

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**ETHICS IN GOVERNMENT ACT**  
**2015 FINANCIAL DISCLOSURE STATEMENT – FORM A**

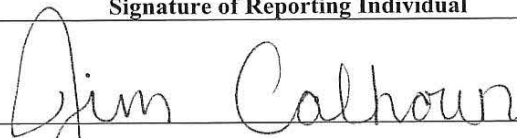
Please provide the following information. Your address and signature WILL NOT be made available to the public.

James A. Calhoun (Print Full Name)      (202) 226-9928 (Daytime Telephone)  
1888 Longworth HOB, Washington, DC 20515 (Complete Address – Office or Home)

Filer Status:     Member     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.		5/16/16

Members must file a signed original and two photocopies thereof.  
 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).		

UNITED STATES HOUSE OF REPRESENTATIVES  
2015 FINANCIAL DISCLOSURE STATEMENT

Form A  
For Use by Members, Officers, and Employees

(Office Use Only)

Name: James A. Calhoun Daytime Telephone: (202) 226-9928

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of or Candidate for U.S. House of Representatives	State: <u>CT</u> District: <u>01</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
	<input type="checkbox"/> 2015 Annual (Due: May 16, 2016)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

<p>A. Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <b>or</b></p> <p>b. Make more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>F. Did 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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b></p>

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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**SCHEDULE A – ASSETS & “UNEARNED INCOME”**

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset													BLOCK C Type of Income	BLOCK D Amount of Income												BLOCK E Transaction									
	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E		
Examples:					X																Royalties			X												S(part)
SP Mega Corp. Stock					X										X										X											P, S, S(part), or E
Simon & Schuster			Indefinite																				X													P
ABC Hedge Fund							X											X			Partnership Income					X										S(part)
Google, Inc.	X														X										X											P, S, S(part), or E
Kroger Co.				X											X											X										
US Savings Bonds				X											X											X										S(part)
Vanguard S+P Fund				X											X											X										
Rental WHITEH, CT								X								X																				
SP XYZ Hedge Fund	X								X												Partnership															

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**SCHEDULE B – TRANSACTIONS**

Name: James A. Calhoun Page 4 of 9

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the 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.			Type of Transaction				Date	Amount of Transaction												
			Purchase	Sale	Partial Sale	Exchange		Check Box if Capital Gain Exceeded \$200	(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP, DC, JT	Asset																			
SP	Example	Mega Corp. Stock			X		X	3/5/15		X										
		Google, Inc.	X					5/4/15	X											
		Google, Inc.		X			X	11/27/15		X										
		Kroger Co.	X					1/8/15	X											
		Kroger Co.	X					6/19/15	X											
		Vanguard S+P Fund			X		X	4/14/15	X											
SP		Clarendon, Inc. 401(k)																		
SP		- Vanguard Large Cap	X					Monthly	X											
		Walt Disney	X					4/8/15	X											

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**SCHEDULE C – EARNED INCOME**

Name: <u>James A. Calhoun</u>	Page <u>5</u> of <u>9</u>
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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 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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

Source (include date of receipt for honoraria)		Type	Amount
Examples:	Keene State	Approved Teaching Fee	\$6,000
	State of Maryland	Legislative Pension	\$18,000
	Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	N/A
UConn West Hartford Campus		Approved Teaching	\$6,000
State of CT		Legislative Pension	\$30,000
Clarendon, Inc.		Spouse salary	NA

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Use additional sheets if more space is required.



**SCHEDULE D – LIABILITIES**

Name: James A. Calhoun Page 6 of 9

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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability												
				A	B	C	D	E	F	G	H	I	J	K		
	<i>Example</i> First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X									
SP	American Express	12/15	Credit card	X												
DC	Department of Ed.	8/12	Student loans	X												
	Bank of America	4/04	Mortgage on rental			X										
	Wells Fargo	6/09	Mortgage on home				X									

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**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
Member	Bedmars Properties, LLC
Director	Central CT American Red Cross (uncompensated)

**SCHEDULE F – AGREEMENTS**

Name: <u>James A. Calhoun</u>	Page <u>7</u> of <u>9</u>
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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
6/11	Myself and state of CT	Continued participation in leg. pension

**SCHEDULE G – GIFTS**

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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
<i>Example:</i> Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
Rachel Portal	Flight, accommodations for Super Bowl (letter from Committee granting personal friendship)	\$8,000
Rachel Portal	Flight, accommodations for 2015 NCAA Mens Final Four (letter from Committee granting personal friendship)	\$6,000

Use additional sheets if more space is required.



**SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS**

Name: James A. Calhoun Page 8 of 9

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)
<i>Examples:</i> Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	Y	Y	N
Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Y	Y	Y
Greater Hartford Red Cross	Aug 12-14	DC-Farmington, CT-DC	Y	Y	
Habitat for Humanity - charitable fundraiser	Dec 13-14	DC-NY-DC	Y	Y	Y
Embassy of France (MECEA)	March 1-6	DC-Paris-DC	Y	Y	

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Use additional sheets if more space is required.

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

Name: James A. Colhoun Page 9 of 9

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	Speech	Feb. 2, 2015	\$2,000
	XYZ Magazine	Article	Aug. 13, 2015	\$500
Real Time with Bill Maher		Appearance	11/6/15	\$600
WKRP in Cincinnati		Appearance	5/4/15	\$800
Connecticut Living		Article	6/19/15	\$1,000

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Note: Green envelopes submitted to Committee

Use additional sheets if more space is required.



# FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

## FILER INFORMATION

**Name:** James A. Calhoun  
**Status:** Member  
**State/District:** CT01

## FILING INFORMATION

**Filing Type:** Annual Report  
**Filing Year:** 2015  
**Filing Date:** 03/8/2016

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
Bedmars Properties, LLC ⇒ West Hartford Rental (2) <i>LOCATION: West Hartford, CT, US</i>		\$500,001 - \$1,000,000	Rent	\$15,001 - \$50,000	<input type="checkbox"/>
Clarendon, Inc ⇒ East Hartford Rental (3) <i>LOCATION: East Hartford, CT, US</i> <i>[Private Comments: No mortgage on property.]</i>	SP	\$500,001 - \$1,000,000	Rent	\$15,001 - \$50,000	<input type="checkbox"/>
Clarendon, Inc ⇒ Fidelity Contra Fund	SP	\$50,001 - \$100,000	Tax-Deferred		<input type="checkbox"/>
Clarendon, Inc ⇒ Vanguard Large Cap	SP	\$15,001 - \$50,000	Tax-Deferred		<input type="checkbox"/>
Congressional Federal CU CD	JT	\$250,001 - \$500,000	Interest	\$2,501 - \$5,000	<input type="checkbox"/>
CT Legislative Pension		Undetermined	See Schedule C	Not Applicable	<input type="checkbox"/>
Fred's Farm <i>LOCATION: West Hartford, CT, US</i> <i>DESCRIPTION: Corn farm.</i>		\$1,000,001 - \$5,000,000	Farm Income	\$50,001 - \$100,000	<input type="checkbox"/>
Google Inc. - Class A (GOOGL)		None	Capital Gains, Dividends	\$15,001 - \$50,000	<input type="checkbox"/>
Kroger Company (KR)		\$15,001 - \$50,000	Dividends	\$201 - \$1,000	<input type="checkbox"/>
U.S. Savings Bonds	DC	\$15,001 - \$50,000	Interest	\$1,001 - \$2,500	<input type="checkbox"/>

VA 529 Plan--Chesapeake	DC	\$1,001 - \$15,000	Tax-Deferred		<input type="checkbox"/>
LOCATION: VA					
Vanguard S&P Fund		\$15,001 - \$50,000	Capital Gains, Dividends	\$1,001 - \$2,500	<input type="checkbox"/>
Walt Disney Company (DIS)		\$1,001 - \$15,000	Dividends	\$1 - \$200	<input type="checkbox"/>
West Hartford Rental (1)		\$250,001 - \$500,000	Rent	\$15,001 - \$50,000	<input type="checkbox"/>
LOCATION: West Hartford, CT, US					
Whole Life Insurance		\$100,001 - \$250,000	Tax-Deferred		<input type="checkbox"/>
XYZ Hedge Fund	SP	\$1,000,001 - \$5,000,000	Partnership Income	\$15,001 - \$50,000	<input type="checkbox"/>

\* Asset class details available at the bottom of this form.

### SCHEDULE B: TRANSACTIONS

Asset	Owner	Date	Tx. Type	Amount	Cap. Gains > \$200?
Alphabet Inc. - Class A (GOOGL)		05/4/2015	P	\$1,001 - \$15,000	
Alphabet Inc. - Class A (GOOGL)		11/27/2015	S	\$15,001 - \$50,000	<input checked="" type="checkbox"/>
Clarendon, Inc ⇒ Vanguard Large Cap	SP	Monthly	P	\$1,001 - \$15,000	
Kroger Company (KR)		01/8/2015	P	\$1,001 - \$15,000	
Kroger Company (KR)		06/19/2015	P	\$1,001 - \$15,000	
Vanguard S&P Fund		04/14/2015	S	\$1,001 - \$15,000	<input checked="" type="checkbox"/>
Walt Disney Company (DIS)		04/8/2015	P	\$1,001 - \$15,000	

\* Asset class details available at the bottom of this form.

