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UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES		Form A For Use by Members, Officers, and Employees	LECTISLATIV 2016 MAX	VERROD of 10 STORNE Stable MC
Name:	Michael H. Coffner	⊃ Daytime Telephone: 2 <u>02</u> -	hone: 207 - 225 - 7812	A \$2	ENGRAPHICS sessed against any han 30 days late.
FILER STATUS	Member of or Candidate for State:  U.S. House of Representatives District:	CD	Officer or Employing Office:	fice:	
REPORT TYPE	2015 Annual (Due: May 16, 2016)	Amendment	Termination Date of Ten	Termination Date of Termination:	
PRELIMIN	PRELIMINARY INFORMATION ANSWER <u>EACH</u> OF T	THESE QUESTIONS			
A. Did you, you a. Own any end of the b. Make mo asset duri	A. Did you, your spouse, or your dependent child: <ul> <li>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or</li> <li>b. Make more than \$200 in unearned income from any reportable asset during the reporting period?</li> </ul>	Yes No	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?	t or arrangement with an Yes	₹ 
B. Did you, you exchange any exceeding \$1,0	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?	Yes No	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?	nt child receive any in value from a single Yes	☐ ₹ ∑
C. Did you or you honoraria, or pen 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?	Yes No	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?	nt child receive any avel totaling more than the reporting period?	
D. Did you, you liability (more t	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No	<ol> <li>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?</li> </ol>	organization make a donation to charity in Yes  a speech, appearance, or article during the	No No
E. Did you hole the current cal	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No No	EC	ORRESPONDING SCHEDULE IF YOU ANSWER "YES"	ANSWER "YES"
IPO AND	IPO AND EXCLUSION OF SPOUSE, DEPENDEN	DEPENDENT, OR TRUST INFORMATION - AN		SWER EACH OF THESE QUESTIONS	SNO
iPO - Did you the Committee	IPO – Did you purchase any shares that were a⊪ocated as a part of an Initial Public Offering during the reporting period? If you and the Committee on Ethics for further guidance.	i Public Offering during the n	sporting period? If you answered "yes" to this	nswered "yes" to this question, please contact Yes	□ No ⊠
TRUSTS - De this report deta	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child?	nittee on Ethics and certain o	⊒	ed not be disclosed. Have you excluded from Yes	□ No X
EXEMPTION - three tests for	EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ned" income, transactions, o ted with the Committee on E	of a spouse or	your dependent child because they meet all Yes	☐ § ⊠

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

ASSETS  To investment or a fair market value the reporting period, asset or source of \$200 in "unearned" \$200 in "unearned" source of \$200 in "unearned" source of the total source of the total is over then where there is fing accounts.  Theid for investment, in held for investment, or description, e.g., is the name of the state.	BLOCK B  Value of Asset  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.  **B C D E F G H I J K L M  A B C D E F G H I J K L M	BLOCK C  Type of Income  Check all columns that apply. For accounts that generate tax-deferred income (such as 401(tt), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital petrode even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	BLOCK D  Amount of Income  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. Dividends, interest, and capital gains, even if reinvested, must be discloseed as income for assets held in taxable accounts. Check "None" if no income was earned or column XII is for assets held by your spouse or dependent child in which you have no interest.	BLOCK E  Transaction Indicate if the asset had asset had purchases (P), sales (S), or exchanges (£) period.  If only a portion of an asset was sold please indicate sold please indicate as follows: (\$ (part)).  Leave this column blank if there are no transactions that exceeded \$1,000.
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.				\$1,000
Exclude: 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.	000,000*		xrne over \$1,009,000*	
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.	None \$1,41,000 \$1,001,\$15,000 \$15,001,\$15,000 \$50,001,\$100,000 \$100,001,\$250,000 \$250,001,\$1,000,000 \$1,000,001,\$5,000,000 \$5,000,001,\$5,000,000 Cver \$50,000,000 SpouseDC Asset over \$1,	NONE DIVIDENDS  RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUS TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership	None \$1.\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 Spouse/DC Asset with Inco	P. S. S(part), or E
SP Mega Corp. Stock EIF	×	X	×	S(part)
Examples: Simon & Schuster	Indefinite	Royalties	×	
ABC Hedge Fund X	×	Income	×	
American Cap. World	*	×	2	
$\Gamma_{\bullet}$				
E VI VA L	*	<b>X</b>		
C~- I				
Class C				

WERA	150 I Fund	TSP 5 Fand	TSP C Fund	Securities Treston	TSP GOVERNAGO	(4428372	& COEF Stark	(647)	あているけんのようなん	Should from	is like Co	PERA Downstare	I Hand	Javesco Chester	DC, ASSET NAME EIF		BLOCK A Asset and/or Income Source	I
	×	X		4									,	<b>*</b>		None       >         \$1.\$1.000       ∞         \$1,001-\$15,000       □         \$15,001-\$50,000       □		ASSETS & "UNEARNED INCOME"
X			×		×		×		×		•	× 				\$50,001-\$100,000 m \$100,001-\$250,000 m \$250,001-\$500,000 c \$500,001-\$1,000,000 x \$1,000,001-\$5,000,000 -	BLOCK B Value of Asset	ED INCOME
																\$5,000,001-\$25,000,000		3
																NONE DIVIDENDS RENT INTEREST CAPITAL GAINS	BL( Type a	Name: Mys (
A GOV	1	×	×		×		×		×			×		×		EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Parthership Income or Farm Income)	BLOCK C Type of Income	H Jim
7	×	X	×		×		×		×			Κ		×		None       ~         \$1-\$200       =         \$201-\$1,000       =         \$1,001-\$2,500       ≥         \$2,501-\$5,000       ≤         \$5,001-\$15,000       ≤	BLOCK D Amount of Income	Collins
×																\$50,001-\$100,000 \$\ \frac{1}{8}\$ \$100,001-\$1,000,000 \$\times\$ \$1,000,001-\$5,000,000 \$\times\$  Over \$5,000,000 \$\times\$ \$pouse/DC Asset with Income over \$1,000,000* \$\times\$		Page of of
																, S, S(part), or E	BLOCK E Transaction	0

