| UNITED STATES HOUSE OF REPRESENTATIVES FORM B | DEC 21 2015 Page 1 of 6 |
|--|--|
| Name: Edward Troy Holliday Daytime Telephone: | 2016 JAN -5 PN 1:52 |
| New Member of or Candidate for State: MS U.S. House of Representatives District: 0/ Check if Amendment FILER Candidates - Date of Election: May 12, 2015 | U.S. H. C. Combis Use Only) IVIII |
| New Officer or Employee Period Covered: January 1, | A \$200 penaity shall be assessed against any individual who files more than 30 days late. |
| PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS | |
| 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? No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? asset during the reporting period? | ring 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 honoraria period? F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing? | or arrangements with Yes No X |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? No I J. Did you receive compensation of more than source in the current year and two prior years? | compensation of more than \$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 | O COMPLETE |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF TH | BOTH OF THESE QUESTIONS |
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed this report details of such a trust that benefits you, your spouse, or your dependent child? | need not be disclosed. Have you excluded from 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? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | ause they meet all three Yes \(\square\) No \(\text{X} \) |

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| identify (a) each asset held for investment or production of income and with a fair market value 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 unessmed income during the year. | Assets and/or income Sources | BLOCK A | SCHEDULE A - ASSETS & "UNEARNED INCOME" |
|--|------------------------------|---------|---|
| Indicate value of asset had for investment or indicate value of asset at close of the reporting period. Iff Check all columns that apply. For accounts my approximation of income and with a fair market value you use a valuation method other than fair market value, that generate tax-deferred income (such as other apporting \$1,000 at the end of the reporting period, please specify the method used. and (b) any other reportable asset or source of it an esset was sold during the reporting period and is interest, and capital gains, even if income which generated more than \$200 in included only because it generated income, the value interest, and capital gains, even if the state of the capital gains, even if the capital gains are continued only because it generated income, the value interest, and that the disciplination of the second as income. | Value of Asset | BLOCK B | & "UNEARNED INCOME" |
| check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the Tax-Deferred" column. Dividends, interest, and capital gains, even if relivested, must be disclosed as income for assents hadd in taxable accounts. | Type of Income | BLOCK C | Name: Edward |
| Indicate value of asset at close of the reporting period. If Check all columns that apply. For accounts for assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all production of income and with a fair market value you use a valuation method other than fair market value that generate tax-deferred income (such as other assets indicate the category of income by chacking the appropriate box below. Dividends, interest, and (b) any other reporting period, please specify the method used. and (b) any other reportable asset or source of if an asset was sold during the reporting period and is the "Tax-Deferred" column. Dividends, accounts. Check None" if no income was semied or generated. Income which generated more than \$200 in included only because it generated income, the value interest, and capital gains, even if relivensed income was semied only because it generated income, the value interest, and capital gains, even if relivensed as income Column XII is for assets held by your apouse or dependent child in which you have no interest. | Amount of income | BLOCK D | lard Troy Holliday Page 2 of 6 |

| diseased income calling are year. | should be "None." | reinvested, muet de discideed as income for sasets held in taxable accounts. | *Column XII is for assets held by your spouse or dependent child in which you have no interest. | ent child in which you have no interest. |
|---|--|---|---|--|
| Provide complete names of stocks and mutual funds (do not use only ticker symbols). | "Column M is for assets held by your spouse or dependent Check "None" if the asset generated no child in which you have no interest. | Check "None" If the asset generated no noome during the reporting period. | | |
| For all IRAs and other retrement plane (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. | | | | Brazzillar Vast |
| For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financiel inattution where there is more than \$1,000 in interest-bearing accounts. | A 09 07 07 07 07 07 07 07 07 07 07 07 07 07 | | | IN I |
| For rental end other real property held for investment, provide a complete address or description, e.g., rental property, and a dity and state. | | me) | | |
| 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. | | ne or Farm Inco | | |
| 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. | | , Partnership Incom | D* | |
| If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. | | | \$1,000,00 | |
| If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. | 15,000 150-000 \$100,000 \$250,000 \$500,000 \$1,000,000 01-\$5,000,000 01-\$25,000,000 | GAINS ED/BLIND TRUS ERRED | 2,500 5,000 15,000 150,000 1100,000 \$1,000,000 | 2,500 5,000 15,000 150,000 100,000 -\$1,000,000 |
| For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. | \$250,001 \$500,001 \$1,000,00 \$5,000,00 \$25,000,00 Over \$50 | TAX-DEF | \$1,000,00 Over \$5,0 | \$1-\$200 \$201-\$1,0 \$1,001-\$: \$2,501-\$ \$5,001-\$ \$15,001-\$ \$100,001 \$1,000,0 Over \$5,6 |
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| T. Rowe Pike Growth Stock | X | X | X | |
| Templeton Global Bond | X | X | X | |
| EZChip Sani Conductor | X | X | $X \cup X \cup X \cup X$ | |
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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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| 1 I | | | | | + | + | | | | | | - | + | | Spouse/DC Income over \$1,000,000* | ì | |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

| Name: |
|----------|
| Edward |
| Troy |
| Holliday |
| Page 5 |
| of 6 |

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 file 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 LINITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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.

| | l | mA | Amount |
|--|---------------|------------------------|----------------|
| Source (include date of receipt for honoraria) | Туре | Current Year to Filing | Preceding Year |
| | Honorafum | \$0 | \$500 |
| Examples: CMI War Roundtable (Oct. 2) | Spouse Speech | \$0 | \$1,000 |
| | Spotse Saley | 795 | 200 |
| | Salary | 55,500 | 55,500 |
| Ed Holliday D.M.D. Inc. | Spouse Salary | 6949 | 6,949 |
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|---|-------|---|---|---|--|---|----------------|
| I am striving to get this report in by the listed due date of December 23. But this is the first that I have heard about this missing information. | 120 G | passed away on December 15, 2015. I have been working with my family in making the necessary decisions and arrangements that | last spring. Your letter dated December 8, 2015 was not delivered until December 17, 2015. Mu eldorly father has been sick and he | Filings and manager. He was suppose to inform me of all necessary | recieved a letter requesting this information for a financial Disdosure statement. All mail concerning my campaign for Congress was given to | I sincerely apologize for this late response. To my knowledge I never | NOTES |