New Officer or Employee Employing Office:	New Member of or Candidate for State: CA X U.S. House of Representatives District: 17 Check if Candidates – Date of Election: **SEE BELOW Candidates – Date of Election: **SEE BELOW	Name: S. JOSEPH SIMITIAN Daytime Telephone:	FINANCIAL DISCLOSURE STATEMENT FORM B FOR New Members, Candidates, and New Emplement
Period Covered: January 1, 2015 to MAY 13, 2016	Check if Amendment	6	FORM B andidates, and New Employees
Period Covered: January 1, <u>2015</u> A \$200 penalty shall be assessed against any to <u>MAY 13, 2016</u> individual who files more than 30 days late.	(Office Use Only)	U.S. HOUSE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	LEGISLATIVE RESOURCE CENTER

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSW	D. Did you, your spouse, or your dependent child have any reportable Yes No X	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes X No Peporting period?	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 unearmed income from any reportable asset during the reporting period?
CHEDULE IF YOU ANSWER "YES" S THAT YOU ARE REQUIRED TO COMPLETE	J. Did you receive compensation of more than \$5,000 from a single Yes No X	F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar Yes No X year up through the date of filing?	E. Did you hold any reportable positions during the reporting period Yes X No Or in the current calendar year up through the date of filing?

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

^{**} no election year is designated on Form B since no election has been called. Supervisor Simitian is raising funds for a seat that is expected to be vacated by resignation or retirement, and therefore the specific election is not yet known, (FEC AO 2009-15). Once a vacancy occurs and an election scheduled, the candidate will amend this report to reflect the election year.

Name: S. JOSEPH SIMITIAN

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	_	Stanford FCU Savings, IRA	Palo Alto, CA	Public Relations	Hughes & Company	ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	nterest in, or income derived from, a federal ettrement program, including the Thrift Savings Plan.	Exclude: Your personal residence, including second nomes and vacation homes (unless there was rental noome during the reporting period); and any financial	that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	or remains and other look purporly resolution investigation, e.g., 'rental property,' and a city and state.	\$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	nerest-hearing ecounts, total the amount in	for an experiment outer returning thems (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols).	Provide complete names of stocks and mutual funds	auxaeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.		Assets and/or income Sources	BLOCK A
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	Name: S. JOSEPH SIMITIAN		
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: S. JOSEPH SIMITIAN

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SCHEDULE C - EARNED INCOME

Name: S. JOSEPH SIMITIAN Page 5 잌

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.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for 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.

	-	Am	Amount
Source (iliciade date of receipt for individualia)) ype	Current Year to Filing	Preceding Year
_	Honorarium	\$0	\$500
Examples: State of Maryland	Salary	\$20,000	\$76,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
County of Santa Clara, San Jose, CA	Candidate's Salary	\$60,012	\$154,165
Hughes & Company, Palo Alto, CA	Spouse's Salary**	N/A	N/A
			:

Use additional sheets if more space is required. ** Candidate has no ownership interest in nor business position with the business entity.

SCHEDULE D - LIABILITIES

Name: S. JOSEPH SIMITIAN Page 6 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time 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 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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			Mortgage on Rental Property, Dover, DE	Type of Liability			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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				Over \$50,000,000	٠		
				Over \$1,000,000* (Spouse/DC Liability)	~		

SCHEDULE E - POSITIONS

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, fratemal, or political 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 the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Member, Board of Supervisors	County of Santa Clara, California

SCHEDULE F - AGREEMENTS

'n JOSEPH SIMITIAN 4 J

		Name: 0. 900CFH Olwing	Page / or /
Identify the da	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 bensfit plan maintained by a former employer.	e with respect to: future employment; a leave of absence during the period of imment; or continuing participation in an employee welfare or benefit plan mai	f government service; aintained by a former employer.
Date	Parties to Agreement	Terms of Agreement	
	NONE		

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
NONE		