

**UNITED STATES HOUSE OF REPRESENTATIVES
2017 FINANCIAL DISCLOSURE STATEMENT**

Form A
For Use by Members, Officers, and Employees

LEGISLATIVE RESOURCE CENTER
MAY 15 PM 5:54

U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

Name: John B. Larson Daytime Telephone: 202-225-2265

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CT</u> District: <u>01</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____ Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input checked="" type="checkbox"/> 2017 Annual (Due: May 15, 2018)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____

PRELIMINARY INFORMATION - ANSWER EACH 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. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" 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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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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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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction				
SP, DC, JT	ASSET NAME	None	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E		
	Bank of America															X																						
SP	State of CT Deferred Compensation 457 Plan																																					
	Prudential Retirement																																					
SP	CT Stable Fund																																					
SP	Memo West Total FD																																					
SP	Vanguard Inflation																																					
SP	Vanguard Total Bond MKT																																					
SP	American FD AM MUT																																					
SP	Fidelity VIP Contra FD																																					
SP	TIAA CREF LARGCAP																																					
SP	Vanguard INSTL Tck Plus																																					
SP	JPMorgan MDCP VILIVE																																					
SP	Vanguard Total FD Adm																																					
SP	American FD Inv 3C GR																																					

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
		None																																		
		\$1-\$1,000																																		
		\$1,001-\$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																																		
		Spouse/DC Asset over \$1,000,000*																																		
		NONE																																		
		DIVIDENDS																																		
		RENT																																		
		INTEREST																																		
		CAPITAL GAINS																																		
		EXCEPTED/BLIND TRUST																																		
		TAX-DEFERRED																																		
		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																		
		None																																		
		\$1-\$200																																		
		\$201-\$1,000																																		
		\$1,001-\$2,500																																		
		\$2,501-\$5,000																																		
		\$5,001-\$15,000																																		
		\$15,001-\$50,000																																		
		\$50,001-\$100,000																																		
		\$100,001-\$1,000,000																																		
		\$1,000,001-\$5,000,000																																		
		Over \$5,000,000																																		
		Spouse/DC Asset with Income over \$1,000,000*																																		

SCHEDULE B - TRANSACTIONS

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Exclude 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 personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial 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.

* Column K is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MM/DD/YY) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
		Purchase	Sale	Partial Sale	Exchange			A	B	C	D	E	F	G	H	I	J	K
Example	Meigs Corp. Stock			X		X	3/24/17		X									
	J.P. Morgan Chase & Co.	X					1/11/17	X										
	Procter & Gamble Co.		X				1/11/17	X										
	Macquarie Infrastructure Corp. Com.		X				1/27/17	X										
	General Dynamics Corp.	X					1/31/17	X										
	General Electric Co.	X					2/10/17	X										
	Genesee & Wyoming Inc.		X				4/18/17	X										
	Quintiles IMS		X				4/18/17	X										
	Nielsen Holdings PLC	X					5/11/17	X										
	General Electric Co.		X				5/17/17	X										
	Allergan PLC	X					5/24/17	X										
	Nielsen Holdings PLC			X			6/28/17	X										
	Kindler Morgan Inc.	X					6/28/17	X										
	Nestle			X			9/5/17	X										
	Nielsen Holdings PLC			X			9/5/17	X										
	Starbucks Corp.			X			9/5/17	X										
	Nielsen Holdings PLC	X					9/13/17	X										
	Mondelez Int'l Inc.	X					9/15/17	X										
	Mondelez Int'l Inc.	X					9/20/17	X										
	Adobe Sys Inc.			X			9/25/17	X										

Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held 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 personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial 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.

* Column K is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MO/DA/YR) or Quarterly, Monthly, or Bi- weekly, if applicable	Amount of Transaction										
		Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP	Example Mega Corp. Stock			X		X	3/25/17		X									
	Amphenol Corp			X			9/25/17	X										
	Apple Inc			X			9/25/17	X										
	Coca Cola Co.		X				9/25/17	X										
	Danaher Corp			X			9/25/17	X										
	Disney Walt Co			X			9/25/17	X										
	Fortive Corp			X			9/25/17	X										
	JP Morgan Chase & Co.			X			9/25/17	X										
	Nike, Inc		X				9/25/17	X										
	RBC Bearings Inc			X			9/25/17	X										
	Thermo Fisher Scientific Inc			X			9/25/17	X										
	United Technologies Corp			X			9/25/17	X										
	Zocais Inc			X			9/25/17	X										
	Allergan Inc	X					10/5/17		X									
	Citigroup Inc.	X					10/5/17	X										
	Allergan PLC			X			10/25/17	X										
	Fortive Corp COM	X					10/30/17	X										
	Transcendia Corporation	X					11/1/17	X										
	Spectra Energy Corp				X		2/28/17	X										
	Enbridge Inc.				X		2/28/17	X										

Use additional sheets if more space is required.

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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.

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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, 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.

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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.

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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.

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Use additional sheets if more space is required.