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, 2015, and April 16, 2016) must file a statement on or before May 16, 2016. <u>New Employee Filers</u>: A new employee report must be filed within 30 days of 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. (May 16 in 2016 since May 15, 2016 is a Sunday). 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. §§ 101-111) and 18 U.S.C. § 1001.

REPORTING PERIOD: <u>New Member Filers</u>: 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." <u>New Employee Filers</u>: The period covered is the preceding calendar year and the current year through the date of hiring, unless otherwise indicated on the Schedule. <u>Candidate Filers</u>: The period covered is the preceding calendar year and the current year through the date of hiring, 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 <u>https://fd.house.gov</u>, or in hard copy form on the Committee's Web site, <u>www.ethics.house.gov</u>. The extension request must be e-mailed or faxed to the Committee and <u>received</u> 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, <u>www.ethics.house.gov</u>, 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></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 following information. Your address and signature <u>WILL NOT</u> be made available to the public.

	(Print Full Name)	(Daytim	ne Telephone)
	(Comple	ete Address – Office or Home)	
Filer Status:	New Member	Candidate	New Officer or Employee

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Ethics or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file, the attached report may be subject to civil penalties and criminal sanctions. See section 104 of the Ethics in Government Act (5 U.S.C. app. §§ 101-111) and 18 U.S.C. § 1001.

Certification	Signature of Reporting Individual	Date
I CERTIFY that the statements I have made on the attached		
financial disclosure statement and all attached schedules are true,		
complete, and correct to the best of my knowledge and belief.		

New Members and Candidates must file a signed original and two photocopies thereof. New Officers and Employees must file a signed original and one photocopy thereof.

*****FOR OFFICIAL USE ONLY – 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. §§ 101-111).		

	STATES HOUSE OF REPRESENTATIVES	_	FORM B ndidates, and New Employees	Page 1 of
Name:		Daytime Telephone	:	
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.

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. Make more than \$200 in unearned income from any reportable asset during the reporting period? 	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 No									
C . Did you or your spouse have "earned" income (<i>e.g.</i> , salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No	F. Do 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 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	J. Did you receive compensation of more than \$5,000 from a single source in the current year and <u>two</u> prior years?	Yes No									
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"												
THIS FORM INCLUDES OF	NLY THE SCHEDULES	S THAT YOU ARE REQUIRED TO COMPLETE										

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS

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 No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, 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.	Yes No

SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name:

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		BLOCK A						BLO	CK B					BLOCK C								BLOCK D																				
A	ssets an	nd/or Income Sourc	es				Va	lue o	of As	set				L		Ту	/pe o	of In	ncor	ne									A	mo	unt	t of	Inc	ome	•							
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provide	e a comple	er real property held for inv ete address or description nd a city and state.																			(ome)																					
that is busine	not public ss, the na	interest in a privately-held ly traded, state the nam ature of its activities, n in Block A.	e of the																		me or Farm Inc																					
homes income interes	and vacation during the t in, or in	rsonal residence, including on homes (<i>unless</i> there w reporting period); and any ncome derived from, a n, including the Thrift Savin	as rental financial federal										*								, Partnership Income or Farm Income)										*											*0
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income depen	e source is dent child (D	you may indicate that an s that of your spouse DC), or jointly held with any imn on the far left.	(SP) or		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		SQI		ST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g.,			.2,500	5,000	15,000	\$15,001-\$50,000	\$50,001-\$100,000 \$400,004 \$4,000,000	\$ 100,001-\$ 1,000,000 \$ 2000001 # 0000000	\$1,000,001-\$5,000,000	Over #0,000,000 Sportso/DC Income over \$1 000 000			000	2,500	5,000	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
		discussion of Sche se refer to the instruction b		None	\$1,001-\$15,000	\$15,001-	\$50,001-	\$100,001	\$500,001	\$1,000,0	\$5,000,0	\$25,000, Over \$50	Spouse/[NONE	DIVIDENDS	RENT	INTEREST	CAPITAL	EXCEPT	TAX-DEF	Other Ty	None	\$1-\$200	\$201-\$1,000 \$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-	\$50,001-	\$ 100,001	\$1,000,0		Nono	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-	\$50,001- * 400.001	\$1,000,0	Over \$5,	Spouse/I
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	Examples:	ABC Hedge Fund	х)	ĸ												Partnership Income					х												х				
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SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name:

Page_____ of __

Γ	BLOCK A BLOCK B								BLOCK C									BLOCK D Ome Amount of Income														٦													
L	Assets and/or Income Sources	L				v	/alu	ie of	f As	sse	t				L		Т	уре	ofl	nco	ne		L								A	mo	unt	of I	nco	me									
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			None \$1-\$1.000		\$1,001-\$15,000 \$15.001-\$50.000	001-\$100.000	\$100.001-\$250.000	\$250.001-\$500,000	\$500 001-\$1 000 000	00 001 \$1,000,000	\$1,000,001-\$0,000,000 \$5.000.001.\$25.000.000	\$35 000 001-\$50 000 000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*		DIVIDENDS	L	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	٥	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000 \$50,001 \$400,000	\$100,001-\$100,000 \$100,001-\$1,000,000	0,001-\$1,000,000	\$1,000,001-\$0,000,000	Spouse/DC Income over \$1,000,000*		\$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 Income over \$1,000,000*
		New	\$1-\$1	* *	\$15.	\$50.	\$100	\$250	\$500		\$5.0	\$25	Over	Spot	NONE	DIVI	RENT	INTE	CAP	EXC	TAX	Othe Part	None	\$1-\$	\$201	\$1,0	\$2,5	\$5,0	\$15,	\$10C			Spot	None	\$1-\$	\$201	\$1,0	\$2,5	\$5,0	\$15,	\$50,	\$100	\$1,0	Over	Spor
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SCHEDULE C – EARNED INCOME

Name:

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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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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									
;	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								

SCHEDULE D – LIABILITIES

Name:

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. Amount of Liability С D F G н В κ Δ .1 Date Liability Over \$1,000,000* (Spouse/DC Liability) SP. Creditor Type of Liability DC, JT Over \$50,000,000 Incurred MO/YR \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 \$1,000,001-\$5,000,000 \$500,001-\$1,000,000 \$100,001-\$250,000 \$250,001-\$500,000 \$50,001-\$100,000 \$10,001-\$15,000 \$15,001-\$50,000 5/98 Х Example First Bank of Wilmington, DE Mortgage on Rental Property, Dover, DE

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

SCHEDULE F – AGREEMENTS

Name:

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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.										
Date	Parties to Agreement	Terms of Agreement								

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and <u>two</u> prior years. This includes the names of clients an customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.										
	Source (Name and City/State)	Brief Description of Duties								
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services								

FILER NOTES (Optional)

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FILER NOTES (Optional)

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