

UNITED STATES HOUSE OF REPRESENTATIVES
2015 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees
2016 JUN

RECEIVED CLERK
JUN 14 2 PM 5:16
(Office Use Only)

Name: DAVID P JOYCE

Daytime Telephone: 202 225-5731

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

FILER STATUS	☒ Member of or Candidate for U.S. House of Representatives	State: <u>DN</u>	District: <u>14</u>	☐ Officer or Employee	Employing Office: _____
REPORT TYPE	☒ 2015 Annual (Due: May 16, 2016)	☐ Amendment	☐ Termination	Date of Termination: _____	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	Yes ☒ No ☐	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes ☒ No ☐
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes ☒ No ☐	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes ☐ No ☒
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes ☒ No ☐	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes ☐ No ☒
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes ☒ No ☐	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes ☐ No ☒
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes ☐ No ☒	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

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

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes ☐ No ☒
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes ☐ No ☒
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes ☐ No ☒

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Use additional sheets if more space is required

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: DAVID P. JOYCE

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII		
		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*																						
	Discovery Pharmaceutical			X												X			X					X												
	EMC Corp				X											X			X					X												
	General Electric				X											X			X					X												
	Google				X											X			X					X												
	ISHARES NASDAQ			X												X			X					X												
	Intercontinental Exchange			X												X			X					X												
	Johnson & Johnson					X										X			X					X												
	JP Morgan Chase			X												X			X					X												
	MET Life			X												X			X					X												
	Merck			X												X			X					X												
	Northstar Realty NRE			X												X			X					X												
	Northstar Realty NRE			X												X			X					X												
	Decadent Petroleum				X											X			X					X												
	Palaeology				X											X			X					X												
	Rachels & Bunkle		X													X			X					X												
	Qhubo Technology		X													X			X					X												

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: _____

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or JT	
	None																																			
	\$1-\$1,000																																			
	\$1,001-\$15,000																																			
	\$15,001-\$50,000																																			
	\$50,001-\$100,000																																			
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	\$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*																																			
	SPDC SRS FDS																																			
	Hartline International																																			
	IShares Russell Inv																																			
	IShares Russell Trus																																			
	SPDC SEK TR BACKL																																			
	MAT Managed Val																																			
	Openwater Develop																																			
	Powershares Global																																			
	Powershares Global																																			
	Templeton Global																																			
	Vanguard Index VBI																																			
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: _____

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E 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 (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	
	Transcendental Corp.																																				
	United Health																																				
	Visa																																				
	Whiting Data Corp.																																				
	Fidelity Govt Fund																																				
	Astoria Small Cap																																				
	Fidelity Funds																																				
	SPDR S&P Midcap																																				
	Openview Development																																				
	Fidelity Government																																				
	DEUTSCHE BANK FUND																																				
	Astoria Fidelity																																				
	Astoria / Small Cap																																				
	TrustStone CMOs																																				
	Fidelity Flexity																																				

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction	
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or JT
	None																																		
	\$1-\$1,000																																		
	\$1,001-\$15,000																																		
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	\$50,001-\$100,000																																		
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	\$25,000,001-\$50,000,000																																		
	Over \$50,000,000																																		
	Spouse/DC Asset over \$1,000,000*																																		
	SPDR Seabr XCI			X												X								X											
	SPDR Seabr XLE			X												X								X											
	SPDR Seabr XLT			X												X								X											
	Fidelity Government			X												X								X											
	JP Morgan Chase															X								X											
	Twoisfours S&P 500															X								X											
	ISHARES ACES EML															X								X											
	ISHARES MSCI EAF															X								X											
	Fidelity Floating															X								X											
	ISHARES RUSSELL TMO															X								X											
	ISHARES RUSSELL TWO															X								X											
	SPDR SEK TR Bond															X								X											
	SPDR SEK TR Bond															X								X											
	SPDR S&P 500															X								X											
	SPDR S&P 500															X								X											
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	SPDR S&P 500															X								X											

