

FINANCIAL DISCLOSURE REPORT

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

FILER INFORMATION

Name: Peter D. Lopez

Status: Congressional Candidate

State/District: NY19

FILING INFORMATION

Filing Type: Candidate Report

Filing Year: 2015

Filing Date: 02/18/2016

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
GenAudio, Inc Description: Stock	SP	\$50,001 - \$100,000	None		
NYS Employee Retirement Fund		\$50,001 - \$100,000	None		
NYS Teachers' Retirement fund	SP	\$15,001 - \$50,000	None		
Prudential Trust Co C/F the Rollover IRA of Bridget J. Lopez	SP	\$1,001 - \$15,000	None		
Prudential Variable Appreciable Life DESCRIPTION: Life insurance	SP	\$1,001 - \$15,000	None		
PruLife Custom Premier II - Pruco Life of NJ Description: Life insurance	SP	\$1,001 - \$15,000	None		

SCHEDULE C: EARNED INCOME

Source	Туре	Amount Current Year to Filing	Amount Preceding Year
NYS Assembly	Salary	\$10,442.31	\$87,801.99
WAJ Central School	Spouse	N/A	N/A

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Туре	Amount of Liability
	State Employees Federal Credit Union	October 2014	Line Of Credit - Home Ownership	\$15,001 - \$50,000
	Great Lakes	August 2013	Parent Pus - Student Loan	\$50,001 - \$100,000
	Chase bank	October 2014	Credit Card	\$10,000 - \$15,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Member, Executive Committee	Rip Van Winkle Council, BSA
Board Member	Cobleskill Regional Hospital
Member	Middleburgh Rod and Gun Club
Member	Kiwanis International - Schoharie Chapter
Associate Member	Schoharie County Farm Bureau

SCHEDULE F: AGREEMENTS

None disclosed.

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

None disclosed.

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?

∇es 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: Peter D. Lopez , 02/18/2016