### SCHEDULE C: EARNED INCOME

Source	Type	Amount
University of Connecticut at West Hartford <i>[Private Comments: Approved teaching fee.]</i>	Teaching	\$6,000
State of Connecticut	Pension	\$30,000
Clarendon, Inc.	Spouse Salary	N/A

**SCHEDULE D: LIABILITIES**

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Bank of America	4/04	Mortgage on rental property	\$50,001 - \$100,000
<i>[Private Comments: West Hartford rental, listed as (1) on assets.]</i>				
	Wells Fargo	6/09	Mortgage on home	\$100,001 - \$250,000
<i>[Private Comments: Primary residence.]</i>				
	Department of Education	8/12	Student loans	\$10,000 - \$15,000
	American Express	12/15	Credit card debt	\$10,000 - \$15,000

**SCHEDULE E: POSITIONS**

Position	Name of Organization
Member	Bedmars Properties, LLC
Director	Central Connecticut American Red Cross
COMMENTS: Uncompensated	

**SCHEDULE F: AGREEMENTS**

Date	Parties To	Terms of Agreement
June 2011	Myself and state of Connecticut	Continued participation in legislative pension.
<i>[Private Comments: Vested in 2009]</i>		

**SCHEDULE G: GIFTS**

Source	Description	Value
Rachel Portal (Cheshire, CT, US)	Flight, accommodations for Super Bowl	\$8,000
COMMENTS: Personal friendship exception-approval letter		
Rachel Portal (Cheshire, CT, US)	Flight, accommodations for 2015 NCAA Men's Final Four	\$6,000
COMMENTS: Personal friendship exception-approval letter		

**SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS**

Source	Trip Details				Inclusions		
	Start Date	End Date	Itinerary	Days at Own Exp.	Lodging?	Food?	Family?
Greater Hartford Red Cross	08/12/2015	08/14/2015	DC - Farmington, CT - DC	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Habitat for Humanity	12/13/2015	12/14/2015	Washington, DC - New York, NY - Washington, DC	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
COMMENTS: charitable fundraiser							

Embassy of France (MECEA)	03/1/2015	03/6/2015	Washington, DC - Paris, France - Washington, DC	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

Source	Activity	Date	Amount	Charity Name
Real Time with Bill Maher	Appearance	11/6/2015	\$600	
WKRP in Cincinnati	Appearance	05/4/2015	\$800	
Connecticut Living	Article	06/19/2015	\$1,000	

**SCHEDULE A AND B ASSET CLASS DETAILS**

- o Bedmars Properties, LLC  
LOCATION: West Hartford, CT, US
- o Clarendon, Inc (Owner: SP)

**EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION**

**IPO:** Did you purchase any shares that were allocated as a part of an Initial Public Offering?  
 Yes  No

**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 benefiting you, your spouse, or dependent child?  
 Yes  No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?  
 Yes  No

**COMMENTS**

**CERTIFICATION AND SIGNATURE**

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** James A. Calhoun , 03/8/2016



**UNITED STATES HOUSE OF REPRESENTATIVES**  
**ETHICS IN GOVERNMENT ACT**  
**FINANCIAL DISCLOSURE STATEMENT – FORM B**

Please provide the following information. Your address and signature WILL NOT be made available to the public.

Earl L. Lambeau (Print Full Name)      (920) 232-5076 (Daytime Telephone)  
123 Main Street, Green Bay, WI 54155 (Complete 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.	<i>Earl L. Lambeau</i>	5/16/16

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).		

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**FINANCIAL DISCLOSURE STATEMENT**

**FORM B**  
 For New Members, Candidates, and New Employees

Name: Earl L. Lambeau Daytime Telephone: (920) 232-5076

<b>FILER STATUS</b>	<input checked="" type="checkbox"/>	New Member of or Candidate for U.S. House of Representatives Candidates – Date of Election: <u>8/9/16</u>	State: <u>WI</u> District: <u>8th</u>	<input type="checkbox"/>	Check if Amendment
	<input type="checkbox"/>	New Officer or Employee Employing Office: _____	Period Covered: January 1, <u>2015</u> to <u>May 16, 2016</u>		

(Office Use Only)

