United States House of Representatives



ETHICS IN GOVERNMENT ACT FINANCIAL DISCLOSURE STATEMENT

For Use by New Members, Candidates, and New Employees

WHO MUST FILE AND WHEN: <u>New Member Filers</u>: New Members (*i.e.*, those sworn in between November 3, 2014 and April 15, 2015) must file a statement on or before May 15, 2015. <u>New Employee Filers</u>: A new employee report must be filed within 30 days of an employee beginning their House employment. <u>Candidate Filers</u>: A candidate for the House generally must file a Financial Disclosure Report for each calendar year they are a candidate-not only the year of the election. The first report is due within 30 days of raising or spending \$5,000 or on May 15, whichever is later, but not less than 30 days before the primary or general election. Candidate filers also owe a report each subsequent May 15 for as long as they remain a candidate. For all filers, a clear postmark is accepted as the filing date.

LATE REPORTS AND PENALTIES FOR FALSE REPORTS: A \$200 late filing fee shall be assessed against any individual who files more than 30 days after the due date of a report or amendment (or the due date of any extension). Any individual who knowingly and willfully falsifies or who knowingly or willingly fails to file the required report may be subject to civil penalties and criminal sanctions. See section 104 of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111) and 18 U.S.C. § 1001.

REPORTING PERIOD: New Member Filers: The period covered is the preceding calendar year, unless otherwise indicated on the Schedule. When completing Schedules A and C, fill out the "Preceding Year" information and indicate the "Current Year" information is "Not Applicable." New Employee Filers: The period covered is the preceding calendar year and the current year through the date of hiring, unless otherwise indicated on the Schedule. Candidate Filers: The period covered is the preceding calendar year and the current year through the date of filing, unless otherwise indicated on the Schedule.

EXTENSIONS: Requests for extension must be made using the extension request form either in the electronic filing system, available at https://fd.house.gov, or in hard copy form on the Committee's Web site, www.ethics.house.gov. The extension request must be e-mailed or faxed to the Committee and **received** by the due date of the report.

WHERE TO OBTAIN ASSISTANCE: Counsel from the Committee on Ethics are available to answer questions and offer assistance at (202) 225-7103. Additional forms and instructions are available on the Committee's Web site, www.ethics.house.gov, under the "Financial Disclosure" tab.

BEFORE FILING: Answer each question on the "Preliminary Information" page, and attach the appropriate schedule for each "Yes" response. Please type or print using blue or black ink. Do not use pencil. Attach additional sheets if necessary, indicating the section that is being continued. Type or print your name at the top of each page filed. Redact any confidential information from any attachments.

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6612

<u>Filing Instructions for Members and Candidates</u>: File a signed original and two photocopies of your report, including all attachments.

<u>Filing Instructions for Officers and Employees</u>: File a signed original and one photocopy of your report, including all attachments.

UNITED STATES HOUSE OF REPRESENTATIVES ETHICS IN GOVERNMENT ACT

FINANCIAL DISCLOSURE STATEMENT – FORM B

Please provide the f	ollowing information. Your address	s and signature <u>WILL</u> <u>NOT</u> be made avai	lable to the public.
	(Print Full Name)	(Daytime Telephone)	
	(Complete Ad	dress – Office or Home)	
Filer Statu	s: New Member	Candidate New Office	r or Employee
CERTIFICATI	ON – THIS DOCUMENT MUST BE S	SIGNED BY THE REPORTING INDIVIDU	JAL AND DATED
available to any request who knowingly and will	ing person upon written application and wi Ifully falsifies, or who knowingly and willf	Ethics in Government Act of 1978, as amende ill be reviewed by the Committee on Ethics or it ully fails to file, the attached report may be sut (5 U.S.C. app. 4 §§ 101-111) and 18 U.S.C. § 100	s designee. Any individual bject to civil penalties and
	Certification	Signature of Reporting Individual	Date
financial disclosure state	tatements I have made on the attached ement and all attached schedules are true, the best of my knowledge and belief.	o.g.uvurv oz riepor inig znari zaaur	
•		le a signed original and two photocopies thereof. e a signed original and one photocopy thereof.	
	FOR OFFICIAL USE ON	LY – DO NOT WRITE BELOW	•

Certification	Signature of Certifying Official	Date
It is my opinion, based on the information contained in this		
Financial Disclosure Statement, that the reporting individual is in		
compliance with title I of the Ethics in Government Act		
(5 U.S.C. app. 4 §§ 101-111).		

UNITED	STATES HOUSE OF REPRESENTATIVES		FORM B	Page 1 of				
FINANCIA	AL DISCLOSURE STATEMENT	For New Members, Ca	andidates, and New Employees					
Name:		Daytime Telephone	e:					
FILER	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:		Check if Amendment	(Office Use Only)				
STATUS	New Officer or Employee Employing Office:		Period Covered: January 1,to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.				
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 in the current calendar year up through the date of filing? b. Make more than \$200 in unearned income from any reportable asset during the reporting period? 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? P. 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? D. Did you, your spouse, or your dependent child have any reportable asset during the reporting period? Yes No Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?								
I	ATTACH THE CORI		EDULE IF YOU ANSWER "YES HAT YOU ARE REQUIRED TO					
EXCLUS	SION OF SPOUSE, DEPENDENT, OR TRUS	ST INFORMATION -	ANSWER BOTH OF THES	SE QUESTIONS				
	Details regarding "Qualified Blind Trusts" approved by the Committee etails of such a trust that benefits you, your spouse, or your dependen		excepted trusts" need not be disclosed. H	Have you excluded from Yes No				
	N – Have you excluded from this report any other assets, "unearned" mption? Do not answer "yes" unless you have first consulted with the		ities of a spouse or dependent child beca	ause they meet all three Yes No				

