

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 B. Did you, your spouse, or your dependent child purchase, sell, or **UNITED STATES HOUSE OF REPRESENTATIVES** 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 AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all reporting period? A. Did you, your spouse, or your dependent child: 2015 FINANCIAL DISCLOSURE STATEMENT REPORT FILER STATUS Make more than \$200 in uneamed income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? \mathbb{Z} 2015 Annual (Due: May 16, 2016) U.S. House of Representatives Member of or Candidate for District: State: 1 Yes Yes **¥** Yes No Yes No X X \geq Amendment 8 0 S. 중 For Use by Members, Officers, and Employees ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" 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? H. Did you, your spouse, or your dependent child receive any 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? 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? reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? Employee Officer or **Employing Office:** Date of Termination: Termination A \$200 penalty shall be assessed against any individual who files more than 30 days late. Contract to the section will Page 1 of 20 2016 JUN 13 PM 4: 34 (Office Use Only) ¥es **∀**08 ĕ 85 Yes Yes **Yes** Yes X 공 중 몽 Z 중 Š 중 M \propto × X X

	BLOCK B Value of Asset Indicate value of asset at close of the reporting period. 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 included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which you have no interest.	Name: BLOCK C Type of Income Check all columns that apply. For accounts that apply accounts, you may check the "Tax-Deferred" column. Dividends, Interest, and capital gales, even if reinvested, must be disclosed as income for assets held in tratable accounts. Check "lone" if the asset generated no income during the reporting period.	BLOCK D Amount of Income 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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in txable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	
For bank and other cash accounts, total the amount 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. For rental and other real property held for investment, provide a complete address or description, e.g., 'rental property,' and a city and state.	TH CO		= = = = = = = = = = = = = = = = = = =	445
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. Exclude: Your personal residence, including second homes and vecation 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. If you have a privately-traded fund that is an Excepted investment Fund, please check the "Elifbox. 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 hald with anyone (JT), in the optional column on the far left. For a detailed decussion of Schedule A requirements, please refer to the instruction booklet.	\$1-\$1,000 \$1,001-\$15,000 \$15,001-\$60,000 \$150,001-\$100,000 \$100,001-\$250,000 \$250,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Pertnership Income or Farm Income)	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$5,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000	Spouse/DC Asset with Income over \$1,000,000*
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Page 14 of 2 0

None	None	Nors	SCHEDULE A – ASSETS & "UNEARNED INCOME" BLOCK B BLOCK B Asset and/or Income Source Value of Asset	"UNEARNED INCOME" BLOCK B Value of Asset	Name: Up for BLOCK C Type of Income	Page. BLOCK D Amount of Income
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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. 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 **SCHEDULE B - TRANSACTIONS** a portion of an asset is sold, please choose "partial sale" Column K is for assets solely held by your spouse or dependent child Mrrk Amortes pk:/.p T. Rose Price Ph. lip 7 Altria Starbuls Halidus tou 1.81 America Trust transactions wy Under Armed Altric Group 3 ď Maga Corp. Stock Morris Troms EXPLY me: arpress Ernes 5 Asset CLA) 0 Vest. X メ Purchase Type of Transaction Sale \triangleright × × \times Name: Check Box if Capital Gain Exceeded \$200 m/e/, 11/23/15 9/11/15 10/15/15 1426/15 1/27/15 51/2/12 1/12/ Date 3515 \$1,001-\$15,000 > \$15,001-\$50,000 × œ \$50,001-\$100,000 O \$100,001 \$250,000 × 0 Amount of Transaction \$250,001ш \$500,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 0 Page_ \$5,000,001 # \$25,000,000 6 \$25,000,001-\$50,000,000 으 Over \$50,000,000 12 ø Over \$1,000,000* * (Spouse/DC Asset)

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SCHEDULE B - TRANSACTIONS Page /7 of 20

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SCHEDULE D -- LIABILITIES

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period by y	ou, your spous	period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	nt child. Mark	the highest am	ount owed di	uring the repor	ting
luding mort	iding mortgages on their personal	luding mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you	Exclude: Any	mortgage on yo	ur personal residence (sidence (unless	ý

rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; fiabilities 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. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. Members Members are required to report all liabilities secured by real properly included in the rate a Member's mane secured by automatical transfer of the report and the results of the resu

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Revæable Living Trust	Stephen E. Upton	J.P. Maries Chare	T. P. Morgan Chase	First Bank of Wilmington, DE	Creditor		
2/14		10/10	9//0	5/98	Date Liability Incurred MO/YR		
Promiseny Note		Home mostgage	Home Exists has of anold	Mortgage on Rental Property, Dover, DE	Type of Liability		
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					Over \$50,000,000	-	
]				Over \$1,000,000* (Spouse/DC Liability)	*	

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.

Board Member	Adrison Rd Member	Tenen's contagous	Tought .	Trish	Quercy w/ spock	Owner	Position
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SCHEDULE C - EARNED INCOME

filer's current employment by the U.S. government	Z
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filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list	Uston
reporting period.	Page / Cof
For a spouse, list	of 20

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. governmen the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	Source (include date of receipt for honoraria)	Keene State State of Maryland		Westminister Presbytonia Church						
n outside earned income for Members and employees compe for professional services involving a fiduciary relationship) wer	receipt for honoraria)			e Church						
ensated at or above the "senior staff" rate totally prohibited.	Туре	Approved Teaching Fee Legislative Pension	Spouse Speech Spouse Salary	Spore Solory						
was \$27,225. In addition, certain	Amount	\$6,000 \$18,000	\$1,000 N/A	WN						

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Page 20 of 20	

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 (AECEA)	Aug. 6-11	DC-Beijing, China-DC	٧	γ	Z
Habited for Humanity (charity fundation)	Mar. 3-4	DC-Boston-DC	۲	γ	۲
	Max 5-10	DC- See Ish of of - DC	~	Y	X
(2/2 ersona / days)					
	Aug 9-Aug 20	Chicego - Trazenia - SBN	~	Y	×
(5 present days)					
Total Control of the					