,997.00	\$17,991.00

**SCHEDULE D: LIABILITIES**

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Wells Fargo	December 2010	Mortagage	\$100,001 - \$250,000
	Great Lakes	May 2009	Student Loan	\$15,001 - \$50,000
JT	Visa	October 2008	Credit Card	\$10,000 - \$15,000

**SCHEDULE E: POSITIONS**

Position	Name of Organization
Community Liasion	Beacon Health Systems

**SCHEDULE F: AGREEMENTS**

Date	Parties To	Terms of Agreement
May 2006	Lynn Coleman & 1977 Police Officers and Firefighters Pension and Disability Fund	Ongoing Agreement
April 2013	Myrtie Coleman & TIAA Cref	Ongoing Agreement

**SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

None disclosed.

**EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION**

**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 benefiting you, your spouse, or dependent child?

☐ Yes
 ☒ No

**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?

☐ Yes ☒ No

## **CERTIFICATION AND SIGNATURE**

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Lynn Carnell Coleman , 06/16/2016