EXEMPTION - Have you excluded from this report any other assets, "uneamed" 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. 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? 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? IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exceeding \$1,000 during the reporting beriod? 8. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS A. Did you, your spouse, or your dependent child: Name: **UNITED STATES HOUSE OF REPRESENTATIVES** 2017 FINANCIAL DISCLOSURE STATEMENT a. Own any reportable asset that was worth more than \$1,000 at the REPORT TYPE FILER STATUS Receive more than \$200 in uneamed income from any reportable end of the reporting period? or asset during the reporting period 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S arson District: **§** <u>\$</u> **\$** 0 X X No Daytime Telephone: 101-225-2265 Amendment **₹** <u>8</u> <u>z</u> **₹** For Use by Members, Officers, and Employees 8 X 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? **ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"** G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? Form Employee Officer or **Employing Office** Termination Date of Termination: LEGITLATIVE RESOURCE CENTER A \$200 penaity shall be assessed against any individual who files more than 30 days late. DUSE OF REPRESENTATIVES MAY 15 PM 5: 54 HAND DELIVERED Page 1 of 14 (Office Use Only) Shared Staff Filer Type: (If Applicable) 3 ₹ ₹ ₹ * š **3** Principal Assistant 8 Z 0 중 중 중 증 중 X X X

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	HEDULE A - ASSETS & "UNEARNED INCOME"	
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- Fight ROV	Fixed trim IRA	Bank of America - IRA	,	American Enla FCU	ABC Hedge Fund X	Examples: Simon & Schuster	SP Maga Corp. Stock Est	For a deballed discussion of Schedule A requirements, please refer to the instruction booklet.	you so choose, you may halkalle that an easel or income source is that of your apouse (SP) or dependent child (DC), or jointly heat with anyone (JT), in the optioned column on the far left.	If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vecation 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.	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.	For rental and other real properly held for investment, provide a complete address or description, e.g., 'rental property,' and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts, if the total is over \$5,000, fet every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retrement 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 runds (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 that generated more then \$200 in "uneamed" income during the year.	identify (a) each asset held for investment or production of income and with a fair market value	Assets and/or income Sources	BLOCK A
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								THE STATE OF THE S									P. S. Signard, or E		BLOCK E Transaction	1 11

Report any purchase, sele, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property hald by you, your spouse, or your 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 presonal residence, unless it generated rental income. If only a portion of an asset is sold, please choose 'pertial sale' as the type of transaction. 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. SP, DC, JT * Column K is for assets solely held by your spouse or dependent child. **SCHEDULE B - TRANSACTIONS** 8 Mondelez Genesee General Electric General Dynamics Macquaric Infrastructure Corp Com Example Mondelez General Electric Niclsen HI Allerson Quintiles IMS Procter " Nes+1c Kinder Morgan Inc Vielsen Welsen House oter bucks Wielsen Morsen Mega Corp. Stock Gemble 141/45 干 250 WYOMINS 17 Charge Asset die X Time 0 D 5 0 σ |6 TVC. Purchase Type of Transaction Exchange Name: Check Box if Capital Gain Exceeded \$200 4/18/17 4/8/17 5/11/17 4/18/17 (MODAYR) or Quarterly, Monthly, or Bi-weekly, if applicable /28/1 115/17 1/1/2 /13/17 Date 125/ /20/1 117/17 79 60 15/2 110/17 18/17 /28/17 131/17 3917 \$1,001-\$15,000 'n \$15,001 \$50,000 œ Ler SON \$50,001 \$100,000 c \$100,001o \$250,000 Amount of Transaction \$250,001-\$500,000 m \$500,001-\$1,000,000 77 \$1,000,001-\$6,000,000 ۵ Page_ \$5,000,001-\$25,000,000 x \$25,000,001-잌 Over \$50,000,000 c _ Over \$1,000,000* (Spouse/DC Asset) _

SCHEDULE B -

or exchange transactions that exceeded \$1,000 in the	- TRANSACTIONS
Type of Transaction	
Date	Name: John
Amount of Tran	Name: John B. Larson
saction	Page 8 of 14