SCHEDULE A – ASSETS & "UNEARNED INCOME"

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BLOCK A	I					RI	OCK	(R									BI C	OCK (C.												В	LOC	K D										
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Assets and/or Income Sources					۷a	iiue	OT	Ass	set							ıyp	e o	T INC	com	ie										Am	our	nt of	Inc	om	е								
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 "unearned" income during the year.	, plea f If ai inclu	use se s n as uded	a va pecif set	fy the	sold	nod u duri	used. ng tl	ner i he re	nan eporti	ing p	ing penarket eriod e, the	valu	is in	on (k) one "I onteres	, IRA Tax-E st, sted	ale la A, 529 Deferr and I, mu s	acc ed" cap st be	counts colur colur colur colur	s), yo mn. gain close	orne ou ma Dio os, d as	ay check	othe and acco	r ass capi ounts	ets in tal g	dicate ains, eck "N	the ever lone"	cateo n if if no	gory o reinv inco	of inc esterne me w	ome d, m as ea	by cl u st rned	hecki be d or g	ng th isclo enera	e app sed ated.	propr as i	iate ncor	box b	oelow or as	. Div sets	iden held	ds, ir	ntere	est,
Provide complete names of stocks and mutual funds (do not use only ticker symbols).	*Col child	lumn d in v	M is	s for 1 you	asse	ts he no i	ld by intere	you est.	r spo	use	or dep	ende	nt C	heck	"No	ne"	if the	e as		gene																							
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.					1								1														4.5					_							.,				
For bank and other cash accounts, total the amount in	A	В	С	D	E	F	G	Н	1	J	к	L	М												C	urre	_		_			4		_		Pre			Yea			_	_
all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.																						1	II	III	V	VI	VII	VIII	IX	Х	XI	XII	I		II N	V \	/ VI	I VII	VIII	IX	Х	XI Z	XII
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city 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.	9																				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 Income or Farm Income)																						*
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	i											\$1,000,000	000,000,1						E		ecífy: e.g.,											over \$1,000,000											\$1,000,000
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.	r r	0	15,000	\$50-000	\$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			SO			GAINS	EXCEPTED/BLIND TRUST	ERRED	Other Type of Income (Specify: e.g.			000	2,500	15,000	\$50,000	\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000		Spouse/DC Income over \$		00	2500	2,200	15.000	920,000	\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,000	Spouse/DC Income over \$1,000,000
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50-000	\$50,001-\$100,000	\$100,001	\$250,001	\$500,001	\$1,000,00	\$5,000,00	\$25,000,0	Over \$50	Jasnode	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPT	TAX-DEFERRED	Other Typ	None	\$1-\$200	\$201-\$1,000	\$2501-\$5000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001	\$1,000,00	Over \$5,000,000	Spouse/□	None	\$1-\$200	\$201-\$1,000	\$2,504.\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001	\$1,000,00	Over \$5,0	Spouse/L
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DC, JT Mega Corp Stock	1				_^								_		.,								^		-	-		-		_		_		'	`				Ш		-	_	
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SCHEDULE A – ASSETS & "UNEARNED INCOME"

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	Assets and/or Income Sources	Value of Asset					١	Type of Income							Amount of Income																														
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			00	\$15,000	-\$50,00	-\$100,0	1-\$250,	1-\$500,	1-\$1,00	01-\$5,0	001-\$25	,001-\$5	0,000,0	DC Ass		SON		ST	L GAIN	LED/BL	FERRE	/pe of Ir	ship Inco			000,	\$2,500	\$15.000	-\$50.00	-\$100,0	1-\$1,00	001-\$5,0	00'000'	DC Inco			000'	\$2,500	\$5,000	\$15,000	-\$50,00	-\$100,0	1-\$1,00	001-\$5,0	DC Inc
		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.,	Partners	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$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 Income over \$1,000,000*	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,00	\$1,000,001-\$5,000,000	Spouse/DC Income over \$1,000,000*
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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 filer 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 LIMITS 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.

_		_	Amount								
8	Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year							
Examples:	ABC Trade Association, Baltimore, MD (July 15) State of Maryland Civil War Roundtable (Oct. 2) Ontario County Board of Education	Honorarium Salary Spouse Speech Spouse Salary	\$0 \$20,000 \$0 N/A	\$500 \$76,000 \$1,000 N/A							

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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. New 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.

	-							Α	moun	t of Li	ability				
	Creditor		Date		А	В	С	D	E	F	G	Н	I	J	К
SP, DC, JT		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	5/98	Mortgage on Rental Property, Dover, DE				Х							

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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 entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and <u>two</u> previous years.

Position	Name of Organization

			Name:	Page of
	e date, parties to, and general terms of any agreement or arra on or deferral of payments by a former or current employer oth			
Date	Parties to Agreement		Terms of A	Agreement
Report sou customers	urces of compensation received by you or your business aff of any corporation, firm, partnership, or other business entent and any information considered confidential as a result of a	iliation for services provierprise if you directly pro	ded directly by you during the current year and <u>tw</u>	of more than \$5,000. Exclude: Payments by the U.S.
	Source (Name and City/State)		Brief Description of	Duties
Example:	Doe Jones & Smith, Hometown, Homestate		Accounting Services	s

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

FILER	NOTES
(Option	nal)

Name:	Page of

NOTE NUMBER	NOTES

FILER NOTES	
(Optional)	

Name:	Page of

NOTE NUMBER	NOTES