UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	MAR 18 2016 Page 1 of 5
Name: DR. ARUN JHAVERI	Daytime Telephone:	2016 MAR 28 PM 1: 32
New Member of or Candidate for State: WAS U.S. House of Representatives District: SE Candidates – Date of Election: \[\begin{align*} \begin{align*} \PR_1 M ARY - \\ \PR_2 A \end{align*} \] New Officer or Employee Employing Office:	WASHINGTON SEVEN (07) Check if RY - AUGUST 2, 2016 RAL NOV. 8, 2016 Period Covered: January 1,	U.S. ROUSE OF THE CLEUK U.S. ROUSE OF THE CLEUK (Office Use Only) A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION ANSWER <u>EACH</u> OF THESE QUESTIONS	F 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? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting period Yes No K
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?	No F. Do 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?	arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a single Yes No
ATTACH THE CORI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	T INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	QUESTIONS
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?	on Ethics and certain other "excepted trusts" need not be disclosed. Hild?	ve you excluded from Yes . No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse or dependent child because they meet ttee on Ethics.	all three tests for Yes No 🔀

....

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: DR. ARUM THAVERI

Page 2 of 5

NO.IED		3 INVESTMENT INCOME!	2 RETIREMENT V V	1 SOCIAL SECURITY V V	ABC Hedge Fund X Partnership	Examples: Simon & Schuster Indefinite Royalities	DC. Mega Corp Stock X	all interest-bearing accounts. If the total is over \$5,000, list every fhancial 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. 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. Separaphic location in Block A. In come derived from, a federal interest in, or income derived from, a federal retirement program, including the reporting pence), and any financial interest in, or income of the derived from a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted 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 interest in, or income of the far left. If you so choose, you may indicate that an asset or \$1,000,000 \$1,001-\$15,000,000 \$250,0001-\$500,000 \$250,0001-\$500,000 Over\$60,000,000 Spouse/IDC Asset over \$1,000,000 Thrift Capital Gains EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	B C C C E F G M C C C C C C C C C C C C C C C C C C	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	ted no	Indicate value of asset at close of the reporting period. If Check all columns that apply, For accounts you use a valuation method other than fair market value, that generate tax-deferred income (such as please specify the method used. 401(k), IRA, or 529 accounts), you may if an asset was sold during the reporting period and is check the "Tax-Deferred" column, included only because it generated income, the value even if reinvested, must be disclosed as should be "None."	Assets and/or Income Sources Value of Asset Type of Income	BLOCK A BLOCK B BLOCK C
				-	×				-		terest.	lose of other sed.	of As	OCK B
	_							\$1,000,001-\$5,000,000			Š	eporti ed in	set	
_								\$5,000,001-\$25,000,000	<u>.</u>		d	eport fair n		
	_[_	Ļ			~	_	o c	marke marke		
	_			L	<u> </u>	<u> </u>	ļ	· N · · · · · · · · · · · · · · · · · ·		_	ģ	heriod st value and e value		
	-		μ	. ,	-	+	,,		3	+	_			
	-				ļ	\perp			-	-	enera enera	heck 101(k) heck Vivide Ven i		
	1	\leq			-	-	×				ited :	eneral control of relations to the state of		
_					ļ	-		, , , , , , , , , , , , , , , , , , , ,		-1	2. Z	olumi inte ta inte inte	¥	
	-					-				-	COME	ns the x-defi 529 Tay Tay ad, n	9	B 0
_							ļ			4	g 2	erred erred) acc Def nust	ž	Ř
_	_				-	\vdash		. ,			ring	emed :	ğ	ĭ,
	_		Į.		Partix	Roya					the repo	For accume (suc s), you colin colin pital galischose in tax	Ō	
	_				e ship	#Hes			_		rting			_[
					-	-	×	· · · · · · · · · · · · · · · · · · ·	1			For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. other assets indicate the category of income by checking the appropriate box below. Dividends, I and capital gains, even if reinvested, must be disclosed as income for assets held in 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.		1
	\dashv					H	Ĥ	\$1-\$200 = \$261-\$1,000 =	=			ssets asset anpita ants.		
_	\dashv	\dashv							₹			for w s indi gas Chec		
	ļ					×			_	۱۹		is for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all sets indicate the category of income by checking the appropriate box below. Dividends, Interest, ital gains, even if reinvested, must be disclosed as income for assets held in taxable. Check "None" if no income was earned or generated. XII is for assets held by your spouse or dependent child in which you have no interest.		
					×				≤ 0	Current Year		the cone"		
_		く	<	<				\$15,001-\$50,000		₹		chec categ if no:		
								\$50,001-\$100,000	¥ 0			ked . ory o sinw incon		
								\$400,001-\$1,000,000	₹			"Tax- of inco estec ma wa		
_					<u> </u>				<			Defe ome d, m as ea	ş	
L					<u> </u>	 		Over \$5,000,000	-1			मार्च by ct imed or de	S I	<u></u>
			,			<u> </u>			_	4		in B or gr	Amount of Income	BLOCK D
	_			:		\vdash			4			lock ng th Isclo Bnera	ᇫ	ô
						 			=			hed:	mo	
-					<u> </u>	-	×		\$			i aproβi Σ	Φ	
	-	-				\vdash			<u> </u>	P		hay chiate incom		
	+					×	-	\$5,001-\$15,000 <	V V W W V	§		me t		
		<	<	•	×	<u></u>		\$15,001-\$50,000	أإ	ŧI		the below		- 1
						-		\$50,001-\$100,000	֟֓֟֓֟֓֟֟֝֟֓֟֝֟֟֝֓֓֓֟֟֝֟	{		no in		- 1
					-			\$100,001-\$1,000,000	- 1	<u> </u>		teres		
	+			ii.				\$1,000,001-\$5,000,000	-1			st. Bid i		- 1
					İ		L	#1,000,00 #0,000,000 >	-1	1		⋾ ౖ⋾		1
L	7.5	\rightarrow	٠.			1 1		Over \$5,000,000	< ■			For al Interest taxable		J