**A \$200 penalty shall be assessed against any individual who files more than 30 days late.**

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

<p><b>A.</b> Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u></p> <p>b. Make more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><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?</p> <p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p><b>C.</b> Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?</p> <p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>F.</b> 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?</p> <p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p><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?</p> <p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>J.</b> Did you receive compensation of more than \$5,000 from a single source in the current year and <u>two</u> prior years?</p> <p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**  
**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

<p><b>TRUSTS</b> – 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?</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<p><b>EXEMPTION</b> – 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.</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Earl L. Lambeau

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BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income																																										
																					Current Year												Preceding Year																														
	A	B	C	D	E	F	G	H	I	J	K	L	M							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII																				
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.  For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  <b>Exclude:</b> Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."  *Column M is for assets held by your spouse or dependent child in which you have no interest.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.</b> Check "None" if the asset generated no income during the reporting period.							For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.</b> Check "None" if no income was earned or generated.  *Column XII is for assets held by your spouse or dependent child in which you have no interest.																																																						
	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	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	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	Spouse/DC Income over \$1,000,000*	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	Spouse/DC Income over \$1,000,000*																		
SP, DC, JT	Examples:	EIF													X								X																					X																			
	Mega Corp Stock																				Royalties					X																																					
	Simon & Schuster		Indefinite																		Partnership Income						X																																				
	ABC Hedge Fund	X				X															Partnership					X																																					
	ABC Hedge Fund	X					X																X																																								
	JTCitibank Bank Accts					X																	X																																								
	General Electric					X									X																																																
	Google, Inc.-cl. C					X									X																																																
	Lawrence Roofing									X											S Corp								X																																		

Use additional sheets if more space is required.

Lawrence, WI



**SCHEDULE C – EARNED INCOME**

Name: Earl L. Lambeau Page 4 of 6

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.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
Examples: ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
Lawrence Roofing Company, Lawrence, WI	Salary	\$40,000	\$140,000
First Union Bank, WI (Green Bay)	Director's Fees	\$3,000	\$12,000
WKRP Radio, Cincinnati, OH	Appearance Fee	\$300	N/A
State of WI	Pension	\$12,000	\$36,000
Hallmark, Green Bay, WI	Spouse salary	N/A	N/A

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Use additional sheets if more space is required.



**SCHEDULE D – LIABILITIES**

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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$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 Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
	Capitol One	4/16	Credit Card	X										
SP	Department of Ed	9/08	Student Loan		X									
	Sun Trust	12/15	Personal guarantor for campaign loan		X									

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**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 **two** previous years.

Position	Name of Organization
Trustee	Baker University (uncompensated)
Owner and President	Lawrence Roofing



**SCHEDULE F – AGREEMENTS**

Name: Earl L. Lambeau	Page 6 of 6
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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
12/2011	Myself and state of Wisconsin	Participation in pension

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**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 two prior years. This includes the names of clients and 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
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting Services
University of Wisconsin (Madison, WI)	Roofing for new dorms
Smith Tire (Green Bay, WI)	Roofing on business parcel

Use additional sheets if more space is required.



# FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

## FILER INFORMATION

**Name:** Earl L. Lambeau  
**Status:** Congressional Candidate  
**State/District:** WI08

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2016  
**Filing Date:** 03/8/2016  
**Period Covered:** 01/01/2015– 05/16/2016

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
ABC Hedge Fund		\$500,001 - \$1,000,000	Partnership	\$2,501 - \$5,000	\$15,001 - \$50,000
Citibank Bank Accounts	JT	\$15,001 - \$50,000	Interest	\$1 - \$200	\$1 - \$200
General Electric Company (GE)		\$100,001 - \$250,000	Capital Gains, Dividends	\$201 - \$1,000	\$1,001 - \$2,500
Google Inc. - Class A (GOOGL)		\$50,001 - \$100,000	Capital Gains, Dividends	\$1,001 - \$2,500	\$201 - \$1,000
Hallmark 401(k) ⇒ Fidelity Contra Fund	SP	\$50,001 - \$100,000	Tax-Deferred		
Hallmark 401(k) ⇒ Fidelity Large Cap Fund	SP	\$15,001 - \$50,000	Tax-Deferred		
Lambeau Family Trust ⇒ Family Farm LOCATION: Reno City, KS, US DESCRIPTION: Corn Farm		\$500,001 - \$1,000,000	Farm Income	\$5,001 - \$15,000	\$15,001 - \$50,000
Lambeau Family Trust ⇒ Vanguard REIT Index Fund		\$15,001 - \$50,000	Dividends	\$1,001 - \$2,500	\$201 - \$1,000
Lawrence Roofing LOCATION: Lawrence, WI, US DESCRIPTION: Roofing company		\$1,000,001 - \$5,000,000	S Corp Income	\$15,001 - \$50,000	\$50,001 - \$100,000

