UNITED STATES HOUSE OF REPRESENTATIVES For New Me	FORM B For New Members, Candidates, and New Employees	AUD U 4 ZUW Page 1 of $\underline{\delta}$
Name: 69cy Lynn Stuard Daytime Te	Telephone:	2016 AUG -9 PM 12: 4 I
New Member of or Candidate for State: X U.S. House of Representatives District: 3 Candidates – Date of Election:	Check if Amendment	(Office Use Only)
STATUS 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 QUESTIONS	JESTIONS	
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?	€. 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
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?	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 No
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?	n \$5,000 from a single Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ARE	3 SCHEDULE IF YOU ANSWER "YES" JLES THAT YOU ARE REQUIRED TO COMPLETE	S") COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	TION - ANSWER BOTH OF THES	OTH OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child?	ain other "excepted trusts" need not be disclosed. Have you excluded from	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 chexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	s of a spouse or dependent child because they meet all three tests for	all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: GaryLynn Stuard

							3,∓	SP,	\$5,00, list eye \$5,00, list eye \$5,00, list eye \$5,00, list eye more than \$1,00 For rental and o provide a come rental property. For an ownershi that is not pub business, the geographic local Exclude: Your I homes and vaca income during the most entirement programment programment programment programment from source dependent child in the optional conference of the programment of the program	For bank	For all II 401(k) pla the accou	(do not us	exceeding and (b) income uneamed	Identify (Ass	
					ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock	- F	\$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or for dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For bank and other cash accounts, total the amount in	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 thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	exceeding \$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.	nonduction of income and with a fair market value	Assets and/or Income Sources	BEOCKA
							>	V	None	>			, 쑥랑 프 및 1			
									\$1-\$1,000	₩.	•	"Column M is for assets neid by your spouse or dependent child in which you have no interest.	please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Indicate value of asset at close of the reporting period. If		
				_		Indefinite		╛	\$1,001-\$15,000	റ		fiich is	No. of City	2 <u>8</u> 5 €		
					<u> </u>	inite	L_		\$15,001-\$50-000	0	_	you a	De Se	<u>q</u>		
		<u> </u>				L	×	:	\$50,001-\$100,000	т		have	aus met	asset	Va	
		ļ	<u> </u>			ļ	L-	_	\$100,001-\$250,000	73		no ir	: # de 2	<u>}</u>	i e	Ģ
		ļ	<u> </u>	_	×	ļ.,			\$250,001-\$500,000	ଜ		ntere	geng sed.	a dos	Value of Asset	
		<u> </u>		<u> </u>		L	L.	\Box	\$500,001-\$1,000,000	I		st. You	erate :	€ Q	SS	
		<u></u>	<u> </u>	<u> </u>	<u> </u>				\$1,000,001-\$5,000,000			8	± 1 ± 1	1 d	유	
			<u> </u>	1		_		_	\$5,000,001-\$25,000,000			HS G	d Bir	pi porti		
		Ĺ	ļ		Ļ.	L			\$25,000,001-\$50,000,000			or de	eriod:	i G		
			ļ	<u> </u>		L	L.		Over \$50,000,600			pen	6 7 3 6 8 8	e jo		
									Spouse/DC Asset over \$1,000,000*	Z		_				
							>	\leq	NONE			accounts. generated	401(k), check Divident even If I	# 요		
							×	۲	DMIDENDS		È					
									RENT			3		8	J	
				<u> </u>		T	_		INTEREST	_,		ing Che		S CHILL	æ	
				†					CAPITAL GAINS			ag S.	Tax-(lerest, sted, mi	i i	앜	0.00
\vdash		<u> </u>	-	\vdash		†	┢	\dashv	EXCEPTED/BLIND TRUST	_	-	income during	accoun Deferre and c ust be held	a p	Type of Income	
\vdash			╁	\vdash		-	_	1	TAX-DEFERRED			20 °	Cap Tree of the cap th	9 F	ğ	
			ļ. <u>.</u>		Partnership Income	Royalties		-	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			accounts. Check "None" if the asset generated no income during the reporting	401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable	Check all columns that apply. For accounts that generate tax-deferred income (such as	•	
			┿		8-€	60	-	7	None	ΞΤ		Q B			_	-
		ļ	├~	_		-	×		\$1-\$200	=				or as		
		ļ	┼─	╁						=			appitz	sets		
		-	\vdash	1		╁╌	-	\dashv	·	7			Che Che	Q.		
		-	 		 	×	-	+			ဂ		owner assets 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.	Sici		
			\vdash		×	Ľ.	├	+		≤	Current Year		eve lone	Ϋ́		
			+	 	<u> </u>	+	-	\dashv		≦ I	ā [held rate	<u>유</u>		
			 	 		H	_	+		≦ I	Yea		by y	cked		
		T				T		\dashv		= = =	`		west ome i	a.		
┝╌┤		1	\vdash	1			┢	+		×	1		was i	x-De	₽	
\vdash \dashv			 	 			\vdash	7		×			musi eam	erre ferre	Amount of Income	
			_		-		\vdash	寸		¥			debe se or	. a, 5	₹	5
			\vdash			\dagger	7	7		=	7		mder Gille Grund	B	으	מרטכא ם
-			\vdash			1		7		=	1		close erate	Υ	ᄗ	c
			t	1			×	:		=			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	, You	Ž	
			\vdash	1		T	<u> </u>	寸		,1	_		which in	ma _r	-	
							Г	\dashv		~	Preceding Year		ete b Komi	y ch		
						×				≤	<u>ĕ</u>		i a ox o	ck t		
-			\top		×	1		寸		≨ (Ē		Ve T	ਜ		
				<u> </u>			Г	ヿ		≨	[[sets o inte	lone		
		" " "						\dashv		Σ.	۳ [yrest.	8		
								\dashv	\$1,000,001-\$5,000,000	×			. Id in	nmi		
-						1		寸	Over \$5,000,000	×	}		tex x	7		
			1		T	1		7	Spouse/DC Income over \$1,000,000*	ĕ			# 3	¥		

