

**HAND DELIVERED**  
Page 1 of 12

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

For Use by Members, Officers, and Employees

Form A

LEGISLATIVE RESOURCE CENTER

18 MAY 14 PM 3:38

(Office Use Only)

*MC*

U.S. HOUSE OF REPRESENTATIVES

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

Name: Douglas L. Lamborn Daytime Telephone: 202-225-4422

|                     |   |  |  |                            |   |
|---------------------|---|--|--|----------------------------|---|
| <b>FILER STATUS</b> | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>CO</u><br>District: <u>5</u> | <input type="checkbox"/> Officer or Employee | Employing Office: _____    | Staff Filer Type: (If Applicable)<br><input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant |
| <b>REPORT TYPE</b>  | <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**

|   |   |  |   |
|---|---|--|---|
| <b>A.</b> Did you, your spouse, or your dependent child:<br>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or<br>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"/> | <b>F.</b> 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>B.</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"/> | <b>G.</b> 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"/> |
| <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?   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | <b>H.</b> Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <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?  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | <b>I.</b> 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?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <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?  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>   |   |

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

|  |   |
|--|---|
| <b>IPO</b> - 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"/> |
| <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?                       | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <b>EXEMPTION</b> - 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"/> |



**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Douglas L. Lamborn Page 3 of 12

| BLOCK A<br>Assets and/or Income Sources |   | BLOCK B<br>Value of Asset |   |   |   |   |   |   |   |   |   |   |   |   | BLOCK C<br>Type of Income |           |      |          |               |                      |              | BLOCK D<br>Amount of Income  |   |    |     |    |   |    |     |      |    |   |    | BLOCK E<br>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<br>(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 |      |
|   | SP-Scottrade margin acct.                       |                           |   |   |   |   |   |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |      |
|   | SP Net App, Inc. Stock                          |                           |   |   |   |   |   |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     | P, S |
|   | SP Net App, Inc. options - 8 Feb. calls at 37.5 |                           |   |   |   |   |   |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     | S    |
|   | SP Net App, Inc. options - 6 Mar. calls at 42.5 |                           |   |   |   |   |   |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     | S    |
|   | SP Net App, Inc. options - 6 Apr. calls at 42.5 |                           |   |   |   |   |   |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     | S    |
|   | SP Net App, Inc. options - 6 June calls at 41.5 |                           |   |   |   |   |   |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     | S    |
|   | SP Net App, Inc. options - 6 July calls at 41   |                           |   |   |   |   |   |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     | S    |
|   | SP Net App, Inc. options - 4 Aug. calls at 43   |                           |   |   |   |   |   |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     | S    |
|   | SP Net App, Inc. options - 4 Oct. calls at 41   |                           |   |   |   |   |   |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     | S    |

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Douglas L. Lamborn Page 4 of 12

| BLOCK A<br>Assets and/or Income Sources |            | BLOCK B<br>Value of Asset |   |   |   |   |    |   |   |   |   |   |   |   | BLOCK C<br>Type of Income |           |      |          |               |                      |              | BLOCK D<br>Amount of Income  |   |    |     |    |   |    |     |      |    |   |    | BLOCK E<br>Transaction |                     |  |  |  |
|---|------------|---------------------------|---|---|---|---|----|---|---|---|---|---|---|---|---------------------------|-----------|------|----------|---------------|----------------------|--------------|--|---|----|-----|----|---|----|-----|------|----|---|----|------------------------|---------------------|--|--|--|
| SP,<br>DC,<br>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<br>(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 |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   |    |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |
|   |            |                           |   |   |   |   | </ |   |   |   |   |   |   |   |                           |           |      |          |               |                      |              |  |   |    |     |    |   |    |     |      |    |   |    |                        |                     |  |  |  |



**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Douglas L. Lamborn

Page 6 of 12

| BLOCK A<br>Assets and/or Income Sources |   | BLOCK B<br>Value of Asset |   |   |   |   |   |   |   |   |   |   |   |   | BLOCK C<br>Type of Income |      |           |      |          |               |                      | BLOCK D<br>Amount of Income |  |   |    |     |    |   |    |     |      |    |   | BLOCK E<br>Transaction |     |                     |  |  |
|---|---|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---------------------------|------|-----------|------|----------|---------------|----------------------|-----------------------------|--|---|----|-----|----|---|----|-----|------|----|---|------------------------|-----|---------------------|--|--|
| SP, DC, JT                              | ASSET NAME  | EIF                       | 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<br>(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 |  |  |
|   | <u>SP - Roth IRA</u>                                |                           |   |   |   |   |   |   |   |   |   |   |   |   |                           |      |           |      |          |               |                      |                             |  |   |    |     |    |   |    |     |      |    |   |                        |     |                     |  |  |
|   | <u>SP Net App. Inc. stock</u>                       |                           |   |   |   |   |   |   |   |   |   |   |   |   |                           |      |           |      |          |               |                      |                             |  |   |    |     |    |   |    |     |      |    |   |                        |     |                     |  |  |
|   | <u>SP Inside Insurance -<br/>Horowitz LTD stock</u> |                           | X |   |   |   |   |   |   |   |   |   |   |   |                           | X    |           |      |          |               |                      |                             |  |   |    |     |    |   |    |     |      |    |   |                        |     |                     |  |  |
|   |   |                           |   |   |   |   |   |   |   |   |   |   |   |   |                           |      |           |      |          |               |                      |                             |  |   |    |     |    |   |    |     |      |    |   |                        |     |                     |  |  |

Use additional sheets if more space is required.

