PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: How. ALCEE LAMAR HASTINGS Daytime Telephone: 202-225-1313 2015 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES REPORT TYPE FILER STATUS X メ U.S. House of Representatives 2015 Annual (Due: May 16, 2016) Member of or Candidate for District: 40 State: FLORIDA Amendment For Use by Members, Officers, and Employees Form A Employee Officer or Employing Office: Termination Date of Termination: HAND ELIVERED A \$200 penaity shall be assessed against any individual who files more than 30 days late. (Office Use Only) U.S. Hand of her beautiful stay FEDERATIVE ATSTREET CENTRE 2016 MAY PERMINDIGES 2

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	No X	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
Yes No	<ol> <li>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?</li> </ol>	Yes X No	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 X No	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 No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraris, or pension/IRA distributions) of \$200 or more during the reporting period?
No.	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 No X	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?
No X	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 🔀 No	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. Make more than \$200 in unearned income from any reportable asset during the reporting period?

# 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.	₹   
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   No   X
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 three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Ves No X

### SCHEDULE A - ASSETS & "UNEARNED INCOM

	k "UNEARNED INCOME"
Name: HOW. ALCEE LAMAR HASTINGS Page 09 2	3
Page of 2	3

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			ZX		Examples:		e than \$1,  received and dependent and proper or  tal proper or  t	ank and interest O, list en	Assettify (a) ify (a) uction of uction of the graph of the graph of the composition of th
LAIGN	FEDERAL CROST	ONGRESSIONAL	NRIGHT PATAN	ABC Hedge Fund	Stmon & Schuster	SP Mage Corp. Stock	more than \$1,000 in Intelveel-bearing accounts. For terrial and other reel properly held for investment, provide a complete address or description, e.g., "rettal properly and a city and sets.  For an ownearity interest in a privately-held business that is not publicly traded, state the name of the business, the matter of its activities, and its geographic location in Block A.  Exclude: Your perconal residence, including second fromes and vacation homes (unless there was rental income darked from, a federal interest in, or income defended from, a federal interest in, or income defended from, a federal real remark in, or income defended from, a federal real remark program, including the Tiritt Sevings Plan.  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 held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction bodded.	For bank and other cash accounts, total the amount in all interest-basing accounts. If the total is over \$5,000, list every financial inational where there is	Asset and/or income Source liberity (e) each seet held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable seek or source of noome that generated more than \$200 in "unearmed" income during the year.  Provide complete names of access and mutual funds (do not use only stoor symbols).  For all IRAs and other retherment plans (such as 401(k) plans) provide the value for each seek held in the ecopunit that succeeds the reporting theseholds.
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+-+-	+	-	-	┡	┢	Н	\$1-\$1,000	<del></del>	Indicate valuation was used.  If an a because "Colum you have
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<del>-  -</del>	-	$\vdash$	×	<u> </u>	ndefinite	Н	· · · · · · · · · · · · · · · · · · ·	· ·	Value of Asset bidicate value of asset at close of the reporting period. If you use a valuetion method other then fair merket 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.
	<b> </b>	L.	_	L		$\Box$	\$15,001-\$50,000		spet a hear the kildur d'inco
++	┼	-		-		×	\$80,001-\$100,000 \$100,001-\$250,000		Value of Asset to does of the report in does of the report in fair market value, ing the reporting perre, the value should ad by your spouse or
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11	1					П	\$1,000,001-\$5,000,000		orting of the conting
							\$5,000,001-\$25,000,000	-	parice se spe and f None.
							\$25,800,001-\$50,000,000	*	d. Fy
$\bot \bot$			_		_		Over \$50,000,000		in water
							Spouse/DC Asset over \$1,000,000*	Z	
<del>                                     </del>	<b>_</b>						NONE		Type of lince Check all columns that apply, generate bas-deferred into one (a 529 accounts), our may one (a 529 accounts). Obtiened, interest, even if reinvested, must be d for assets bade in turnible and if the asset generated no incomperior.
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+-+-	┼		Н	Н			TAX-DEFERRED		Type of Income mu that apply. Fo smred income such a you may dead in a man and a man a
				Partnership Income	Royalina		Other Type of Income (Specify: e.g., Parlmetship Income or Farm Income)		Type of Income Check all columns that apply. For accounts that generate columns that apply. For accounts that generate such as 40(10,1) RPA, or accounts, determine founds and capital galles.  Deficient. Deficiently, interest, and capital galles, over it reinvested, must be disclosed as income for assets held in transite accounts. Check 'None' for the asset generated no income during the reporting period.
							None		For a category care of the category care of the category
	<u> </u>		×				\$1-\$200	=	For sacets in may check category or category or category or must be a secounts. generated.  *Column XI in which you
$\bot \bot$		Ш			×		\$201-\$1,000	**	For assets for which ye may check the "None oringory of Income to Dividends, Interest, must be disclosed accounts. Check generated.  "Column XII is for esse in which you have no in
<del>                                     </del>	<b> </b>	Щ	Щ	Щ		×	\$1,001-82,500	₹	Amount of Income For assets for which you checked "Tax-Deferred" may check the "None" column. For all other ass category of Income by checking the appropris Dividends, Interest, and capital gains, even must be disclosed as income for assets in acceuris. Check "None" if no income w generated.  "Column XII is for assets held by your spouse or in which you have no interest.
++-	-		$\dashv$	×		Н	\$2,691-\$5,000 \$5,001-\$15,000		Amount of Income h you checked "Tax-Deferrer no column. For all other ar ob checking the approp st, and capital gains, eve d as income for assets k. "None" if no income seets held by your spouse o to interest.
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<del> </del>	╁┈┆				l	-	\$80,001-\$100,000	<b>4</b>	Taxo to the to t
++	+	Н	$\vdash$	H		$\vdash$	\$106,001-\$1,006,000		me where a come
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+-		-		Г	_	$\vdash$	Over \$5,000,000	×	Amount of Income  For assets for which you checked "Tax-Deferred" in Block C, you may check the "Nove" column. For all other sesots include the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if refereests as income for assets held in taxable 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.
<del>                                     </del>	<u>†                                      </u>						SpourseTDC Asset with Income over \$1,008,000*	¥	C, you to the
						S(part)	\$1,000.	Leave this column blank if there are no transactions	Transaction Indicate if the saset had be purchases (P), author(B), or exceeding \$1,000 in the reporting period. If only a portion of all only a portion of a portion