Enbridge Inci	Spectra Energy Loro		60	L		Allerson Inc	700+is Inc	United Technologies GOD	Scien	~ ~		Z'	,	_	ner Cor	Coca Cola G.	Apply Inc	Amphenol Corp	Sp Example Mega Corp. Strick	SP,DC,JT Asset	Cepital Geins: 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. *Column K is for assets solely held by your spouse or dependent child.	resulted in a capital loss. Provide a brief description of an exchange transaction, resulted transactions between you, your spouse, or dependent of whiters, or the purchase or sake of your personal residence, urbest it generated remail income. If only a portion of an asset is sold, please choose "pertial sale" as the type of transaction.	reporting period of any security or neel property held by you, your spouse, or your reporting period of any security or neel property held by you, your spouse, or your descendant child for investment or the production of income invalid transactions that	Report any numbers calls or evidence transactions that exceeded \$1,000 in the
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																				<u>'</u>	(Spouse/DC Ad			

SCHEDULE C - EARNED INCOME

Name: John B. Larson Page 9 of 14

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.
Name: 0777 7 - 12707 - 1296 - 1 - 01 - 1 - 1

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: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	Social Security Act. ensated at or above the "senior staff" rat a fiduciary relationship) are totally prohib	te was \$27,765. The 2018 limit is ited.
Source (include date of receipt for honoraria)	Туре	Amount
Examples: State	Approved Teaching Fee Legislative Pension	\$8,000 \$18,000
Ontario County Board of Education	Spouse Salary	N/A
State of Connecticut Comptrollers Office	Sporse Salery	N/A
Connecticut Innovations Inc.	Spuse Salery	NA
	(•
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SCHEDULE D - LIABILITIES

Name: 220 $\dot{\omega}$ Larson Page 0 <u>.</u>

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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. 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.

			77		SP.		
			American	Example			
		•	American Easle FCU Ewing, NJ 3/21/12	First Bank of Wilmington, DE	Creditor		
			ي کرک				
		•	אין/2	5/15	Date Liability Incurred MO/YR		
			Main Stiffast Horthard, CT	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	œ	
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					\$1,000,001- \$5,000,000	၈	bility
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000		
					Over \$50,000,000	۲	
1		1		1	Over \$1,000,000* (Spouse/DC Liability)	*	

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 antities (such as political parties and companizations); and positions enably of an honorary patrice.

SCHEDULE F - AGREEMENTS

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yment; a leave	yment; a leave of absence during the period of absence welfare or benefit plan management and the period of the pe	yment; a leave of absence during the period of government on an employee welfare or benefit plan maintained by	yment; a leave of absence during the period of government service; and an employee welfare or benefit plan maintained by a former element service.	Yment; a leave of absence during the period of government service; yment an employee welfare or benefit plan maintained by a former employer.	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;	Name: JONN D.
~ - 8 8 8	of absence during the period of period of absence during the period of absence during the period of absence welfare or benefit plan may	Page in Page i	Page of Page	Page of of	vloyment; a leave :	

continuation or	continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in	mment, or continuing participation in an employee wellare or benefit plan maintained by a tormer employer.
Date	Parties to Agreement	Terms of Agreement

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 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 \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

bereat substantial			
	Source	Description	Value
Example:	Nr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
			THE PERSON NAMED IN COLUMN TO THE PE

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: John B. Larson Page/2 of 14		
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	of 14	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 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.

CHO SHEET.						
	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y7N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of Chine (IMECEA)	Aug. 6-11	DC-Beijing, Chinu-DC	Y	¥	Z
Examples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-OC	Y	٧	Y
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: John B
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Page [3] of [4]

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

		Examples: XYZ						
Source	ciation of American Associations, Washington, DC	XYZ Magazine	•					
				and the second s				
Activity	Speech	Article						
Date	Feb, 2, 2017	Aug. 13, 2017						
Amount	\$2,000	\$500						

Name: John B. Lorson

Page U of U

			300 H v			2.		•	NOTE NUMBER
				th/eshold.	share was sold before end of year but did not trisser reporting	Disney Walt Co Outial Sale listed on Schedule B. Remaining	12 porting threshold and therefore not listed this year on Schedule A.	Edolity Investments Inherited JRA reported last year is below	NOTES