## SCHEDULE B - TRANSACTIONS

													TSO I Fland	TSP S Fund	TSP C Fund	Lawet rent Funds	TSP Government Securities	SP Example Mega Corp. Stock	SP, DC. JT Asset	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 disclose the capital gain income on Schedule A.  "Column K is for assets solely held by your spouse or dependent child.	Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generaled rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a bnef description of an exchange transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting neight of any security or real moneys half by you your spouse or your
												7	`	×	×					Purchase			7
				l					!	!	·		ļ 				×			Şale			Type of Transaction
					_													×		Partial Sale			ansacti
																	•	 		Exchange			9
																		×		Check Box if C Exceeded \$200	apilal Gain I		
													Marcall	No dal	Though L			3/5/15		wesky, if applicable	(MO/DAYR) or Quarterly,		Date
																				\$1,001- \$15.000		≻	† <b>-</b>
													×	×				×		\$15,001- \$50,000		œ	
												<u> </u>			<u>×</u>					\$50,001- \$100,000		n	
																	×	<u> </u>		\$100,001- \$250,000	<u>.</u>	0	Ą
		_			- <u>-</u>						<u> </u>		_	<u>.</u>	ļ		<u> </u>	ļ		\$250,001- \$500,000		т	Amount of Transaction
																	ļ	<u> </u>		\$500,001- \$1,000,000	·	ח	of Tran
	-											<u> </u>			<u> </u>	_				\$1,000,001- \$5,000,000	<u>-</u>	<u>බ</u>	sactio
	1		;		ļ 		'			-			_					_		\$5,000,001- \$25,000,000		Ι	3
	_				<u> </u>								_			_	<u> </u>			\$25,000,001- \$50,000,000		_	
L	_					!						 								Over \$50,000,0	 	<u>-</u>	
														j						Over \$1,008,00 (Spouse/DC As		~	

## SCHEDULE C - EARNED INCOME

Name: Marbose H. Colta	
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<b>EXCLUDE</b> : Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	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	
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					Cto of Colorado	State of Colorado	EXAMPIES: Civil War Roundtable (Oct. 2) Onlario County Board of Education		Source (include date of receipt for honoraria)	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.
					State Teason	Spare Shory	Spouse Speech Spouse Salary	Approved Teaching Fee	Туре	ses compensated at or above the "senior staff" ranship) were totally prohibited.
					# 727	\$100 000	\$1,000 N/A	\$6,000 \$18,000	Amount	ite was \$27,225. In addition, certain

#### SCHEDULE D - LIABILITIES

Name: Page 9 잌

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 tout 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.

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16			SP. DC.JT		
Cace	( Tela	Example		· <del>-</del>	
in City 10 City	Greenwood White Co	First Bank of Wilmington, DE	Creditor		
1/14		5/98	Liability Incurred MO/YR	}	
De use Colorado	Purata, Co	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
	/	<u> </u>	\$15,001- \$50,000	œ	
			\$50,001- \$100,000	ი	
<u> </u>		*	\$100,001- \$250,000	0	
			\$250,001- \$500,000	lu .	moun
			\$500,001- \$1,000,000	773	Amount of Liability
			\$1,000,001~ \$5,000,000	ഒ	bility
			\$5,000,001~ \$25,000,000	I	
			\$25,000,001- \$50,000,000	_	
			Over \$50,000,000	۲.,	
	1	1	Over \$1,000,000* (Spouse/DC Liability)	*	1

#### 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 had in any religious social fraternal or political artifies and campaign organizations and positions social fraternal or political artifies and campaign organizations social fraternal or political artifies and campaign organizations solely of an honorary nature.

held in any religious, social, traternal, or political entities (suc	held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations), and positions soliely or an inditionally matter.
Position	Name of Organization

### **SCHEDULE F - AGREEMENTS**

Name: Michael H Coltain Page 78 of 10

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 p	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 pe	
tion in an employee welfare or benefit plan maintained by a former employer.	yment; a leave of absence during the period of government service;	

Date	Parties to Agreement	Terms of Agreement
01/2009	Ol/2009 Colorado Dullic Find longer	No Good Render Houses Plan
	Chronit Accoration	ĺ
	Michael I Collect	

#### **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

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

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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)
	Government of Chine (MECCEA)	Aug, 6-11	DC-Bejing, China-DC	. <	~	Z
Examples	Habitat for Humanity (charity fundrasser)	Mar, 3-4	DC-Boston-DC	~	≺	Y
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# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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<b>#</b>
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9 9 9			
\$500	Aug. 13, 2015	Article	Examples: XYZ Magazine
\$2,000	Feb, 2, 2015	Speech	Association of American Associations, Washington, DC
Amount	Date	Activity	Source
honorarium to you. A	to a charitable organization in lieu of paying an honorarium to you. A	isor of an event to a charitable organ	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

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							NOTES