#### SCHEDULE D - LIABILITIES

Name: ALCEE LAMAR HASTINGS Page Ó ٩ N

Report liabilities of over \$10,000 owed to any one creditor at any time duting the reporting period by you, your spouse, or your dependent child. Mark the highest emount owed during the reporting period. Internbers: 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. you by a spouse or the child, parent, or sibling of you or your spouse. Column K is for liabilities held solely by your spouse or dependent child.

ក្ក ភ コイスス 大年な人 PATRICIA WILLIAMS KOBERT CATZ ERRANCE ANDERSON AND MCKAIN MC DONALD First Bank of Wilmington, DE Creditor 1981-1891 381-88 1981-1985 781-187 Date Liability Incurred MO/YR 1981 - 1983 56 1-E6 AL LEGAL Mortgage on Rental Property, Dover, DE LEGAL LEZ AL EL AL Type of Liability FEES (EES FEES FEES FEES \$10,001-\$15,000 > \$15.001œ \$50,000 \$50,001o \$100,000 \$100,001-0 \$250,000 Amount of Liability \$250,001m \$500,000 \$500,001-Х × \$1,000,000 \$1,000,001-0 × \$5,000,000 \$5,000,001-\$25,000,000 I \$25,000,001-\$50,000,000 Over \$50,000,000 Over \$1,000,000\* \* (Spouse/DC Lieblity)

#### 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, porporation, alors or educations or educations or other institution other than the United States. Exclude: Positions

held in any religious, social, fratemal, or political entities (such political entities).  Position	held in any religious, social, fighternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.  Position  Position

#### SCHEDULE D - LIABILITIES

Name: HOW. ALCEE LAMAR HASTINGS Page 4 of S

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 if 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 liabile); 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.

			DC. 게		
Quic	KEW	Example			
Quicked LOANS	LEWIS MEYERS	First Bank of Wilmington, DE	Creditor		
11/2015	1981-1983	5/88	Date Liability Incurred MO/YR		
11/2015 MORTGAGESIDENCEDA	LEGAL FEES	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	٨	
	×		\$15,001- \$50,000	<b>9</b>	
			\$50,001- \$100,000	G	
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			\$500,001- \$1,000,000	7	Amount of Liability
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			\$25,000,001- \$50,000,000	-	
			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, trustee of an organization, partner, proprietor, representative, employee, or consultant of eny corporation, firm, partnership, or other business enterprise, nonprofit organization, abor organization, or educational or other institution other than the United States, Exclude: Positions

held in any religious, social, firsternal, or political entities (suc Position	held in any religious, social, fraternal, or political entities (such as political perties and campaign organizations); and positions solely of an honorary nature.  Position  Name of Organization

## SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: HON. ALCEE LAMAR HASTINGS P

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identify the source and list travel itinerary, detes, 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 relationship 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 L.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

Source	Deto(s)	City of Departure-Deedination-City of Return	Lodging? (Y/N)	Food? (YM)	Family Member Included? (YAI)
Government of China (MECEA)	4-19 Dry	DC-anitO pnijed-00	٧	٧	æ
Habbet for Humanity (charity fundrates)	Mar. 3-4	DC-Boolon-OC	٧	≺ ,	~
AMERICAN ISRAGL EDUCATION FOUNDATION	MAY 2-8	NEWARK JERUSALDM - NEWARL	7	γ	7_