UNITED STATES HOUSE OF REPRESENTATIVES For New Me	FORM B For New Members, Candidates, and New Employees	JUN UZ ZUID Page 1 of 6
Name: Limothy Sheaid An Daytime To	Telephone	2016 JUN -9 PM 12: 29  CEFFICE OF THE CLERK CEFFICE OF THE CLERK
New Member of candidate for State: Collisions  U.S. House of Representatives District: 477,60  Candidates – Date of Election: \\ Candidates – Date of Election: \( Candidates – Date of Election: \)	Check if Amendment	(Office Use Only)
New Officer or Employee  Employing Office:	Period Covered: January 1, 2015 to Mosq 16, 2016	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	
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? Ox  b. Make more than \$200 in uneamed income from any reportable asset 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?	ing the reporting period Yes X No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	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?	portable agreement or arrangement with an ereporting period or in the current calendar Yes No X to of filing?
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	sn \$5,000 from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	CORRESPONDING SCHEDULE IF YOU ANSWER "YES" NLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOOK		<u>OTH</u> OF THESE 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?	ertain other "excepted trusts" need not be disclosed. I	lave you excluded from Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent chexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ties of a spouse or dependent child because they meet all three tests for	at all three tests for Yes No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

For bank and other cash accounts, total the amount in A B C D E F G H	Provide complete names of stocks and mutual funds *Column M is for assets held by your spouse or dependent accounts. (do not use only ticker symbols).  child in which you have no interest.  generated period.  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 threstroids.	Identify (a) sech asset held for investment or indicate value of asset at close of the reporting period. If Check all columns that apply. For accounts for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all production of income and with a fair market value/you use a valuation method other than fair market value, out that generate tax-deferred income (such as other assets indicate the category of income by checking the appropriate box below. Dividents, interest, and (b) any other reportable asset or source of if an asset was sold during the reporting period and is check than \$200 in income which generated more than \$200 in included only because it generated income, the value of	Assets and/or income Sources Value of Asset	BLOCK A BLOCK B	
	y your spouse or dependent rest.	te of the reporting period. If ther than fair market value, the than fair market value, the reporting period and is nerated incorne, the value	Asset	X 68	
	eccounts. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts For assets that generate tax-deferred income (such as other assets 401(k), IRA, or 529 accounts), you may and capita check the Tax-Deferred column accounts.  Dividends, interest, and capital gains, are the results of the column and the column accounts.	Type of Income	BLOCK C	Name: TimoH
	The state of the s	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all the sasets 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 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.	Amount of Income	ВLОСК D	Name: Timothy J. Shecidan
id in which you have no interest.	ld in which you have no interest.	you may check the "None" column. For all appropriate box below. Dividends, interest, d as income for assets held in taxable	me		Page a_ of

or rental and other real property held for invest

not publicly

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you have a privately-traded fund that is an Excey vestment Fund, please check the "EIF" box.

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indicate that an asset if your spouse (SP)

Use additional sheets if more space is required

Rental Property Manue (A

Bank & America Acts Capital One 340 Acts Care Tail Credit Union

ABC Hedge Fund

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Examples.

Mega Corp Stock Simon & Schuster

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None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50-000 \$50,001-\$100,000

\$100,001-\$250,000 \$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$25,000,000

NONE

DIVIDENDS
RENT
INTEREST
CAPITAL GAINS
EXCEPTED/BLIND TRUST

TAX-DEFERRED

None \$1-\$200

None \$1-\$200 \$201-\$1,000

\$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000

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\$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$10,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000

Spouse/DC Income over \$1,000,000\*

Spouse/DC Income over \$1,000,000\*

Spouse/DC Asset over \$1,000,000\*

Other Type of Income (Specify: e.g., Partnership Income or Farm Income)

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Assets and/or income Sources					ASSET NAME EF	Marago Grawth	Smell cap Index	Swell artification light	JEGGET RETIREMENT 2005	US GROWTH	Prime money	SP Stable Under Find Co	SP Punco Total Ret. Inch.	SPRATION 2020 65.	Deloge & Cox Stock	Shorts After Market	SP Hechacico Aprilasta.	SWA STOCK CO.
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듣		П		\$100,001-\$250,000		X.	X.	<b>X</b> .	Ļ	,		<u> </u>		<b>↓</b> —	ļ		<del> </del>	
Value of Asset		െ		\$250,001-\$500,000			ļ			<b>X</b> _		 	_	ļ	<b>├</b>	_	<u> </u>	
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	-			Spouse/DC Asset over \$1,					<del> </del>					<del> </del>	-			
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Type of Income	_			INTEREST					ļ					<u> </u>	_			
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5				TAX-DEFERRED		$X_{\perp}$	X_	X	X	X	X	X	X_	X.	X	X	X.	X
		., B)	me (Specify: e.g., e or Farm Income)	Other Type of Income (Spec Partnership Income or Farm														
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	•	° ≚		Spouse/DC Income over \$1			i	l .			1				1	t .		

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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### SCHEDULE C - EARNED INCOME

Name: Timothy	
othy J. Shecidan	
Page 4 of 6	

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.

•	Amo	Amount
ype	Current Year to Filing	Preceding Year
Honoradum	\$5	\$500
Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Spouse Salary	NIA	N/A
Sc)ory	70,768	165,334
mass sever	0/A	33,552
	Sparse Schary  Sparse Schary  Sparse Schary	

#### SCHEDULE D - LIABILITIES

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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 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.

		S SP.	
KONK	Example		
KOK & America	First Bank of Wilmington, DE	Creditor	
S Ca		Date Liability Incurred MO/YR	
property-mentite, CA	n Rental Property, Dover,	Type of Liability	
		\$10,001- \$15,000	
		\$15,001- \$50,000	╛╽
		\$50,001- \$100,000	┇
	×	\$100,001- \$250,000	
		\$250,001- \$500,000	mount
		\$500,001- \$1,000,000	Amount of Liability
		\$1,000,001- \$5,000,000	<b>₩</b>
		\$5,000,001- \$25,000,000	_]
		\$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, 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 partnership) organizations); and positions sold of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current partnership.

the current calendar year. First-year candidates and new	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
OFFicer	Independent Staff Union
OFFICE	Country Medays II Lordscope Maintenance Association

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			Date	Identify the date continuation or	SCHEDUL	
		ΩlA	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in ar	SCHEDULE F AGREEMENTS	
			Terms of Agreement	e with respect to: future employment; a leave of absence during the period of government service; imment; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	Name: Timothy T. Shecidan Page 6 or 6	

# 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
OIA		
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