Loan to Lambeau for Congress	\$15,001 - \$50,000	Interest	\$2,501 - \$5,000	None
MeLife Variable Annuity ⇒ Fidelity Freedom 2025	\$250,001 - \$500,000	Dividends	\$201 - \$1,000	\$1,001 - \$2,500
Merrill Lynch IRA ⇒ Merrill Lynch Global Stock Fund	\$50,001 - \$100,000	Tax-Deferred		
Merrill Lynch IRA ⇒ Merrill Lynch Money Market Fund	\$15,001 - \$50,000	Tax-Deferred		
Mutual of Omaha Fixed Annuity	\$50,001 - \$100,000	None		
Picasso Painting	JT \$1,000,001 - \$5,000,000	None		
State of Wisconsin Legislative Pension	Undetermined	Pension	\$5,001 - \$15,000	\$15,001 - \$50,000

\* Asset class details available at the bottom of this form.

### SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Lawrence Roofing	Salary	\$40,000	\$140,000
First Union Bank (Green Bay, WI)	Director's Fees	\$3,000	\$12,000
WKRP Radio	Appearance Fee	\$300	N/A
State of Wisconsin	Pension	\$12,000	\$36,000
Hallmark	Spouse Salary	N/A	N/A

### SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Capitol One	4/16	Credit card debt	\$10,000 - \$15,000
SP	Department of Education	9/08	Student loans	\$15,001 - \$50,000
	Sun Trust	12/15	Personal guarantor for campaign loan	\$15,001 - \$50,000

### SCHEDULE E: POSITIONS

Position	Name of Organization
Trustee COMMENTS: Uncompensated	Baker University
Owner and President	Lawrence Roofing

**SCHEDULE F: AGREEMENTS**

Date	Parties To	Terms of Agreement
December 2011	Myself and state of Wisconsin	Continued participation in legislative pension plan.
<i>[Private Comments: Vested in 2009.]</i>		

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

Source (Name and Address)	Brief Description of Duties
University of Wisconsin (Madison, WI, US)	Roofing for new dorms
Smith Tire (Green Bay, WI, US)	Roofing on business parcel

**SCHEDULE A ASSET CLASS DETAILS**

- o Hallmark 401(k) (Owner: SP)
- o Lambeau Family Trust
- o MetLife Variable Annuity
- o Merrill Lynch IRA

**EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION**

**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 benefiting you, your spouse, or dependent child?

Yes  No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

Yes  No

**COMMENTS**

**CERTIFICATION AND SIGNATURE**

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Earl L. Lambeau , 03/8/2016

**UNITED STATES HOUSE OF REPRESENTATIVES  
ETHICS IN GOVERNMENT ACT  
PERIODIC TRANSACTION REPORT**

Please provide the following information. Your address and signature WILL NOT be made available to the public.

James A. Calhoun (Print Full Name)      (202) 226-9928 (Daytime Telephone)  
1888 Longworth HOB, Washington, DC 20515 (Complete Address - Office or Home)

Filer Status:     Member     Officer or Employee

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

The attached Periodic Transaction Report (PTR) is required by the Ethics in Government Act of 1978, as amended. The PTR will be available to the public 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. 4, §§ 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 Periodic Transaction Report are true, complete, and correct to the best of my knowledge and belief.	<i>Jim Calhoun</i>	4/6/15

Members must file a signed original and two photocopies thereof.  
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 Periodic Transaction Report, that the reporting individual is in compliance with title I of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111).		

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# PERIODIC TRANSACTION REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

## FILER INFORMATION

**Name:** James A. Calhoun  
**Status:** Member  
**State/District:** CT01

## TRANSACTIONS

ID	Owner Asset	Transaction Type	Transaction Date	Notification Date	Amount
	Alphabet Inc. - Class A (GOOGL) FILING STATUS: New	P	05/4/2015	05/4/2015	\$1,001 - \$15,000
	Walt Disney Company (DIS) FILING STATUS: New	P	04/8/2015	04/11/2015	\$1,001 - \$15,000

## INITIAL PUBLIC OFFERINGS

Yes  No

## CERTIFICATION AND SIGNATURE

I CERTIFY that the statements I have made on the attached Periodic Transaction Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** James A. Calhoun , 03/8/2016

