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	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and	FORM B andidates, and New Employees	JAN UE 2016ge 1 of 62) figure 1 or 62
	Name: WILLIAM B. OTTO	Daytime Telephone:	IG.	2016 JAW 20 PM 1:50	1:50
	New Member of or Candidate for State: TOUS. House of Representatives District: © Candidates - Date of Election: 1/(3/20/6	<u>7</u>	Check if Amendment	6	The state of the s
	New Officer or Employee Employing Office:		Period Covered: January 1,to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	ed against any 30 days late.
	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUESTK	ONS		
	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. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No E.	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting period Yes	₹ ₹
	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No I	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	or arrangements with Yes	No No
	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 J.	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes V	No
	ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	RESPONDING SCHE	DULE IF YOU ANSWER "YES" HAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE	
.	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	TINFORMATION -	ANSWER BOTH OF THESE QUESTIONS	E QUESTIONS	
	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" new this report details of such a trust that benefits you, your spouse, or your dependent child?	on Ethics and certain other "on the child?	excepted trusts" need not be disclosed. Have you excluded from	ave you excluded from Yes	No #
	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, transactions, or liabil e Committee on Ethics.	lities of a spouse or dependent child because they meet all three	ise they meet all three Yes] No [Y

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Asset and/or income Survey. Asset and/or inc							•	18	•	Exclusions in the second in th	For an area of the contract and the cont	For be	#01(R	(do no	E) ea	and a	denti				SC
## CONTENT Page 2 Comment Page 3 Comment Page 4 Comment					OPM	ABC Hedge Fund				de: Your personal residence, including secons and vacetion homes (unless there was rents at during the reporting period); and any financias in, or income derived from, a federatent program, including the Thriff Savings Plan. There a privately-traded fund that is an Excepter ment Frund, please check the "EIP" box. so choose, you may indicate that an esset of a source is that of your spouse (SP) of odent chief (DC), or jointly had with enyone (JT) optional column on the far left. a detailed discussion of Schedule / ements, please refer to the instruction bookles.	mital and other real property held for investment le a completa address or description, e.g. I property," and a city and state. I property," and a city and state. I ownership interest in a privately-held business a root publicy traded, state the name of these, the nature of its activities, and it aphic location in Block A.	ank and other cash accounts, total the amount in terest-bearing accounts. If the total is over 0, list every financial institution where there in them \$1,000 in inferest-bearing accounts.	II RAs and other retirement plans (such as) plans) provide the value for each asset had it count that exceeds the reporting thresholds.	te complete names of stocks and mutual fund of use only ticker symbols).	4.00	to which connected more than \$200 in		Assets and/or Income Sources	BLOCK A		HEDULE A - ASSETS
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Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: W, WAT E. OTO Page 5 of C

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 both the filer and filer's 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: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for
Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

	1	Am	Amount
Source (include date of receipt for floriorana)	ıype	Current Year to Filing	Preceding Year
	Honorarium	\$0 \$0	\$500
EXAIN DIES: Civil Wair Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	SO N/A	\$1,000 N/A
MO House OF REPRESENTATIVES	Savary	\$36,000	\$36,000

SCHEDULE C - EARNED INCOME

Name: William B. OTO Page 3 of C

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 both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

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		Am	Amount
Source (include date of receipt for nonoraria)	lype	Current Year to Filing	Preceding Year
ABO Trade Association, Beltimore, MD (July 15) State of Mandand	Honorarium	08	0098
Examples: CM We Roundable (Oct. 2)	Spouse Speech	90	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
MO House of Representatives	Saway	\$36,000	\$34,000

SCHEDULE D - LIABILITIES

Name: Wiciam B. Otto

Page S of C

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. New 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 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.

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		FIFTH THIRD BANK	THIRD BANK	First Bank of Wilmington, DE	Creditor		
		11/1990	8/2013	5/98	Date Liability Incurred MO/YR		1
			MORTEACE	Mortgage on Rental Property, Dover, DE	Type of Liability		
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Over\$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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. New Members and second-year candidates report positions held in the reporting period and the current calendar year and two previous years.

Doollion	Docition
Position	Name of Organization
REPRESENTATIVE	MISSOURI HOUSE OF ECPRESENTATIVES

SCHEDULE F - AGREEMENTS

Date

Parties to Agreement

Terms of Agreement

Name: Willard, Page_ 6 <u>`</u> 6

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.

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

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
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