SCHEDULE C - EARNED INCOME

Name: DR. ARUN THAVERI

Page 3 of 5

List 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 both the filer and filer's spouse, list the 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.

Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	mit is \$27,495. In addition, certa staff.	n types of income (notably honorai	ria, director's fees, and payments for
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Battimore, MD (July 15) Examples: State of Maryland	(Honorarium Salary	\$0 \$20,000	\$500 \$76,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
BOOK ROYALTY (One Book / CO-AUTHOR			
ENTITLED "CARBON REDUCTION: POLICIES			
STRATEGIES AND TECHNOLOGIES"	HONARARIUM	18.411#	\$35.49
PUBLISHED IN AUGUST, 2009 BY THE			
A SSOCIATION OF ENERGY ENGINEERS (AEE) IN			
USA			

SCHEDULE D - LIABILITIES

Name: DR. ARUN THAVERI

Page 4 of 5

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. New 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 exceeded \$10,000. 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 *Column K is for liabilities held solely by your spouse or dependent child.

					sp, DC, JT		
				Example			
		N/A		First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
		N/A		Mortgage on Rental Property, Dover, DE	Type of Liability		
			,		\$10,001- \$15,000	>	
					\$15,001- \$50,000	œ	
					\$50,001- \$100,000	റ	
				×	\$100,001- \$250,000	0	ļ
					\$250,001- \$500,000	Th	moun
					\$500,001- \$1,000,000	п	of Li
					\$1,000,001- \$5,000,000	G	Amount of Liability
					\$5,000,001- \$25,000,000	=	
		W			\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	د	
					Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and Report all positions, compensated or uncompensated, 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 the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	,
ARUN JHAVERI AND ASSOCIATES (AJA)	OWNER/ADVISER/CONSULTANT
Name of Organization	Position

SCHEDULE F - AGREEMENTS

Name: DR. ARUN JHAVE	
RI Page 5 of 5	

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

	Date
N/A	Parties to Agreement
N/A	Terms of Agreement

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

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
N/A	N/A

MAR 18 2016

CAMPAIGN NOTICE

LEGISLATIVE RESGURCE CENTER

REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn to the first out the your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

Indicate Your Status: (Select One)	Dear Madam Clerk:
	This is to notify you that I have not yet raised (either through contributions or loans from myself
Over \$5,000 Threshold Not	or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.
Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines
	set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.
Withdrawal of Candidacy	This is to notify you that under the laws of the state of
	Name (Please Print or Type): DR. ARUN JHAVER! State: WASHINGTON District: SEVEN (07) Date: MARCH 18, 2016

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601