# United States House of Representatives



### ETHICS IN GOVERNMENT ACT FINANCIAL DISCLOSURE STATEMENT

For Use by Annual and Termination Filers

WHO MUST FILE AND WHEN: <u>Annual Filers</u>: Each Member, officer, and employee of the Legislative Branch compensated at or above the "senior staff" rate (\$123,175) for at least 60 days in calendar year 2016, and any employee designated by a Member as a principal assistant must file a Financial Disclosure Statement on or before May 15, 2017. <u>Termination Filers</u>: A termination report must be filed within 30 days of leaving a covered position. 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:** Annual Filers: The period covered by this report is calendar year 2016, unless otherwise indicated on the Schedule. **Termination Filers**: If you leave before May 15, 2017, the period covered is January 1, 2016, through the date of your termination. If you leave after May 15, 2017, the period covered is January 1, 2017, through the date of your termination.

**EXTENSIONS**: Requests for extension must be made using the extension request form either in the electronic filing system, available at <a href="https://fd.house.gov">https://fd.house.gov</a>, or in hard copy form on the Committee's website, <a href="https://gww.ethics.house.gov">www.ethics.house.gov</a>. 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 website, 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</u>: File a signed original and two photocopies of your report, including all attachments. Filers who use the online system only need to submit once.

<u>Filing Instructions for Officers and Employees</u>: File a signed original and one photocopy of your report, including all attachments. Filers who use the online system only need to submit once.

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# UNITED STATES HOUSE OF REPRESENTATIVES ETHICS IN GOVERNMENT ACT

# 2016 FINANCIAL DISCLOSURE STATEMENT – FORM A

Please provide the following information. Your address	s and signature <u>WILL NOT</u> be made availab	le to the public.
(Print Full Name)	(Daytime Telephone)	
(Complete Ac	dress – Office or Home)	
Filer Status: Men	mber Officer or Employee	
CERTIFICATION - THIS DOCUMENT MUST BE S	SIGNED BY THE REPORTING INDIVIDUAL	L AND DATED
The attached Financial Disclosure Statement is required by the Et		
to any requesting person upon written application and will be review	·	<u> </u>
and willfully falsifies, or who knowingly and willfully fails to file, See section 104 of the Ethics in Government Act (5 U.S.C. app. §§ 1		s and criminal sanctions
See section 104 of the Etimes in Government Act (5 U.S.C. app. 98	.01-111) and 10 0.5.0. § 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.		
Members must file a signed	original and two photocopies thereof.	
· ·	signed original and one photocopy thereof.	
A V		
	I V DO NOT WDITE DELOW***	

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).		

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UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT	For Use b	Form A y Members, Officers,	Page 1 of	
2010 I INANOIAE DISSESSINE STATEMENT				(Office Use Only)
Name:	Daytime Tele	ohone:		A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER STATUS Member of the U.S. State:  House of Representatives District:		Officer Emplo	or Employing Office	e: Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT 2016 Annual (Due: May 15, 2017)	Amendment	,	Termination  Date of Ter	
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THES	E 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?	No	<b>F</b> . Did you have any repoutside entity during the year up through the date	reporting period or in	
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?	No	G. Did you, your spouse reportable gift(s) totaling source during the report	g more than \$375 in va	
<b>C</b> . 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?	No	H. Did you, your spouse reportable travel or reim \$375 in value from a sin	bursements for travel	totaling more than Yes No No
<b>D</b> . Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	No	Did any individual or clieu of paying you for a reporting period?	organization make a do speech, appearance, c	onation to charity in or article during the Yes No
<b>E</b> . Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?  Yes	No	ATTACH THE CO	RRESPONDING	SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, C	R TRUST INF	ORMATION - AN	SWER <u>EACH</u> (	OF THESE QUESTIONS
<b>IPO –</b> Did you purchase any shares that were allocated as a part of an Initial Pulcontact the Committee on Ethics for further guidance.	blic Offering during the	e reporting period? If you a	nswered "yes" to this c	question, please Yes No
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee from this report details of such a trust that benefits you, your spouse, or dependent		other "excepted trusts" ne	ed not be disclosed. H	Have you excluded Yes No No
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned' all three tests for exemption? Do not answer "yes" unless you have first consulte	income, transactions, ed with the Committee	or liabilities of a spouse or on Ethics.	your dependent child	because they meet Yes No

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# SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name:	Page	_ of

