**Exclusion of Spouse, Dependent or Trust Information - Answer Both of These Questions**

This form includes only the schedules that you are required to complete.

Attach the corresponding schedule if you answer "Yes".

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Did you receive compensation of more than $5,000 from a single business or school during the reporting period?</td>
<td></td>
<td></td>
<td></td>
<td>A. Did you or your spouse or dependent file any joint Federal income tax return for the current year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Did you hold any beneficial ownership of any corporation, partnership, trust, or estate at the time of the report?</td>
<td></td>
<td></td>
<td></td>
<td>B. Did you file any partnership return for the current year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Did you have any beneficial ownership of any corporation, partnership, trust, or estate at the time of the report?</td>
<td></td>
<td></td>
<td></td>
<td>C. Did you or your spouse or dependent receive income (other than wages, salaries or tips) from any business or profession?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Were any other nonbusiness income or gains (other than wages, salaries or tips) from any business or profession?</td>
<td></td>
<td></td>
<td></td>
<td>H. Were any other nonbusiness income or gains (other than wages, salaries or tips) from any business or profession?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Preliminary Information - Answer Each of These Questions**

- Name:
- Office: Financial Disclosure Statement
- Form:
- Period Covered: January 1 - October 31
- Employee Office: United States House of Representatives
- Date of Election:
- Office of Employee:
- Place of Election:
- Financial Disclosure Statement

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2016 Sep 28 AM 11:07
**Schedule A - Assets & "Unearned Income"**

<table>
<thead>
<tr>
<th>ASSET NAME</th>
<th>CURRENT YEAR</th>
<th>PENDING YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount of Income</td>
<td>Type of Income</td>
</tr>
</tbody>
</table>

**Page 9 of 9**

Name: [Signed]
<table>
<thead>
<tr>
<th>Block</th>
<th>Current Year</th>
<th>Type of Income</th>
<th>Value of Asset</th>
<th>Asset and Income Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A - Assets & Unearned Income**

Name: ____________________________

Page 6 of 9
<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Income and Allowable Expenses (Net of $5,000)</td>
<td>2019</td>
<td>$10.00 - 15.00</td>
</tr>
<tr>
<td></td>
<td>Income and Allowable Expenses (Net of $5,000)</td>
<td>2020</td>
<td>$15.00 - 20.00</td>
</tr>
<tr>
<td></td>
<td>Income and Allowable Expenses (Net of $5,000)</td>
<td>2021</td>
<td>$20.00 - 25.00</td>
</tr>
<tr>
<td></td>
<td>Income and Allowable Expenses (Net of $5,000)</td>
<td>2022</td>
<td>$25.00 - 30.00</td>
</tr>
<tr>
<td></td>
<td>Income and Allowable Expenses (Net of $5,000)</td>
<td>2023</td>
<td>$30.00 - 35.00</td>
</tr>
<tr>
<td></td>
<td>Income and Allowable Expenses (Net of $5,000)</td>
<td>2024</td>
<td>$35.00 - 40.00</td>
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<tr>
<td></td>
<td>Income and Allowable Expenses (Net of $5,000)</td>
<td>2025</td>
<td>$40.00 - 45.00</td>
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<tr>
<td></td>
<td>Income and Allowable Expenses (Net of $5,000)</td>
<td>2026</td>
<td>$45.00 - 50.00</td>
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<tr>
<td></td>
<td>Income and Allowable Expenses (Net of $5,000)</td>
<td>2027</td>
<td>$50.00 - 55.00</td>
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<td></td>
<td>Income and Allowable Expenses (Net of $5,000)</td>
<td>2028</td>
<td>$55.00 - 60.00</td>
</tr>
<tr>
<td></td>
<td>Income and Allowable Expenses (Net of $5,000)</td>
<td>2029</td>
<td>$60.00 - 65.00</td>
</tr>
<tr>
<td></td>
<td>Income and Allowable Expenses (Net of $5,000)</td>
<td>2030</td>
<td>$65.00 - 70.00</td>
</tr>
</tbody>
</table>

**Schedule C - Earned Income**

**Example:**

- **Business Name:** XYZ Services LLC
- **Income:** $100,000-
- **Excess:** $1,000
- **Adjusted Income:** $99,000

**Source:** Include date of receipt for non-employees.

**Income Limits and Probated Income:**

- **Income Limit:** $75,000 (or $150,000 if married filing jointly). Earned income includes wages, salaries, tips, commission, and self-employment income. The limit is doubled for married couples filing jointly.

**Exclusions:**

- Non-qualified deferred compensation (e.g., 401(k) contributions).
- Certain foreign earned income.
- Certain passive activity losses and credits.

**Additional Information:**

- Provide a detailed explanation of how the income is derived and the specifics of the business operation.

**Note:** This information is subject to change and should be verified with the appropriate tax authorities.
<table>
<thead>
<tr>
<th>Position</th>
<th>Name of Organisation</th>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
<th>Date of Birth</th>
<th>Date of Appointment</th>
<th>Date of Separation</th>
<th>Date of Return to Work</th>
<th>Date of Maternity Leave</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Schedule of Benefits**

- **Sick Leave:** 0 days
- **Vacation:** 0 days
- **Personal Leave:** 0 days
- **Total Leave:** 0 days

**Amount of Leave:**

- **Accrued:** 0
- **Remaining:** 0
- **Banked:** 0

- **Total Leave:** 0

**Current Leave:** 0

**Encouragement:**

- **Vacation:** 0 days
- **Sick Leave:** 0 days
- **Personal Leave:** 0 days
- **Total Leave:** 0 days

**Other Benefits:**

- **Pension:** 0
- **Insurance:** 0
- **Savings:** 0

**Total Benefits:** 0

**Note:**

- All benefits must be used within the current calendar year.
- Benefits not used at the end of the year are forfeited.
- Employees are encouraged to use their benefits in a timely manner.

- **Sick Leave:** Employees are encouraged to use sick leave as needed.
- **Vacation:** Vacation time may be taken on any day of the week.
- **Personal Leave:** Personal leave may be taken upon approval.
- **Total Leave:** Total leave carryover from previous years.

**Sponsorship:**

- **Company:** [Company Name]
- **Department:** [Department Name]
- **Position:** [Position Name]

**Contact Information:**

- **Name:** [Name]
- **Address:** [Address]
- **Phone:** [Phone]
- **Email:** [Email]