

EXHIBIT 1

I hereby authorize the following payroll action:

EMPLOYEE NAME (FIRST-MIDDLE-LAST)		EFFECTIVE DATE (MM/DD/YYYY)	Employed By More Than One House Office? Y OR N <u>N</u>
Martin, Cynthia		4/5/2016	CAO I-9 SERVICE USED? Y OR N <u>N</u>
SOCIAL SECURITY NUMBER	EMPLOYEE ID NUMBER	ACTION	
	██████████		
EMPLOYING OFFICE			
CONYERS, JOHN, JR.			
EMPLOYEE TITLE	Title Code		
Chief of Staff	00349	<input type="checkbox"/> Appointment <input type="checkbox"/> Title Change <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Salary Adjustment With Title Change <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Leave Of Absence <input type="checkbox"/> Lump Sum Payment <input type="checkbox"/> Overtime Payment	
CAO EMPLOYEE SERVICES USE ONLY			
PROCESS LEVEL	MI13X	DEPT	N/A
POSITION	MI13-P-COJ		
SUPERSEDES PREVIOUS ACTION? <input type="checkbox"/> YES (IF YES, ATTACH COPY OF SUPERSEDED ACTION)			
GROSS ANNUAL SALARY*		GROSS MONTHLY SALARY*	
\$ 160,000.00		\$ 13,333.33	
<p>IMPORTANT: ANY ERASURES, CORRECTIONS, OR CHANGES ON THIS FORM MUST BE INITIALED BY THE AUTHORIZING OFFICIAL.</p> <p>* If employee is a civil service annuitant, the gross annual and monthly salary stated above must include the annuity received by the employee plus the salary received from the employing office.</p>			

RECEIVED
 2016 APR -4 PM 5:01
 PAYROLL & BENEFITS

ALL APPOINTMENTS AND SALARY ADJUSTMENTS FOR EMPLOYEES UNDER THE HOUSE EMPLOYEE POSITION AND CLASSIFICATION ACT MUST BE APPROVED BY THE COMMITTEE ON HOUSE ADMINISTRATION.

MEMBER LEAVE OF ABSENCE	
LEAVE WITHOUT PAY: BEGINNING WITH EFFECTIVE DATE ABOVE AND ENDING CLOSE OF BUSINESS: 6/30/2016 REASON: <input checked="" type="radio"/> LWOP <input type="radio"/> MILITARY FURLOUGH (ATTACH NECESSARY DOCUMENTATION) <input type="radio"/> FURLOUGH	<input checked="" type="checkbox"/> Permanent** Non Permanent <input type="checkbox"/> Temporary≈ <input type="checkbox"/> Shared** <input type="checkbox"/> Paid Intern≈ <input type="checkbox"/> Part-Time**

**BENEFITS ELIGIBLE ≈BENEFITS INELIGIBLE

4/4/16
DATE (MM/DD/YYYY)

John Conyers Jr
MEMBER SIGNATURE

CONYERS, JOHN, JR.
NAME OF MEMBER (PLEASE PRINT)

EXHIBIT 2

SUPERSEDING ACTION

LATE ACTION

PAYROLL AUTHORIZATION FORM

U.S. HOUSE OF REPRESENTATIVES
Washington, DC 20515

I hereby authorize the following payroll action:

EMPLOYEE NAME (FIRST-MIDDLE-LAST)		EFFECTIVE DATE (MM/DD/YYYY)	Employed By More Than One House Office? Y OR N <u>N</u>
Martin, Cynthia		4/5/2016	CAO I-9 SERVICE USED? Y OR N <u>N</u>
SOCIAL SECURITY NUMBER	EMPLOYEE ID NUMBER	ACTION	
EMPLOYING OFFICE			
CONYERS, JOHN, JR.			
EMPLOYEE TITLE	Title Code		
Chief of Staff	00349	<input type="checkbox"/> Appointment	<input type="checkbox"/> Title Change
CAO EMPLOYEE SERVICES USE ONLY		<input type="checkbox"/> Salary Adjustment	<input type="checkbox"/> Salary Adjustment With Title Change
PROCESS LEVEL <u>M13X</u>	DEPT <u>N/A</u>	<input type="checkbox"/> Termination	<input checked="" type="checkbox"/> Leave Of Absence
POSITION <u>M13-P-COJ</u>		<input type="checkbox"/> Lump Sum Payment	<input type="checkbox"/> Overtime Payment
SUPERSEDES PREVIOUS ACTION?			
<input checked="" type="checkbox"/> YES (IF YES, ATTACH COPY OF SUPERSEDED ACTION)			
GROSS ANNUAL SALARY*	GROSS MONTHLY SALARY*		
\$ 160,000.00	\$ 13,333.33		
IMPORTANT: ANY ERASURES, CORRECTIONS, OR CHANGES ON THIS FORM MUST BE INITIALED BY THE AUTHORIZING OFFICIAL.		* If employee is a civil service annuitant, the gross annual and monthly salary stated above must include the annuity received by the employee plus the salary received from the employing office.	

