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Page 1 of <u>//</u>

B. Did you, your spouse, or your dependent child purchase, sell, or **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? 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. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point 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 exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? 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. reporting period? PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: 2015 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS A. Did you, your spouse, or your dependent child: REPORT TYPE FILER STATUS Make more than \$200 in unearmed income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for JENKINS District: State: No. × v × × Yes Yes No 3 2 Daytime Telephone: Amendment S For Use by Members, Officers, and Employees 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the 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? 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? 202 225 3452 Employee Officer or Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. CONSTANTA RESPONSE CONT. 2016 SEP 13 PM 12: 48 Office Use Only) Yes Yes **8** ¥95 Yes ¥es Yes **∑** ₹ 몽 Š Ş Š Š Š

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	DULE A - ASSETS & "UNEARNED INCOME"
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Page 2 of 11	•

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¥	×	×	×	Perthership	Royables	×	DIMDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income Type of Income Check all colums that apply. For accounts that generate tax-deferred income (such as 401(th), IRA, or 529 accounts), you may check the Tax-Deferred column. Dividence, Interest, and capital galita, even if reinvested, must be disclosed as income for assets held in taxable accounts, Check None if the asset generated no income during the reporting period.
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						S(part)	P. S. S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.	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: (\$ (part)).

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SCHEDULE B - TRANSACTIONS

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income, if only a portion of an esset is sold, please choose 'partial sale' as the type of transaction. SP, DC, JT Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. * Column K is for assets solely held by your spouse or dependent child ধ 17/cm/c1.2 Black pock but Example とないせい western Assof God las. Mega Corp. Stock As coll Gat Res Asset 6 × Purchase Type of Transaction X Sale Partial Sale Exchange Check Box if Capital Gain Exceeded \$200 8 2 3 21/12/3 8/24/15 5/18/18 (MO/DAYR) or Cuarterly, Monthly, or Bi-weekly, if applicable Date 35.5 \$1,001-\$15,000 × × × > \$15,001-\$50,000 œ \$50,001n \$100,000 \$100,001-\$250,000 0 Amount of Transaction \$250,001 \$500,000 m \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 G \$5,000,001-I \$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 ے Over \$1,000,000* (Spouse/DC Asset) _

SCHEDULE C - EARNED INCOME

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ist 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 he 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.	rnment) totaling \$200 or more during the below. Social Security Act.	reporting period. For a spouse, list
NCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above ypes of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	e totally prohibited.	at or above the "senior staff" rate was \$27,225. In addition, certain prohibited.
Source (include date of receipt for honoraria)	Туре	Amount
	Approved Teaching Fee	\$6,000
Examples: Civil War Roundtable (Oct. 2) Charles County Board of Education	Spouse Speech Spouse Salary	\$1,000 \$1,000 N/A
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Corbell County Meedical Society Huntryland (and	Spoure Schary	# 25,000

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. 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 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.

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		<u>_</u>	>	Example			
		Cove.		First Bank of Wilmington, DE	Creditor		
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	•			Mortgage on Rental Property, Dover, DE	Type of Liability		
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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 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.

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Date Parties to Agreement of Agreement Parties to Agreement

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
Exemple: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, 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.

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 the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
}	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	٧	≺	z
Cxempas	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	۲	Υ	γ
Internal	Introductions Aller Bound Foundation	Aug 4-12,2015	Aug 4- 12, 2015 Children to U. Israel - Egypt - Elinta la juit	<i>,</i>	Υ	Y
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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List the source, activity (i.e., speech, appearance, or article), 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. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	or of an event to a charttable organ	nization in lieu of paying an	honorarium to you. A
Source	Activity	Date	Amount
	Speech	Feb, 2, 2015	\$2,000
XYZ Magazine	Article	Aug. 13, 2015	\$500
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