		AUG 12 2017
UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	I AUG 17 AM 9: 45
Name: Brendon F. Boyle	Daytime Telephone: 202-225-6111	U.S. HOUSE OF REPRESENTATIVES  A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER Member of the U.S. State: 1 STATUS House of Representatives District:	Officer or Employing Offices Employee	s: Staff Filer Type: (If Applicable) Shared Principal Assistant
TYPE 2016 Annual (Due: May 15, 2017)	Amendment Termination Date of Termination:	mination:
PRELIMINARY INFORMATION - ANSWER EACH OF T	THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: <ul> <li>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or</li> <li>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</li> </ul>	Yes No 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?	greement or arrangement with an Yes No X
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	hild receive any 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?	Yes No  H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	totaling more than Yes No No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No I. Did any individual or organization make a de lieu of paying you for a speech, appearance, or reporting period?	appearance, or article during the Yes No
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes X No ATTACH THE CORRESPONDING	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWE		R EACH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offening during the reporting period? If you answered contact the Committee on Ethics for further guidance.		'yes' to this question, please Yes No 🔀
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	not be disclosed.	Have you excluded Yes No X
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your de all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	earned" income, transactions, or liabilities of a spouse or your dependent child consulted with the Committee on Ethics.	pendent child because they meet Yes No X

10 215 N. 2 8 72 37	7.	E. Phil Ellend-	IT Seen City NJ	7	IRA - Fidelity	ABC Hedge Fund X	Examples:	DC, SP Maga Corp. Stock	e organis descussion of Schedule A requirements refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or binity held with anyone (JT), in the optional column on the far lief.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation forms (unless there was rehal income during the reporting period); and any funded interest in, or income derived from, a fuderal relirement program, including the Thrift Savings Plen.	For an ownership interest in a privately-hald business that is not publicly traded, state the name of the business, the return of its activities, and its peopraphic location in Block A.	For rental and other raid properly held for investment, provide a complete address or description, e.g., "rental properly," and a city and state.	For bank and other cesh ecopyrts, total the empurit in all mismals beeing accounts, if the test is over \$5,000, let every financial institution where there is more than \$1,000 in interest-bearing ecopyrits.	value for each asset hair the reporting threeholds:	For all StAs and other retrement plans (such as	Provide complete names of stocks and mutual funds (do not use only licher symbols).	that generated more than \$200 in "unearned" income during the year:	identify (a) each asset held for investment or production of income and with a fair market value succeeding \$1,000 at the end of the importing period, and (b) in order productions of income and inco	Come Sources	BLOCK A
						,			None							>		you have no interest	If an east was said during the reporting period and is included only because it generated income, the value should be "None." "Column M.a. for essait held by your scouce or dependent child in which	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.		
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		<u> </u>	_	<u> </u>		<u> </u>	<del> </del> _	$\vdash$	Over \$5,0			#4 000 000				뀾		"Column XII is for assets field by your spouse or dependent child in which you have no interest.	must be displayed as income for assets held in taxable scounts. Check "Nore" if no income was earned or generated.	For assets for which you checked "Tax-Differred" in Block C. you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below.		
Ц	_		<u> </u>	_		L	<b>Ļ</b>	ļ.,		C Asset with Inc	OULIS GABL	\$1,000,000°			M = 3 7 7	<u>ĕ</u>	, ns					
								S(part)	s, S(part), or E						Leave this column blank if there are no transactions that exceeded \$1,000.	follows: (S (part)).	an asset was sold,	period.	exchanges (E) exceeding \$1,000	indicate if the asset had purchases (P),	Transaction	BLOCK E

None	None	SCHEDULE A – ASSETS & "UNEARNED INCOME"  BLOCK A BLOCK B	& "UNEARNED INCOME		Name: Brondon F. Bu	Bolye
None	Nove	BLOCK A Assets and/or income Sources	BLOCK B Value of Asset		BLOCK C  Type of Income	BLOCK D Amount of inco
Move   S1-41,000   S1-41,000,000   S1-41,000   S	### Name  ### Na		т О	*	3)	# # ** *
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On to PAT Rd.	On to Par Ra.	IT SALE PILOTS OF			X	<u>Z</u>
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	Name: Brendan
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Page / of 12

											IT Fridentiana St. Phila PA	Sp Example Mega Corp. Stock	SP,DC,JT Asset	* Column K is for assets solely held by your spouse or dependent child.	Capitat Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gain" box, unless it was an asset in a tax-deferred socount, and disclose the capital said invoces on Schools to	the properties of an electric and, present chicago person take as the open or transported.	resulted in a capital uses. Provode a breef description of an accounting three-both. Exclude forestandions: believen you, your spouse; or dependent draftlen, or the purchase or safe of your personal residence, unless it generated rentel income. If	dependent child for investment or the production of income, Include transactions that	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
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											X			Sale					Type of Transaction
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## SCHEDULE C - EARNED INCOME

Name: Brenday E. Boyle Page 5 of 12

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), federal retirement programs, and benefits received under the Social Security Act.