PAYROLL BENEFITS
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RECEIVED

ALL APPOINTMENTS AND SALARY ADJUSTMENTS FOR EMPLOYEES UNDER THE HOUSE EMPLOYEE POSITION AND CLASSIFICATION ACT MUST BE APPROVED BY THE COMMITTEE ON HOUSE ADMINISTRATION.

MEMBER LEAVE OF ABSENCE	
LEAVE WITHOUT PAY: BEGINNING WITH EFFECTIVE DATE ABOVE AND ENDING CLOSE OF BUSINESS: <u>4/19/2016</u>	<input checked="" type="checkbox"/> Permanent**
REASON:	<u>Non Permanent</u>
<input type="radio"/> LWOP	<input type="checkbox"/> Temporary*
<input type="radio"/> MILITARY FURLOUGH (ATTACH NECESSARY DOCUMENTATION)	<input type="checkbox"/> Shared**
<input type="radio"/> FURLOUGH	<input type="checkbox"/> Paid Intern*
	<input type="checkbox"/> Part-Time**

**BENEFITS ELIGIBLE *BENEFITS INELIGIBLE

4/20/16
DATE (MM/DD/YYYY)

John Conyers JR
MEMBER SIGNATURE

CONYERS, JOHN, JR.

NAME OF MEMBER (PLEASE PRINT)

EXHIBIT 3

I hereby authorize the following payroll action:

EMPLOYEE NAME (FIRST-MIDDLE-LAST)		EFFECTIVE DATE (MM/DD/YYYY)	Employed By More Than One House Office? Y OR N <u>N</u>
Martin, Cynthia		8/25/2016	CAO I-9 SERVICE USED? Y OR N <u>N</u>
SOCIAL SECURITY NUMBER	EMPLOYEE ID NUMBER	ACTION	
	[REDACTED]		
EMPLOYING OFFICE			
CONYERS, JOHN, JR.			
EMPLOYEE TITLE	Title Code		
Chief of Staff	00349	<input type="checkbox"/> Appointment <input type="checkbox"/> Title Change <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Salary Adjustment With Title Change <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Leave Of Absence <input type="checkbox"/> Lump Sum Payment <input type="checkbox"/> Overtime Payment	
CAO EMPLOYEE SERVICES USE ONLY			
PROCESS LEVEL <u>MI13X</u>	DEPT <u>N/A</u>		
POSITION <u>MI13-P-COJ</u>			
SUPERSEDES PREVIOUS ACTION?			
<input type="checkbox"/> YES (IF YES, ATTACH COPY OF SUPERSEDED ACTION)			
GROSS ANNUAL SALARY*	GROSS MONTHLY SALARY*		
\$ 160,000.00	\$ 13,333.33		
IMPORTANT: ANY ERASURES, CORRECTIONS, OR CHANGES ON THIS FORM MUST BE INITIALED BY THE AUTHORIZING OFFICIAL.		* If employee is a civil service annuitant, the gross annual and monthly salary stated above must include the annuity received by the employee plus the salary received from the employing office.	

PAYROLL & BENEFITS
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ALL APPOINTMENTS AND SALARY ADJUSTMENTS FOR EMPLOYEES UNDER THE HOUSE EMPLOYEE POSITION AND CLASSIFICATION ACT MUST BE APPROVED BY THE COMMITTEE ON HOUSE ADMINISTRATION.

