

**UNITED STATES HOUSE OF REPRESENTATIVES
2017 FINANCIAL DISCLOSURE STATEMENT**

Form A
For Use by Members, Officers, and Employees

LEGISLATIVE RESOURCE CENTER
MAY 10 PM 12: 19

HAND DELIVERED
Page 1 of 9

Name: Robert William Goodlatte Daytime Telephone: 202-225-5431

U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
WJ

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

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>VA.</u>	District: <u>06</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input checked="" type="checkbox"/> 2017 Annual (Due: May 15, 2018)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____		

PRELIMINARY INFORMATION - ANSWER EACH OF THESE 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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursement for travel totaling more than \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	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?	
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

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 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 that benefits 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 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 No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **Robert William Godlatte** Page **3** of **9**

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction			
SP, DC, JT	ASSET NAME	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	
JT	Black Rock June CEA																																			
JT	Value Investment CEA																																			
SP	Bond Fund of America 401(K)																																			
JT	Davenport Prime Cash Trust																																			
JT	Davenport Prime Cash Trust IRA																																			
SP	Davis NY Venture A 401 (K)																																			
SP	Davis NY Venture A 401 (K)																																			
SP	Davis NY Venture A 401 (K)																																			
SP	DNP Select Income 401(K)																																			
SP	Fidelity Asset Manager 401(K)																																			
JT	First Citizens Bank Rewards, VA																																			
SP	Fidelity Asset Manager 401(K)																																			
SP	First Eagle Global Fund 401(K)																																			
SP	First Citizens Bank Rewards, VA																																			
SP	First Eagle Global Fund 401(K)																																			
SP	First Citizens Bank Rewards, VA																																			
SP	First Citizens Bank Rewards, VA																																			
JT	Godlatte, Robert W, C, Inc																																			
JT	Godlatte, Robert W, C, Inc																																			

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **Robert William Godlatte** Page **6** of **9**

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income												BLOCK E Transaction		
SP, DC, JT	ASSET NAME	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, Grant, or E		
	None																																				
	\$1-\$1,000																																				
	\$1,001-\$15,000			X																																	
	\$15,001-\$50,000				X																																
	\$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														X	X	X																				
	DIVIDENDS																																				
	RENT																																				
	INTEREST																																				
	CAPITAL GAINS																																				
	EXCEPTED/BLIND TRUST																																				
	TAX-DEFERRED																																				
	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																				
	None																						X	X	X												
	\$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 Asset with Income over \$1,000,000*																																				
	P, S, Grant, or E																																				SPDC

Use additional sheets if more space is required.