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	A 2004		BLOCK A			BLOCK B  Value of Asset																T		CK C					BLOCK E  Transaction											
			l/or Income Sou																			•			ome		Amount of Income accounts that For assets for which you checked "Tax-Deferred" in Block C, yo													
			asset held for inv ne and with a fair m				lluation method other than fair market value, please specify the method generate tax-d														erate tax-deferred income (such as 401(k), IRA, or							check	the '	"None	e" coli	ımn.	For a	all oth	ner ass	sets ir	ndica	te the		
			t the end of the report cortable asset or source			ısed.										•										"Tax-Deferred" ital gains, even													purchases (P), sales (S), or	
tha	t generate	d more	than \$200 in "unearr						sold d ted inc								luded	only	if r	reinve	ested	, mus	t be	discl	losed	as income for	mus	t be	discl	osed	as i	ncon	ne fo	r ass	sets h	held i	in ta	xable	exchanges (E)	
dur	ing the ye	ar.					•										d in w	hich								eck "None" if the	acco	ounts.	Che	ck "N	one" i	f no ir	ncome	e was	earne	ed or	gene	rated.	exceeding \$1,000 in the reporting	
			ames of stocks and m	nutual fur														period.																						
(do	not use o	nly tick	er symbols).																								in w	nich y	ou ha	ve no	intere	est.							If only a portion of	
			other retirement plan																																				an asset was sold, please indicate as	
				e value for each asset held in strength of the reporting thresholds.  A B C D E F G H I J K L M																						II	III	IV	V	VI	VII	VIII	IX	Х	XI	XII	follows: (S (part)).			
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all i	nterest-be	aring a	ccounts. If the total is	over \$5,00	00,																																		blank if there are no transactions	
			stitution where there i earing accounts.	is more th	an																																		that exceeded	
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inte	erest in,	or inc	come derived from,	a fede	ral																					<u>e</u>												00,00	1	
reti	rement pr	ogram,	including the Thrift Sa	avings Pla	an.																					Farr												\$1,00	1	
			ly-traded fund that is a		ed													*000								D e l												over \$1,000,000	1	
																		Spouse/DC Asset over \$1,000,000						F		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)												ome	1	
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in t	ne option	il colum	in on the far left.				200,100	2000	\$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	01-\$5	Over \$50,000,000	Ass		S			CAPITAL GAINS	D/BL	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partner			00	,500	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	C Ass	1	
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SCHEDULE	: A -	ASSEIS	ČŁ.	"UNEARNED	INCOME"

Name:	Page	of

	BLOCK A	T	BLOCK B													BLOCK C									BLOCK D											
	ssets and/or Income Sources Value of Asset													Type of Income									Amount of Income													
																			•																Transaction	
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																							Other Type of Income (Specify: e.g., Partnership Income or Farm Income)												*000	
																							arm												Spouse/DC Asset with Income over \$1,000,000*	
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SCHEDI	JI F	<b>B</b> -	TRANS	SACTIONS
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Report any	purchase, sa	le, or exchange transactions that exceeded \$1,000 in the	Ту	pe of Tr	ansactio	on		Date	Amount of Transaction										
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.			•			Check Box if Capital Gain Exceeded \$200	(MO/DA/YR) or Quarterly,	А	В	С	D	Е	F	G	Н	I	J 00	0* set) X	
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.		Purchase	Sale	Partial Sale	Exchange	Check Box if Ca \$200	Monthly, or Bi- weekly, if applicable	\$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	Over \$1,000,000* (Spouse/DC Asset)	
SP, DC, JT	is for assets s	solely held by your spouse or dependent child.  Asset																	
SP	Example	Mega Corp. Stock			Х		Х	3/9/16		Х									
51					Χ		۸	3/9/10		Α									
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SCHEDUL	.E	CARNED	

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.

INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

	Source (include date of receipt for honoraria)	Туре	Amount
Examples:	Keene State State of Maryland Civil War Roundtable (Oct. 2) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$6,000 \$18,000 \$1,000 N/A

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Name:	Page	of

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 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											
SP, DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability		\$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	0, 0,	9, 9,	0, 0,	х	0, 0,	0, 0,	0, 0,	0, 0,	0, 0,		

## **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 religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization

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SCHEDULE F - AGREEMENTS	Name:	Page of

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 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:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400	

Use additional sheets if more space is required.

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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 China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	Y	Y	N
Examples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Y	Υ	Y

Use additional sheets if more space is required.

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# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:	Page of

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.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2016 Aug. 13, 2016	\$2,000 \$500
	ATZ Magazino	Aitolo	Aug. 10, 2010	ΨΟΟΟ

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<b>FILER NOTES</b>	
(Optional)	

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NOTE NUMBER	NOTES

Use additional sheets if more space is required.

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