MEMBER LEAVE OF ABSENCE	
LEAVE WITHOUT PAY: BEGINNING WITH EFFECTIVE DATE ABOVE AND ENDING CLOSE OF BUSINESS: <u>10/25/2016</u>	<input checked="" type="checkbox"/> Permanent** Non Permanent <input type="checkbox"/> Temporary≈ <input type="checkbox"/> Shared** <input type="checkbox"/> Paid Intern≈ <input type="checkbox"/> Part-Time**
REASON: <input checked="" type="radio"/> LWOP <input type="radio"/> MILITARY FURLOUGH (ATTACH NECESSARY DOCUMENTATION) <input type="radio"/> FURLOUGH	

**BENEFITS ELIGIBLE ≈BENEFITS INELIGIBLE

8/10/16
 DATE (MM/DD/YYYY)

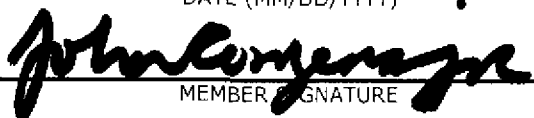

 MEMBER SIGNATURE
CONYERS, JOHN, JR.
 NAME OF MEMBER (PLEASE PRINT)

EXHIBIT 4

I hereby authorize the following payroll action:

EMPLOYEE NAME (FIRST-MIDDLE-LAST)		EFFECTIVE DATE (MM/DD/YYYY)	Employed By More Than One House Office? Y OR N
Martin, Cynthia		10/25/2016	N
SOCIAL SECURITY NUMBER	EMPLOYEE ID NUMBER	CAO I-9 SERVICE USED? Y OR N	
		N	
EMPLOYING OFFICE		ACTION TERMINATE <input type="checkbox"/> Appointment <input type="checkbox"/> Title Change <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Salary Adjustment With Title Change <input checked="" type="checkbox"/> Termination <input type="checkbox"/> Leave Of Absence <input type="checkbox"/> Lump Sum Payment <input type="checkbox"/> Overtime Payment	
CONYERS, JOHN, JR.			
EMPLOYEE TITLE	Title Code		
Chief of Staff	00349		
CAO EMPLOYEE SERVICES USE ONLY			
PROCESS LEVEL	DEPT	RECEIVED 2016 OCT -7 AM 11:08 PAYROLL & BENEFITS	
MI13X	N/A		
POSITION	MI13-P-COJ		
SUPERSEDES PREVIOUS ACTION?			
<input type="checkbox"/> YES (IF YES, ATTACH COPY OF SUPERSEDED ACTION)			
GROSS ANNUAL SALARY*	GROSS MONTHLY SALARY*		
\$ 160,000.00	\$ 13,333.33		
IMPORTANT: ANY ERASURES, CORRECTIONS, OR CHANGES ON THIS FORM MUST BE INITIALED BY THE AUTHORIZING OFFICIAL.		* If employee is a civil service annuitant, the gross annual and monthly salary stated above must include the annuity received by the employee plus the salary received from the employing office.	

ALL APPOINTMENTS AND SALARY ADJUSTMENTS FOR EMPLOYEES UNDER THE HOUSE EMPLOYEE POSITION AND CLASSIFICATION ACT MUST BE APPROVED BY THE COMMITTEE ON HOUSE ADMINISTRATION.

MEMBER TERMINATION	
REASON: <ul style="list-style-type: none"> RETIREMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DECEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TRANSFER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NOTE: THIS TERMINATION FORM MUST BE SUBMITTED AT THE SAME TIME OR PRIOR TO SUBMITTING AN APPOINTMENT PACKAGE IF THE NEW EMPLOYEE TO BE HIRED IS OCCUPYING THIS FTE BUDGET POSITION.	<input checked="" type="checkbox"/> Permanent** Non Permanent <input type="checkbox"/> Temporary≈ <input type="checkbox"/> Shared** <input type="checkbox"/> Paid Intern≈ <input type="checkbox"/> Part-Time**

**BENEFITS ELIGIBLE ≈BENEFITS INELIGIBLE

10/6/16
DATE (MM/DD/YYYY)

John Conyers Jr
MEMBER SIGNATURE

CONYERS, JOHN, JR.
NAME OF MEMBER (PLEASE PRINT)