PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS 2016 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point 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 exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: reporting period? **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. from this report details of such a trust that benefits you, your spouse, or dependent child? REPORT TYPE FILER STATUS ₽ a. Own any reportable asset that was worth more than \$1,000 at the Receive more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period? Janice D. Schakowsky × X 2016 Annual (Due: May 15, 2017) House of Representatives Member of the U.S. State: District: š X × Yes Ύes Yes 2 × × Daytime Telephone: > 몽 Amendment Z 몽 Š Š For Use by Members, Officers, and Employees 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? Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the **G.** Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any Employee Officer or Employing Office: Date of Termination: Termination Have you excluded A \$200 penalty shall be assessed against any individual who files more than 30 days late. HAND DELIVERED 1 of 9 (Office 1153) PM 1:53 Shared Staff Filer Type: (If Applicable) Table Table Basement Con-Yes Yes ¥es Yes Yes Yes Yes X X Principal Assistant Š Z 증 S š ö X X

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Janice Page

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE B - TRANSACTIONS

Januce D Schalcowsky Page 5 of

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your	Туре	Type of Transaction	action	ad	Date				A A	Amount of		Transaction	Š			7 P
dependent child for investment or the production of income. Include transactions that 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.	<u> </u>			apital Gain Exceede	(MO/DAYR) or Quarterly,	>		ი	0	m	71	φ	I		ے 000	
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 tax-deferred account, and disclose the capital gain income on Schedule A.	rchesè	ulia Sala	change		Montnly, or bi- weekly, if applicable	1,001- 15,000	5,001- 60,000	10,001- 100,000	00,001- 250,000	90,001- 90,000	600,001- 1,000,000	,000,001- ,000,000	5,000,001- 25,000,000	5,000,001- 10,000,000	ver \$50,000,0	ver \$1,000,00
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SCHEDULE C - EARNED INCOME

Name: Jourice D Schekansky Page 6 of 9

EXCLUDE: Military 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 a 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), tederal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	the Social Security Act. safted at or above the "senior staff" rate was full clary relationship) are totally prohibited.	\$27,495. The 2017 limit is \$27,765.
Source (include date of receipt for honoraria)	Туре	Amount
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State of Illinois	Legislative Pension	\$26,589
Strategic Consulting Group NA	Spowe Salary	MM
IRA required minimum distribution		
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TRA regular minimum distribute	Sparse	4/152
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Name: Janice D Schskowsky Page 7 of 9

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. 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 *Column K is for liabilities held solely by your spouse or dependent child.

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		W	5	First Bank of Wilmington, DE	·		
12/16	12/14	3/13	5/13	5/98	Date Liability Incurred MO/YR		
Credit Card	Home Equity Loan	Michigan City I N	Wortside - ilos Esage And	Mortgage on Rental Property, Dover, DE	Type of Liability		
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	·		,		Over \$1,000,000* (Spouse/DC Liability)	х	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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 parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Board Member	International Labor Rights Forum
Policy Council	Illinois Citizen Action

SCHEDULE F - AGREEMENTS

Name: Janice D Schockowsky Page B of 9

Identify the da continuation o employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation employer.	ave with respect to: future employment; a leave of absence during the period of government service; vernment; or continuing participation in an employee welfare or benefit plan maintained by a former
Date	Parties to Agreement	Terms of Agreement
Dec. 1998	Dec. 1988 State of IL - Jan Schakowsky	Continued participation in State Donsion Flan
		The state of the s

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. **Exclude**: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. **Note**: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

	Name: Janice
4	D Shakowsky
	Page of G

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	۲	٧	Z
cvampies	Habitat for Humanity (charity fundralser)	Mar. 3-4	DC-Boston-DC	Υ	~	۲
Pass	SSWE CONFRESS	7-6 dz	DC-Baltmore MD-Chicago	Y	7	Z
Wash	Nashington State Association May 4-5	May 4-5	6WA-Chi	\$ \	~	<
100	Justice Comotable lundansir	usir)	ć	`	_	`
7	Hlantic Cauncil of	June 1-4	Chicago - Wiroclay, Polan	, <	<	7
4	United States		Chicago	\	_	1
Aspen	Institute Contressional Aug 10-16 Chicago - London UK-	Aug 10-16	Chicago - London UK-	<	4	(
26	Of am	c	Chicago	\	/	/
Ameri	ican Friends of	Spot 15-20	DC. Prance exact	<	(<
2	the Czech Republic		Czech Raublic - DC	\	/	
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