# SCHEDULE B - TRANSACTIONS

Name: Douglas L. Levernborn

Page 7 of 12

| SP, DC, JT | Description of Asset    | Type of Transaction |      |              |          | Check Box if Capital Gain Exceeded \$200 | Date (MM/DD/YY) or Quarterly, Monthly, or Bi-weekly, if applicable | Amount of Transaction |                       |                        |                         |                         |                           |                             |                              |                               |                       |   |  |  |
|------------|-------------------------|---------------------|------|--------------|----------|--|--|-----------------------|-----------------------|------------------------|-------------------------|-------------------------|---------------------------|-----------------------------|------------------------------|-------------------------------|-----------------------|---|--|--|
|            |                         | Purchase            | Sale | Partial Sale | Exchange |  |  | 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         | Example Mega Corp Stock |                     |      | X            |          | X  | 3/2/17   |                       | X                     |                        |                         |                         |                           |                             |                              |                               |                       |   |  |  |
| SP         | NetApp, Inc. stock      |                     | X    |              |          | X  | 1/24/17  | X                     |                       |                        |                         |                         |                           |                             |                              |                               |                       |   |  |  |
| SP         | NetApp, Inc. stock      |                     | X    |              |          | X  | 2/17/17  |                       | X                     |                        |                         |                         |                           |                             |                              |                               |                       |   |  |  |
| SP         | NetApp, Inc. stock      |                     | X    |              |          | X  | 3/2/17   |                       | X                     |                        |                         |                         |                           |                             |                              |                               |                       |   |  |  |
| SP         | NetApp, Inc. stock      |                     | X    |              |          | X  | 7/21/17  |                       | X                     |                        |                         |                         |                           |                             |                              |                               |                       |   |  |  |
| SP         | NetApp, Inc. stock      |                     | X    |              |          | X  | 8/3/17   |                       | X                     |                        |                         |                         |                           |                             |                              |                               |                       |   |  |  |
| SP         | NetApp, Inc. stock      |                     | X    |              |          | X  | 10/4/17  |                       | X                     |                        |                         |                         |                           |                             |                              |                               |                       |   |  |  |
| SP         | NetApp, Inc. stock      |                     | X    |              |          | X  | 10/27/17   |                       | X                     |                        |                         |                         |                           |                             |                              |                               |                       |   |  |  |
| SP         | NetApp, Inc. stock      |                     | X    |              |          | X  | 11/7/17  |                       | X                     |                        |                         |                         |                           |                             |                              |                               |                       |   |  |  |
| SP         | NetApp, Inc. stock      |                     | X    |              |          | X  | 12/1/17  |                       | X                     |                        |                         |                         |                           |                             |                              |                               |                       |   |  |  |
| SP         | NetApp, Inc. stock      |                     | X    |              |          | X  | 12/5/17  |                       | X                     |                        |                         |                         |                           |                             |                              |                               |                       |   |  |  |
| SP         | NetApp, Inc. stock      |                     | X    |              |          | X  | 12/19/17   |                       | X                     |                        |                         |                         |                           |                             |                              |                               |                       |   |  |  |

Use additional sheets if more space is required.

# SCHEDULE B - TRANSACTIONS

Name: Douglas L. Lamborn

Page 8 of 12

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.  
 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.

| SP, DC, JT | SP | Example                       | Asset                           | Type of Transaction |      |              |          | Check Box if Capital Gain Exceeded \$200 | Date<br>(MO/DAY/YR) or<br>Quantity,<br>Monthly, or Bi-<br>weekly, if<br>applicable | Amount of Transaction     |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|------------|----|-------------------------------|---------------------------------|---------------------|------|--------------|----------|--|--|---------------------------|----------------------------|-----------------------------|------------------------------|------------------------------|--------------------------------|----------------------------------|-----------------------------------|------------------------------------|------------------------|---|--|--|--|
|            |    |                               |                                 | Purchase            | Sale | Partial Sale | Exchange |  |  | A<br>\$1,001-<br>\$15,000 | B<br>\$15,001-<br>\$50,000 | C<br>\$50,001-<br>\$100,000 | D<br>\$100,001-<br>\$250,000 | E<br>\$250,001-<br>\$500,000 | F<br>\$500,001-<br>\$1,000,000 | G<br>\$1,000,001-<br>\$5,000,000 | H<br>\$5,000,001-<br>\$25,000,000 | I<br>\$25,000,001-<br>\$50,000,000 | J<br>Over \$50,000,000 | K<br>Over \$1,000,000*<br>(Spouse/DC Asset) |  |  |  |
|            |    | Mega Corp Stock               | Asset<br>S<br>S<br>Trade<br>TRN |                     |      | X            |          |  | 3/8/17   |                           | X                          |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    | NetApp Inc. stock             |                                 |                     | X    |              |          | X  | 1/24/17  |                           | X                          |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    | Inmate Insurance/Retirepenses |                                 |                     | X    |              |          |  | 1/24/17  |                           | X                          |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    | LTD stock                     |                                 |                     |      | X            |          |  | 6/27/17  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    | Inmate Insurance/Retirepenses |                                 |                     |      | X            |          |  |  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    | LTD stock                     |                                 |                     |      |              |          |  |  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    |                               |                                 |                     |      |              |          |  |  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    |                               |                                 |                     |      |              |          |  |  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    |                               |                                 |                     |      |              |          |  |  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    |                               |                                 |                     |      |              |          |  |  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    |                               |                                 |                     |      |              |          |  |  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    |                               |                                 |                     |      |              |          |  |  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    |                               |                                 |                     |      |              |          |  |  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    |                               |                                 |                     |      |              |          |  |  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    |                               |                                 |                     |      |              |          |  |  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    |                               |                                 |                     |      |              |          |  |  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    |                               |                                 |                     |      |              |          |  |  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    |                               |                                 |                     |      |              |          |  |  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |
|            |    |                               |                                 |                     |      |              |          |  |  |                           |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |  |  |



