HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	Page 1 of LEGISLATIVE RESOURCE CENTER 17 JUN 30 PM 1: 36
Name: Tred upton Day	202 time Telephone: 225-376/	(Office XIS&FOINTY) CLERK U.S. HOUSE OF REPRESENTATIVES A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER STATUS Member of the U.S. State:	Officer or Employing Office	e: Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT TYPE 2016 Annual (Due: May 15, 2017)	Amendment Termination Date of Ter	•
PRELIMINARY INFORMATION ANSWER <u>EACH</u> OF THESE QU	ESTIONS But the Trusts of wh	ich I have no control did so led those stock trades & assets
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 uneamed income from any reportable asset during the reporting period?	F. Did you have any reportable agreement or outside entity during the reporting period or in year up through the date of filing?	
B. Did you, your spouse, or your dependent child purchase, sell of exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	No G. Did you, your spouse, or your dependent or reportable gift(s) totaling more than \$375 in various source 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?	No H. Did you, your spouse, or your dependent or reportable travel or reimbursements for travel \$375 in value from a single source during the	totaling more than Yes No 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?	No I. Did any individual or organization make a delieu of paying you for a speech, appearance, reporting period?	
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No ATTACH THE CORRESPONDING	SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR T	RUST INFORMATION - ANSWER <u>EACH</u>	OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Off contact the Committee on Ethics for further guidance.	fering during the reporting period? If you answered "yes" to this	question, please Yes No X
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Et from this report details of such a trust that benefits you, your spouse, or dependent chil		Have you excluded Yes No No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income all three tests for exemption? Do not answer "yes" unless you have first consulted with		because they meet Yes No X

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Assets and/or Income Sources	1					lue							•						come									com				Transaction
dentify (a) each asset held for investment or roduction of income and with a fair market value exceeding \$1,000 at the end of the reporting period, ind (b) any other reportable asset or source of income nat generated more than \$200 in "unearned" income uring the year. Provide complete names of stocks and mutual funds do not use only ticker symbols).	valuse If a bec *Col you	iation d. n ass ause i lumn l	method set was it gener M is for	d other s sold orated in-	than f during come,	the rothe va	rket v eportir alue sh	alue, p ag per nould b	dease riod ar riod ar	spec nd is ne."	ify the	meth ded o	nod only	gener 529 a colum if rei: asset	ate ta accou nn. Di nvest a hek	x-defe nts). viden ed, n	rred i you n ds, in nust i xable	ncome nay ch terest, be dis- accou	such a ock the and cap losed ots. Ch	s 401(k), IRA, c e "Tax-Deferred pital gains, eve	r may cate n Divi r mus e acc	chec gory denda it be ounts	k the of ind s, into disci . Che	"None come erest, osed ck "N	by colors, and as it one"	umn. checkl cap incom if no in	For a ing th ital g ne for ncome	all other e app alns, r asse e was	er ass ropria even ets h earne	ets ind ate boo If reli eld in	icate ti k belo nveste taxab nerate	w. purchases (P), d, sales (S), or le exchanges (E) d. exceeding \$1, in the reporting kt period. If only a portior an asset was s
01(k) plans) provide the value for each asset held in he account that exceeds the reporting thresholds.	A	В	С	D	E	F	G	н	,]	,	к	L	M		_	Т		1	F		╂.	1 ,,	m	N	v	VI	۷II	VIII	ıx	х	xı x	please indicate follows: (S (par
for bank and other cash accounts, total the amount in ill interest-bearing accounts. If the total is over \$5,000, st every financial institution where there is more than 11,000 in interest-bearing accounts.						r		"		•			M									"	"	IV I	ľ	VI	All	VIII	•		^' ^	Leave this column that exceeded \$1,000.
or rental and other real property held for investment, rovide a complete address or description, e.g., "rental roperty," and a city and state.								į																								
For an ownership interest in a privately-held business hat is not publicly traded, state the name of the susiness, the nature of its activities, and its geographic ocation in Block A.	•																															
Exclude: Your personal residence, including second nomes and vacation homes (unless there was rental neome during the reporting period); and any financial neerest in, or income derived from, a federa etirement program, including the Thrift Savings Plan.																				Other Type of Income (Specify: e.g., Partnership Income or Farm Income)											cover \$4 000 080*	
f you have a privately-traded fund that is an Excepted nvestment Fund, please check the "EIF" box.													.000,000							Іпсоте от											and out	
f you so choose, you may indicate that an asset or noome source is that of your spouse (SP) or bependent child (DC), or jointly held with anyone (JT) in the optional column on the far left.	1		8	000	0,000	20,000	000'00	000'000'	5,000,000	25,000,000	\$25,000,001-\$50,000,000	900'	Spouse/DC Asset over \$1,000,000				4	EXCEPTED/BLIND TRUST	gg.	f Income , Partnership						8	900	000'0	000,000	\$,000,000	000 seet with loronno	
for a detailed discussion of Schedule A requirements, dease refer to the instruction booklet.	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	\$5,000,007-\$25,000,000	\$25,000,001	Over \$50,000,000	Spouse/DC /	NONE	DIVIDENDS	RENT	INTEREST	EXCEPTED/BLIN	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partner	None	\$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	P, S, S(part),
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	None	\$1-\$1,000	\$1,001	\$15,001	\$50,001	\$100,00	\$250,00	\$500,00	\$1,000,1	\$5,000,	\$25,000	Over \$5	Spouse	Š	DIVIDENDS	ğ	INTEREST	CAPITA	EXCEP	TAX-DE	Other T) (Specify	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-	\$15,001	\$50,001	\$100,00	\$1,000,0	Over \$5	Spouse/	D 6 6() E
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SCHEDULE B - TRANSACTIONS