1 /						ſ									누尺유						Ú
								of many and products							P, ASSET NAME					BLOCK A Assets and/or Income Sources	SCHEDULE A - AS
															목					urces	ASSETS & "UNEARNED INCOME"
															X	None	:	>			δ.
																\$1-\$1,000	τ	DD	1		
							1									\$1,001-\$15,000	-	0			Z
								T	1							\$15,001 -\$ 50,000		.	1		"
			-								1			T		\$50,001-\$100,000	,	т .	1	<u><</u>	<u> </u>
																\$100,001-\$250,000	-	73	1	alue	
																\$250,001-\$500,000		ດ	1	BLOCK B	Ü
																\$500,001-\$1,000,000	=	=	1	BLOCK B Value of Asset	Ž
																\$1,000,001-\$5,000,000	-	_	1	Set	C
																\$5,000,001-\$25,000,000			1		2
																\$25,000,001-\$50,000,000	-	~	1		ו ת
																Over \$50,000,000	r	_	1		;
																Spouse/DC Asset over \$1,000,000*	3	z	1		
															X	NONE		•			
																DIVIDENDS			1		
			<u> </u>		T		 									RENT				_	
									-	-		-				INTÉREST			1	γď	
							<u> </u>	<u> </u>		<u> </u>		ļ								9 01	
										-						CAPITAL GAINS				BLOCK C	Name:
						-	-	<u> </u>		-			-			EXCEPTED/BLIND TRUST				BLOCK C Type of Income	
											<u> </u>	<u> </u>				TAX-DEFERRED				æ	0
																Other Type of Income (Specify: e.g., Partnership Income or Farm Income)					97
															X	None	1				*
																\$1-\$200	_=				
					<u> </u>			<u> </u>								\$201-\$1,000	=				17,
								ļ								\$1,001-\$2,500	₹.	_			1
												<u> </u>				\$2,501-\$5,000	<	Ę			2
																\$5,001-\$15,000	≤	ren:			
							_				ļ	<u> </u>			$oxed{oxed}$	\$15,001-\$50,000	≦.	Current Year			
\sqcup				ļ				_	ļ			ļ		<u> </u>		\$50,001-\$100,000	≦	ar			(C)
				ļ	<u> </u>	ļ	ļ	<u> </u>		<u> </u>	ļ					\$100,001-\$1,000,000	.≂				1
igwdot						_								_	\vdash	\$1,000,001-\$5,000,000	×			Ž	<i> c'</i>
$\vdash \vdash$												ļ				Over \$5,000,000	×			ğ <u>.</u>	2
igwdapsilon																Spouse/DC Income over \$1,000,000*	≅	L		BLOCK D	[2
\sqcup	-														X	None	_			BLOCK D Amount of Income	12
								ļ						<u></u>		\$1-\$200	-			ğ	L
 							ļ		ļ				ļ			\$201-\$1,000	-=			ō ∤	و
						<u> </u>		-					<u> </u>			\$1,001-\$2,500	2	P	Ī		Page
 						<u> </u>										\$2,501-\$6,000	<u> </u>	Preceding			
$\vdash \vdash$		- 1	-		-			ļ								\$5,001-\$15,000	≤	din			IΨ
igwdapsilon							ļ									\$15,001-\$50,000		gΥ			
┟──┤						<u> </u>	<u> </u>			<u> </u>						\$50,001-\$100,000	1 IIIA	Year			3
┢┈┤						<u> </u>	-								\vdash	\$100,001-\$1,000,000	⋝				
													<u> </u>			\$1,000,001-\$5,000,000 Over \$5,000,000	×				po
┢┷					<u> </u>		-	\vdash						<u> </u>		Spouse/OC Income over \$1,000,000*	_ ≚				
۱ I				ľ	1	ŀ	1	ı	1	1		ı	1	1		Specialized introduct over \$1,000,000	=		1		