# SCHEDULE B - TRANSACTIONS

Name: Douglas L. Lembern

Page 9 of 12

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.

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. Otherwise the capital gain income on Schedule A.

\* Column K is for assets solely held by your spouse or dependent child.

| SP, DC, JT | Asset                                 | Type of Transaction | Purchase | Sale | Partial Sale | Exchange | Check Box if Capital Gain Exceeded \$200 | Date (MO/DA/YR) or Quarterly, Monthly, or Bi-weekly, if applicable | Amount of Transaction |   |   |   |   |   |   |   |   |   |   |  |  |
|------------|---------------------------------------|---------------------|----------|------|--------------|----------|--|--|-----------------------|---|---|---|---|---|---|---|---|---|---|--|--|
|            |                                       |                     |          |      |              |          |  |  | A                     | B | C | D | E | F | G | H | I | J | K |  |  |
| SP         | Example Mega Corp. Stock              |                     |          |      | X            |          | X  | 3/4/17   |                       | X |   |   |   |   |   |   |   |   |   |  |  |
| SP         | NetApp, Inc. stock                    |                     |          | X    |              |          | X  | 1/24/17  |                       | X |   |   |   |   |   |   |   |   |   |  |  |
| SP         | Private Immuno Therapeutics LTD stock |                     | X        |      |              |          |  | 1/24/17  |                       | X |   |   |   |   |   |   |   |   |   |  |  |
| SP         | Private Immuno Therapeutics LTD stock |                     |          | X    |              |          |  | 6/27/17 (Less than \$1,000)  |                       |   |   |   |   |   |   |   |   |   |   |  |  |

Asset SP - Software  
ITRA

# SCHEDULE C - EARNED INCOME

Name: Douglas L. Lamborn

Page 10 of 12

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 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

| Source (include date of receipt for honoraria) |                       | Type   | Amount   |
|--|-----------------------|--|----------|
| 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      |
| Lamborn for Congress                           |                       | Spouse hourly fee for bookkeeping and compliance | N/A      |
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Use additional sheets if more space is required.

**SCHEDULE D - LIABILITIES**

Name: Douglas L. Lamborn

Page 11 of 12

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 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<br>\$10,001-<br>\$15,000 | B<br>\$15,001-<br>\$50,000 | C<br>\$50,001-<br>\$100,000 | D<br>\$100,001-<br>\$250,000 | E<br>\$250,001-<br>\$500,000 | F<br>\$500,001-<br>\$1,000,000 | G<br>\$1,000,001-<br>\$5,000,000 | H<br>\$5,000,001-<br>\$25,000,000 | I<br>\$25,000,001-<br>\$50,000,000 | J<br>Over \$50,000,000 | K<br>Over \$1,000,000*<br>(Spouse/DC Liability) |  |
| Example    | First Bank of Wilmington, DE | 5/15                          | Mortgage on Rental Property, Dover, DE |                            |                            |                             | X                            |                              |                                |                                  |                                   |                                    |                        |   |  |
| SP         | Scottrade                    | 5/11                          | Margin acct.                           |                            | X                          |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |
|            |                              |                               |  |                            |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |
|            |                              |                               |  |                            |                            |                             |                              |                              |                                |                                  |                                   |                                    |                        |   |  |

**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 |
|----------|----------------------|
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Use additional sheets if more space is required.

**SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS**

Name: Douglas L. Lamborn Page 12 of 12

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 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?<br>(Y/N) | Food?<br>(Y/N) | Family Member<br>Included? (Y/N) |
|--|------------|--|-------------------|----------------|----------------------------------|
|  |            |  |                   |                |                                  |
| 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                                |
| The German Marshall Fund<br>of the United States | Feb. 17-23 | D.C. - Berlin - D.C.                         | Y                 | Y              | Y                                |
|  |            |  |                   |                |                                  |
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Use additional sheets if more space is required.