UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and	FORM B Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Sames C. Macle	Daytime Telephonເ	one	2016 JUN 16 AM 11: 00
New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:	3 /4.	Check if Amendment	OFFICE OF THE CLERK HOUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1,to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	THESE QUESTIONS	rions	
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 X	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period 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 reporting period?	8	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 X
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?	\$ \times	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ESPONDING SCH	HEDULE IF YOU ANSWER "YES"	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE	INFORMATION	- ANSWER BOTH OF THES	E 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?	ภา Ethics and certain othe ช่?	r "excepted trusts" need not be disclosed. Hi	ave you excluded from Yes No 🔀
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, or liabilities of a si	pouse or dependent child because they meet all three tests for	all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

James C. Macller

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		-	Varigues ,	Kalser Per	ABC Hedge Fund	Examples: Simon & Schuster	C, Mega Corp Stock	a detailed discussion uirements, please refer to the ir	you so choose, you may indicate that an asset or come source is that of your spouse (SP) or spendent child (DC), or jointly held with anyone (JT), it he optional column on the far left.	you have a privately-traded fund that is an Excepted westment Fund, please check the "EIF" box.	xclude: Your personal residence, including second ornes and vacation homes (unless there was rental come during the reporting period); and any financial terest in, or income derived from, a federal strement program, including the Thrift Savings Plan.	or an ownership interest in a privately-held business at is not publicly traded, state the name of the usiness, the nature of its activities, and its eographic location in Block A.	or rental and other real property held for investment, rovide a complete address or description, e.g., ental property, and a city and state.	or bank and other cash accounts, total the amount in I interest-bearing accounts. If the total is over 5.000, list every financial institution where there is one than \$1.000 in interest-bearing accounts.	01(k) plans) provide the value for each asset held in e account that exceeds the reporting thresholds.	to not use only ticker symbols). or all IRAs and other retirement plans (such as	myide complete names of stocks and mutual funds	come which generated more than \$200 in meamed income during the year	lentify (a) each asset held for investment or roduction of income and with a fair market value roduction of income and of the reporting part in the report of the report o	Assets and/or Income Sources	BLOCK A	
			Mension	Remark	×			of Schedule Anstruction booklet.	te that an asset or spouse (SP) or d with anyone (JT), ft.	that is an Excepted "EIF" box.	a, including second so there was rental); and any financiat from, a federal hrift Savings Plan.	a privately-held business state the name of the its activities, and its	neld for investment, description, e.g., ite.	total the amount in the total is over is on where there is g accounts.	each asset held in ting thresholds.			than \$200 in		e Sources		
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Use additional sheets if more space is required.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

Name: Showed C. Mochen Page 9,

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 (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Civil War Roundtable (Oct. 2)	Salary Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
Keyser Pemanent	Salary	15,000	30,000
State of Workington	Salary	21,000	000 121,

SCHEDULE D - LIABILITIES

Z _a	Name: Ta	thed C. 1	James C. Moclier	Page/of/
time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting ities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence	your spouse, or your spouse, or you	our dependent chil ir personal reside	ld. Mark the highest amo	ount owed during the reporting gage on your personal residence

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 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.

				SP. DC, JT		
		Maire	Example			
		Mairce Romanche C. C.	First Bank of Wilmington, DE	Creditor		
		1/2015	5/98	Date Liability Incurred MO/YR		
		Mortgage	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	*	
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	,			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.

ure current calendar year. First-year candidates and new o	ure current caterioral year. First-year candidates and new emproyees report positions freig in the current caterioral year and two previous years.
Position	Name of Organization

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Name:	•	
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SCHEDU	SCHEDULE F - AGREEMENTS	Name:	Pageof
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Identify the da continuation o	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.	with respect to: future employment; a leave of absence during the period of nment; or continuing participation in an employee welfare or benefit plan ma	of government service; aintained by a former employer.
Date	Parties to Agreement	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.

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

FILER NOTES (Optional)

Name: Page_ 읔

NOTE NUMBER	NOTES

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