SCHEDULE C - EARNED INCOME

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. 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.

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)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$000	\$500
Examples: Civil War Roundtable (Oct. 2) Contain County Board of Education	Spouse Speech Spouse Salary	\$20,000 \$0 N/A	\$75,000 \$1,000 N/A
Hickory Trail Hospital	Salary	\$3,5/2.00	\$38,000
New Century Haspice	Salary	\$27,326,20	Q.
Lakes Regional MH/MR Canter	Salary	\$ 3664.07	Q.
Texas Workforce Commission	Salary / Cunemblement)	\$2,870.00	Ó
			7

SCHEDULE D - LIABILITIES

	Name:	Gary Lyan Stuard Page 5 of 8	Stuard	Page 5 of 8	
		1 1			•
eporting period by y	ou, your s	pouse, or your dependent chil	d. Mark the highest amo	eporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	
real property includ	ling mortg	nortgages on their personal reside	nce. Exclude: Any mort	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. period. New Members: Members are required to report all liabilities secured by Report liabilities of over \$10,000 owed to any one creditor at any time during the re

				>	.>	D C	c D	c D	c D	Amount o	c D	Amount of Liability	Amount of Liability
SP. DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001-	\$15,001- \$50,000	\$15,001- \$50,000 \$50,001- \$100,000	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,000	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$1,000,000	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$5,000,001- \$5,000,000	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,000 \$5,000,001-	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$1,000,000 \$1,000,000 \$5,000,001- \$25,000,001- \$25,000,001- \$25,000,000 \$25,000,000
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×	×	×	×	×	×	×
	Q		Q										
-	7		1.										
2			The state of the s										

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 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.

			חום כעו
	None	Position	icili calciluai yeai. I il st-yeai caliluluates allu ilem
	Mone_	Name of Organization	uis cuitait calainat year. I i stryeat calainates aind ilem etippo yea s report positions trata ili dia cuitait calainat year aind t ree previous years.

SCHEDULE F - AGREEMENTS

	Date	Identify the date, parties continuation or deferral o	SCHEDULE F – AGREEMENTS
M/A (None)	Parties to Agreement	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 in	AGREEMENTS
Mana	Terms of Agreement	re with respect to: future employment; a leave of absence during the period of government service; symment; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	Name: Gary Kynn Stuard Page 6 of 8

Date Parties to Agreeme

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.

South In the Fig.	and any information considered confinential as a result of a	government and any minimandra commented as a result of a privileged relationship recognized by law. Bo not repeat information hased on societaties of
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	None	None

							NOTE NUMBER
							NOTES

AUG U 4 2016

CAMPAIGN NOTICE

REGARDING FINANCIAL DISCLOSURE REQUIREMENTE CENTEL

If you have not yet raised (either through contributions or loans from your file full -9 PM 12: 43 others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

| CONTRIBUTE OF THE OF TH

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

Indicate Your Status: (Select One)	Dear Madam Clerk:
Over \$5,000 Threshold Not Exceeded	This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives. I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.
Withdrawal of Candidacy	This is to notify you that under the laws of the state of

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk U.S. House of Represents

The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601