



Filing ID #10010908

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Hon. Marcia L. Fudge
Status: Member
State/District: OH11

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2015
Filing Date: 05/11/2016

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Tx. > \$1,000?
Cuyahoga County Deferred Compensation		\$100,001 - \$250,000	None	<input type="checkbox"/>
DESCRIPTION: No holdings attached				
Pacific Life Annuity Bond		\$1,001 - \$15,000	None	<input type="checkbox"/>
DESCRIPTION: Part of Pacific Life Annuity (Variable Portfolio Optimization Model A-14)				
Pacific Life Annuity Floating Rate Loan		\$1,001 - \$15,000	None	<input type="checkbox"/>
DESCRIPTION: Part of Pacific Life Annuity (Variable Portfolio Optimization Model A-14)				
Pacific Life Annuity High Yeild Bond		\$1,001 - \$15,000	None	<input type="checkbox"/>
DESCRIPTION: Part of Pacific Life Annuity (Variable Portfolio Optimization Model A-14)				
Pacific Life Annuity Large Cap Value		\$1,001 - \$15,000	None	<input type="checkbox"/>
DESCRIPTION: Part of Pacific Life Annuity (Variable Portfolio Optimization Model A-14)				
Pacific Life Annuity Managed Bond		\$1,001 - \$15,000	None	<input type="checkbox"/>
DESCRIPTION: Part of Pacific Life Annuity (Variable Portfolio Optimization Model A-14)				
Pacific Life Annuity Short Duration Bond		\$1,001 - \$15,000	None	<input type="checkbox"/>

Asset	Owner	Value of Asset	Income Type(s)	Income Tx. > \$1,000?
DESCRIPTION: Part of Pacific Life Annuity (Variable Portfolio Optimization Model A-14)				
Part of Pacific Life Annuity (Variable Portfolio Optimization Model A-14)		None	None	<input type="checkbox"/>
Shaker Heights Residence		None	None	<input checked="" type="checkbox"/>
LOCATION: Shaker Heights, OH, US DESCRIPTION: Sold house. No capital gains received.				
State of Ohio Public Employment Retirees Sstem (Not Self-Directed)		\$250,001 - \$500,000	Pension	None <input type="checkbox"/>
DESCRIPTION: State Pension				
Third Federal Credit Union		\$100,001 - \$250,000	None	<input type="checkbox"/>
DESCRIPTION: Cash only				
Warrensville Heights, Ohio Primary Residence		\$100,001 - \$250,000	None	<input type="checkbox"/>
DESCRIPTION: Primary Residence				

SCHEDULE B: TRANSACTIONS

Asset	Owner	Date	Tx. Type	Amount	Cap. Gains > \$200?
Shaker Heights Residence		12/31/2015	S	\$50,001 - \$100,000	<input type="checkbox"/>
LOCATION: Shaker Heights, OH, US					

SCHEDULE C: EARNED INCOME

Source	Type	Amount
State of Ohio Public Employee Retirees System	Retirement (Pension)	\$48,000

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Quicken Loans Mortgage	June 2010	Mortgage on DC residence	\$100,001 - \$250,000

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Quicken Loans Mortgage	October 2007	Mortgage on Warrensville Heights Residence	\$100,001 - \$250,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
May 2012	Myself and State of Ohio	Legislative Pension

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

Trip Details					Inclusions		
Source	Start Date	End Date	Itinerary	Days at Own Exp.	Lodging?	Food?	Family?
Humpty Dumpty Institute	11/5/2015	11/10/2015	Washington DC - Sudan - Cleveland, Ohio	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Congressional Black Caucus Institute	08/6/2015	08/9/2015	Cleveland, Ohio - Tunica, Mississippi - Cleveland, Ohio	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

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 benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Hon. Marcia L. Fudge , 05/11/2016