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UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, a	nd Employees	UELIVENIA ()
Name: Million H Collinson Day	Daytime Telephone: <u>2.02</u>	-125-78f2	(Office Use Only) O.S. (1002E or http://www.disessed against any individual who files more than 30 days late.
FILER STATUS Member of the U.S. State: LS House of Representatives District: (c)		Officer or Employing Office: Employee	Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT 2016 Annual (Due: May 15, 2017)	Amendment	Termination Date of Termination:	tion:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QU	QUESTIONS		
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 unearned income from any reportable asset during the reporting period?	No F. Did you have outside entity year up through	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?	gement with an Yes X No
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?	No G. Did you, your spouse, or reportable gift(s) totaling in source during the reporting	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?	eceive any res No No
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, yo reportable trat \$375 in value	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?	ng more than Yes No No ting period?
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No I. Did any individual lieu of paying you reporting period?	 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? 	on to charity in Yes No
E. Did you hold any reportable positions during the reporting period or Yes in the current calendar year up through the date of filing?	No ATTACH THE COR	THE CORRESPONDING SC	RESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANS	RUST INFORMATION	-	WER 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 ans contact the Committee on Ethics for further guidance.	ering during the reporting period	? If you answered "yes" to this question, please	ion, please Yes No 📉
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	hics and certain other "excepted Id?	trusts" need not be disclosed. Have you excluded	you excluded Yes No X
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.	ne, transactions, or liabilities of a the Committee on Ethics.	spouse or your dependent child beca	use they meet Yes No 🛚

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	7	H	A	P	F		Exar		For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	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.	f you have a privately-traded fund that is an Excepted nvestment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vecetion 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 Thaft Savings Plan.	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.	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 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.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols). For all IRAs and other retirement plans (such as	exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and runtual funds	Identify (a) each asset held for investment or production of income and with a fair market value	Asa
		2	ţ`'	Grow.	gwy		Examples:		in to	choo Source St chill	H P	Your in, o	of pu	omp dmoo	and o	int the	A on	y S1, rated	2 3	BLOCK A Assets and/or Income Sources
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Н				\vdash				×	\$50,601-\$1	100,000						m		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.	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	<
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						Partnership Income	Royalties	1	Other Type (Specify: e		Income o	r Farm Income)						529 accounts), you may check the "iax-beterred column. Dividends, interest, and capital gains, ever 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	s 401(k)	
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									Over \$5,00	000,000						×		category of income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets field in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child "Column XII is for assets held by your spouse or dependent child	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the	
										C Asset with Inc	ome over	\$1,000,060*				≚				
		_					_	S(part)	P, S,					-	blank if no trans that exc \$1,000.	to low	If only	sales () exchar exceed in the r	Indicate if asset had	Ta -
		1							S(pa						Leave this colubiant if there are no transactions that exceeded \$1,000.	(S)	y a po	purchases (P), sales (S), or exchanges (E) exceeding \$1,0 in the reporting	Indicate if the asset had	ansacti
									P, S, S(part), or E						Leave this column blank if there are no transactions that exceeded \$1,000.	follows: (S (part)).	If only a portion of an asset was sold	purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting	3	RLOCK E
									m						* 3	¥	ĒS	8		ž

None	None	Nove	SCHEDULE A – ASSETS	ASSETS & "UNEARNED INCOME"	Name: Michael H.	Вгоск р
None	Norma	Norw	BLOCK A Assets and/or income Sources	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income
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SCHEDULE C - EARNED INCOME

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.
EXCLUDE : Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
170 017 The 2017 The

					State of Colorado	Stat of Claredo	Civil War Roundtable (Oct. 2) Ontano County Board of Education	Keene State of Maryland	Source (include date of receipt for honoraria)	INCONE LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.
					State Persion	Jone Slay	Spouse Speech	Approved Teaching Fee Legislative Pension	Туре	ated at or above the "senior staff" rate was iary relationship) are totally prohibited.
					\$ 60,722.52	\$100 000	N/A	\$18,000	Amount	at or above the "senior staff" rate was \$27,485. The 2017 limit is \$27,765. elationship) are totally prohibited.

SCHEDULE D - LIABILITIES

Name: Page_ 읔 0

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 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 are personally liable); and liabilities you rent it out or are a Member); wans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and 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 *Column K is for liabilities held solely by your spouse or dependent child.

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	0 - 0	Green	9	77	Example	ਸ <u>ੋ</u>		
-	City Sail Dira	en Tree Marticle	Greenward William Co	morican State Bak	First Bank of Wilmington, DE	Creditor		
,	h//19			<u>84) 15</u>	5/98	Date Liability Incurred MO/YR		
Denver Coloralo	Ist hartsque liside		Muston Colorado	158 Martacco-Perilec	Mortgage on Rental Property, Dover, DE	Type of Liability		
	Ŕ			3		\$10,001- \$15,000	*	
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						\$25,000,001- \$50,000,000	_	
						Over \$50,000,000		
1		_				Over \$1,000,000* (Spouse/DC Liability)	~	

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

SCHEDULE F - AGREEMENTS

Name: タキろうし Page_ 읔 0

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
01/2009	Colorado Public Englonees	Belied Denett Dension Dlan
	Rodinement Asso Land	
	hochael H. Colans	

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 REIMBURSEMENTS

d for travel and trave	KUEMENIU
d for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child durin	Name: Michael H. Coffner
received by you, your sp	
ouse, or your dependent child durin	Page & of 10

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 China (MECEA)	Aug. 6-11	DC-Bajing, China-DC	Υ	*	N
Examples:	Habital for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	۲	~	Υ

SCHEDULE I PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA	Name: Kirchall H. Coltaco		Page 7 of 10
ist 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.	r of an event to a charitable organization	າ in lieu of paying an h	onorarium to you. A separate
Source	Activity	Date	Amount
Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2016 Aug. 13, 2016	\$2,000 \$500
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FILER NOTES (Optional)

Name:

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