						None		Examples			INCOME LIMITS an
							Cristin County Board of Education	State of Maryland	Keene State	Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff rate in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.
							Spouse Speech	Legislativa Pension	Approved Teaching Fee	Туре	ated at or above the "senior staff" rate was any relationship) are totally prohibited.
							S1,000 N/A	\$18,000	\$6,000	Amount	bove the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. ship) are totally prohibited.

Name: Brendan F. Boxle

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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. Exctude: 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 of wed 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.

							<b>,</b>	Amount of Liability	of Li	bility				
		Date		>	<b>\$</b>	c	D	m	Ŧì	ត	x	_	۴.	*
DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	86/5	Mortgage on Rental Property, Dover, DE				×							
	Bomefic: 1 Bank Phila PA	9/07	montgage on Rental Rop.		×									
	ciel Bank "	4/07	Mortgage on Rental Prop.			X								
	J.P Moreon Chese, Colombus OH	3/67	mortgage on Rental Prop			·	X							
レイ	TW NASS	5/07	mortgood for Kental Map					X						
4	Beneficial Book, Phila PA	2/11	rentile project the s				X							
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#### 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:

Doctions had in any religious social fraterial entities fourth as religious and comparison promises and positions solely of an honorary nature.

Positions held in any religious, social, fratemal, or political en	Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely or an nonorary nature.

#### SCHEDULE D - LIABILITIES

Name: Brendan 1. Boyle Page of 12.

Proporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting properly including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities

Regort 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 of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personal residence (unless the liabilities of a business in which you own an interest (unless the liabilities of a business in which you own an interest (unless the liabilities of a business in which you own an interest (unless the liabilities of a business in which you own an interest (unless the liabilities of a business in which you own an interest (unless the liabilities of a business in which you own an interest (unless the liabilities of a business in which you own and interest (unless the liabilities of a business in whic

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SP, DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$60,000,000	Over \$50,000,000 Over \$1,000,000*
	Example	First Bank of Wilmington, DE	5/98	Morigage on Renial Property, Dover, DE				*						-
7	Wells	Wells Fargo, Des Moines IA	9/07	mortgage on mythole			X							
7	J. P. Mor	J.P.Morgan Chase Columbis OH	マタン	Mortgage on multiple					X					
٦,	Fulton Bank	Rant Longaster PA	7/07	40			X		_				,	
	Dest.		205	stratent ban		X								
5	J. P Mar	J.P Morgon Chase Columbis OH 17/14	41/21	Credit Card		X			<u> </u>					

#### 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 other institution other than the United States. Exclude:

Positions held in any religious, social, fraternal, or political e	Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions	and positions solely of an honorary nature.
Position	Nan	Name of Organization

Name:
Bren
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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 of 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.

\$10,000.		Column 14 to the manage tiens asiety by your appears or dependent of the	appeared on Gebo	Silcolit Gring.											
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SP.		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Exemple	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							
	CitiBa,	**	alos	student Loan	X										
	Discover	er	4/05		X										
J۲	Capita	anital One	6/10	Mortscape on Bout From				X							
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#### **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 reliaious, social, fraternal, or political entities (such as political parties and campelan organizations); and positions solely of an honorary nature.

		Ø		Posit
		Board Member	Position	tions held in any religious, social, tratemal, or political e
		Legacy Youth Tennis - Phile PA	Name of Organization	Positions held in any religious, social, tratemal, or political entities (such as political parties and campaign organizations); and positions solely of an individual fractional religious, social, tratemal, or political entities (such as political parties and campaign organizations); and positions solely of an individual fractional religious.

### SCHEDULE F - AGREEMENTS

Name: Expenden F. Boyle Page 9 or 12

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;
continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former
employer.

employer.		
Date	Parties to Agreement	Terms of Agreement
	None	

#### 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: Nr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	<b>\$4</b> 00
None		

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Brendan
Bayle
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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 Chine (MECEA)	51-9 Bmy	DC-Bajing China-DC	Y	٧	×
exampros.	Habital for Humanity (charity fundrates)	Mar. 3-4	DC-Boxton-DC	Υ	۲	γ
None	2					
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# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Brendon F. Buyle	
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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.	an event to a charitable organization	in lieu of paying an honorar	ium to you. A separate
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2016	\$2,000
XYZ Magazine	Article	Aug. 13, 2016	\$500
None			Age and

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