

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

**FORM B**  
 For New Members, Candidates, and New Employees

**MAY 14 2016**  
 Page 1 of 8  
 LEGISLATIVE RESOURCE CENTER  
 2016 MAY 19 AM 11:29  
 OFFICE OF THE CLERK  
 U.S. HOUSE OF REPRESENTATIVES

Name: Michael Egguan Daytime Telephone: \_\_\_\_\_

<b>FILER STATUS</b>	<input checked="" type="checkbox"/>	New Member of or Candidate for U.S. House of Representatives State: <u>CA</u> District: <u>10</u> Candidates – Date of Election: <u>6/7/16</u>	<input type="checkbox"/>	Check if Amendment
	<input type="checkbox"/>	New Officer or Employee Employing Office: _____	Period Covered: January 1, <u>2016</u> to <u>6/15/16</u>	

*cc* (Office Use Only)

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

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

<p><b>A.</b> 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? <u>or</u>                  b. Make more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><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?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><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?</p> <p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>F.</b> Do 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?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><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?</p> <p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>J.</b> Did you receive compensation of more than \$5,000 from a single source in the current year and <u>two</u> prior years?</p> <p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**  
**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

<p><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?</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<p><b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

# SCHEDULE A – ASSETS & “UNEARNED INCOME”

BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset													BLOCK C Type of Income	BLOCK D Amount of Income																														
	A	B	C	D	E	F	G	H	I	J	K	L	M	None	Dividends	Rent	Interest	Capital Gains	Excluded/Blind Trust	Tax-Deferred	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.  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.  For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  <b>Exclude:</b> Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from a federal retirement program, including the Thrift Savings Plan.  If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."  *Column M is for assets held by your spouse or dependent child in which you have no interest	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.</b> Check "None" if the asset generated no income during the reporting period.	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.</b> Check "None" if no income was earned or generated.  *Column XII is for assets held by your spouse or dependent child in which you have no interest.	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII																		
	None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$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	Dividends	Rent	Interest	Capital Gains	Excluded/Blind Trust	Tax-Deferred	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$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 Income over \$1,000,000*	None	\$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 Income over \$1,000,000*
Examples: Mega Corp Stock				X											X									X												X									
Simon & Schuster				Indefinite																	Royalties				X														X						
ABC Hedge Fund						X															Partnership Income					X														X					
Eggman Bee Farm							X															X												X											
Eggman Almond Farm			X																			X												X											
JT Eggman Shurley Ray Trust								X														X												X											
State Farm Savings			X														X									X												X							
SEI Tax Managed Large CAP			X															X					X												X										

Use additional sheets if more space is required.

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

Name: Michael Eggman Page 3 of 8

SP, DC, JT	BLOCK A Assets and/or Income Sources	EIF	BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income																								
			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)	Current Year												Preceding Year											
			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$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*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
			None	\$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 Income over \$1,000,000*	None									\$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 Income over \$1,000,000*	None	\$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 Income over \$1,000,000*	
	SEI Tax Managed Small/Mid Fund				X														X						X																						
	SEI International Equity Fund			X															X						X																						
	SEI Emerging Markets Fund			X															X						X																						
	SEI Intermediate Fund			X															X						X																						
	SEI Tax Advantaged Income Fund			X															X						X																						
	SEI EM Debt Fund			X															X						X																						
	SEI Small Cap A Fund			X															X						X																						
	SEI Large Cap A Fund			Y															X						X																						
	SEI Fixed Income 4 Fund			Y															X						X																						
	SEI High Yield Bond Fund			Y															X						X																						
	SEI Multi Asset Acc. Fund			Y															X						X																						
	SP Fidelity 401K							X																																							

Use additional sheets if more space is required.

**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 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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
Examples: ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontano County Board of Education	Spouse Salary	N/A	N/A
Egguan Bee : Almond Farm	Self/Farmer Income	<del>37,600</del> 37,600	64,000
Delta Airlines	Spouse Salary	N/A	N/A

Use additional sheets if more space is required.

**SCHEDULE D – LIABILITIES**

Name: <u>Michael Egglean</u>	Page <u>5</u> of <u>8</u>
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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.

SP DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability											
				A \$10,001- \$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 Liability)	
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X								
	<u>Bank of America</u>	<u>2/16</u>	<u>Revolving Charge Account</u>	X											

**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. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
<u>None</u>	

Use additional sheets if more space is required.

**SCHEDULE F – AGREEMENTS**

Name: <u>Michael Eggman</u>	Page <u>6</u> of <u>8</u>
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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
	None	

**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
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting Services
Steven Marshall Turlock, CA	Pollination Services
David Kirkpatrick Turlock, CA	Pollination Services
Schulz Farms Fresno, CA	Pollination Services
Rose Bettenhart Ceres, CA	Pollination Services
Lagaric Properties LP Stockton, CA	Pollination Services
Caton Farms Ceres, CA	Pollination Services
Turner Farms Turlock, CA	Pollination Services

Use additional sheets if more space is required.

**SCHEDULE F – AGREEMENTS**

Name: <u>Michael Eggman</u>	Page <u>7</u> of <u>8</u>
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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

**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
<i>Example.</i> Doe Jones & Smith, Hometown, Homestate	Accounting Services
Willense Garus      Hughson, CA	Pollination Services
Rossi Garus      Hughson, CA	Pollination Services

Use additional sheets if more space is required.

FILER NOTES  
(Optional)

Name: <u>Michael Eggman</u>	Page <u>8</u> of <u>8</u>
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NOTE NUMBER	NOTES
1	Value listed is full value of Eggman Shurkey Ray trust, Candidate is $\frac{1}{3}$ owner of trust.

Use additional sheets if more space is required.