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UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT	Form A Form Se by Members, Officers, and Employees 2016 JUL - 8 PM 1: 24
Name: Douglas L. Lamborn Day	Daytime Telephone: 202~225~4722 A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER STATUS Member of or Candidate for State: Colored State: Sth.	Officer or Employing Office: Employee
REPORT 2015 Annual (Due: May 16, 2016)	Amendment Termination Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE Q	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 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?
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes exceeding \$1,000 during the reporting period?	No 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?
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 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?
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 I. 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?
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR I	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? the Committee on Ethics for further guidance.	ring during the reporting period? If you answered "yes" to this question, please contact Yes No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Eth this report details of such a trust that benefits you, your spouse, or dependent child?	Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from Yes No No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabithree tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	, transactions, or liabilities of a spouse or your dependent child because they meet all Yes No No

SCHEDULE B - TRANSACTIONS

Name: Douglas L. Lamborn Page 2 of 2

											***	SP WETAPO Inc. extrons - 14 Non callest 34	SP Example Mega Corp. Stock	SP. DC. JT Agset Sp - Sathrade	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 asset is sold, please choose 'partial sale' as the type of transaction. 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 lax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse of appendent child.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting pends of any security or real property held by you, your spouse, or your dependent old for investment or the production of income. Include transactions that
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													×		Partial Sale	Type of Transaction
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ſ												X	×		Check Box if Capital Gain Exceeded \$200	
												10/19/15	3/5/15		(MO/DAYR) or Quarterly, Monthly, or Gi- weekly, if applicable	Date
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													×		\$15,001- \$50,000	
															\$50,001- \$100,000	
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