Name: Upton Page 12 of 21

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SP. DC, JT Asset SP Example Mega Corp. Stock X X 3/9/16 X All Transactions done Trust w/o may control	000	E5,000,001-			·			-			or Quarterly, Monthly, or Bi- weekly, if	heck Box if Capital Gain Exceeded 200	xchange	artical Scale	918	urchase	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. 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
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SCHEDULE B - TRANSACTIONS

Name: Upton Page 17 of 21

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r E p c	ependent esulted in xclude tra urchase o nly a port ansaction.	child for investa capital loss a capital loss nsections be sale of your ion of an as	tment or the production of income. Include transa . Provide a brief description of an exchange transer tween you, your spouse, or dependent childrate personal regidence, unless it generated rental set is sold, please choose "partial sale" as the	actions that ransaction. en, or the income. If ne type of					Check Box if Capital Gain Exceeded \$200	(MO/DA/YR) or Quarterly, Monthly, or Bi- weekly, if	A .	В	С	D	E	F	G	н		000'0	K ()esay
٥	Isclose the	capital gain i	s transaction resulted in a capital gain in exces box, unless it was an asset in a tax-deferred ac income on Schedule A. solely held by your spouse or dependent child.	s of \$200, count, and .	Purchase	Sale	Partial Sale	Exchange	Check Box 5200	applicable	\$1,001- \$15,000	\$15,001-	\$50,001-	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001-	\$1,000,001-	\$5,000,001-\$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Asset)
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Name: Upton Page 08 of 21

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
Westminster Presbyterion Church	Spores Solary	N/A

SCHEDULE D - LIABILITIES

Name:	Unton	Page / 9 of 2/	
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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. 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.

		,				•		A	moun	t of Li	ability				
l			Date		A	8	c	D	Ε	F	G	н	,	J	к
SP, DC, JT	Exemple	Creditor First Bank of Wilmington, DE	Liability Incurred MO/YR	Type of Liability Mortgage on Rental Property, Dover, DE	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001-	\$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)
<u></u>	, i					1 1 4		"		1	<u> </u>			Ĭ	
IT	5.P. 1	Morgon Chose	19/10	Home Equity his of crobit		X									
IT	J.P.	Moson Chose	19/10	Home Mortgoge				X							
17	Stroke	r E. Geben												:	
	Rose	r K. Kydon mobb Liwing Trost	2/14	Promisory Note					X						
				7											

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
Owner	leton Asset Met. Corp (sole partner of SEU Lont. Portner bis)
owner, w/spock	Seu Limited perthosping (Fourty invistant company)
Triske	gen how ked parknership
Trister	EVU, LLC (formily prospered compone)
Trank w/sness	GPS N DOLLOS, DV. LLC
Bound Hombe	S.W. MI FIRST

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Name: Uston Page 20 of 2/

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
	ne/	
	NO	•

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
Sena	tox Alexander	Air Plight	\$1,184.94
	* * * * * * * * * * * * * * * * * * *	10.00	
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Use additional sheets if more space is required.

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:	Unton	Page 21 of 21
	7	

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 filler.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Examples:	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	Υ Υ	Y	N
	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	У	Y	, y
American Enterprise Inst.		Max 3-6	D.C7 Sew Island		Y	У
			(no return for me, spoke went back to DE)			·
Aspen Inst. Cong. Prayrow		Ay 10-20	Kolomezow - Thousan -7/4 lanezoe	Y	Y	У
΄ζ	4 days at my own expense)					
Ripo	n Society & Franklin Center Pu					
	Plobel Policy Exchange	Nov. 9-14	SBN-7 London-7DC	<u> </u>	<u> </u>	У
	<u> </u>				-	
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Use additional sheets if more space is required.