SCHEDULE B - TRANSACTIONS

Name: DAVID P JOYCE

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period for investment 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.			Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MO/DA/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
SP, DC, JT	Asset	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	3/5/15		X										
	Cityscape	X					01/11/15	X											
	Island Securities Inc	X					1/30/15	X											
	Intercontinental Exchange Inc	X					1/30/15	X											
	Conover Intercontinental		X				1/30/15	X											
	Chicago Bridge & Iron Co		X				1/30/15	X											
	Decadent Petroleum		X				1/14/15	X											
	Pulte Group Inc			X			2/10/15	X											
	Ametek Inc	X					2/10/15	X											
	First Solar Inc	X					2/10/15	X											
	Michael Kors Holding Ltd	X					2/10/15	X											
	Quanta Services Inc	X					2/12/15	X											
	Silver Wheaton Group	X					2/12/15	X											
	Transcendental Group	X					2/23/15	X											
	Baker Hughes		X				2/23/15	X											
	De Houton		X				2/15/15	X											
	Five Eye Inc		X				2/11/15	X											
	Five Eye Inc		X				2/12/15	X											
	Chesapeake Energy Group	X					3/10/15	X											
	CME Group	X					3/10/15	X											

Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

Name:

DAVID P JOYCE

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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 dispose 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				Check Box if Capital Gain Exceeded \$200	Date (MM/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)
Example	Mega Corp. Stock			X		X	3/5/15		X									
	General Electric Corp	X					3/6/15	X										
	Johnson & Johnson	X					3/5/15		X									
	Amgen Group Inc	X					3/25/15	X										
	Alkermes 360 Technology Co Ltd	X					3/6/15	X										
	Genentech 360 Technology Co Ltd	X					3/6/15	X										
	Whitney Petroleum	X					3/27/15	X										
	Active		X				3/5/15	X										
	Starbucks		X				3/24/15	X										
	United Health Group		X				3/6/15	X										
	Xilinx Inc		X				3/27/15	X										
	Exelon Corp	X					5/21/15		X									
	Michael Kors Holdings Ltd	X					5/27/15	X										
	Comcast Corp CI A	X					6/8/15	X										
	Beckshire Hathaway Class B	X					6/15/15	X										
	Med Johnson Nutrition	X					6/15/15	X										
	Intel Corp	X					7/8/15	X										
	Merck & Co	X					7/27/15	X										
	American Tower	X					8/13/15	X										

Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

Name: DAVID JOYCE

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period for investment 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.

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SP, DC, JT	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	3/5/15		X									
	Apple Inc	X					3/13/15		X									
	Castco Wholesale Corp	X					8/13/15	X										
	ISHARES NASDAQ Biotech Index	X					8/13/15		X									
	Occidental Petroleum	X					8/13/15	X										
	Adobe Systems	X					10/7/15	X										
	JPMorgan Chase & Co.	X					10/2/15	X										
	North Star Realty Europe	X					11/2/15	X										
	Time Warner Cable	X					4/28/15	X										
	JPMorgan Chase & Co	X					5/27/15	X										
	Qihoo 360 Technology	X					6/8/15		X									
	American Realty Capital Partners	X					6/15/15	X										
	Quanta Services Inc	X					6/15/15		X									
	Auvet	X					7/8/15	X										
	Siliconix Corp	X					7/27/15		X									
	BioGen Inc	X					8/13/15		X									
	Chesapeake Energy Corp	X					8/13/15		X									
	First Solar Inc	X					8/13/15		X									
	Global Science Services	X					8/13/15	X										
	Intel Corp	X					8/13/15	X										

Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

Name: DAVID P JOYCE

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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.		Type of Transaction				Date	Amount of Transaction												
		Purchase	Sale	Partial Sale	Exchange		Check Box if Capital Gain Exceeded \$200	(M/D/Y) or Quantity, Monthly, or Bi-weekly, if applicable	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, DC, JT	Asset																		
Example	Mega Corp. Stock			X		X	3/5/13		X										
	Michael Kors Holdings Ltd		X				8/13/15			X									
	Essee Lauder		X				8/13/15			X									
	Exelon Corp		X				8/13/15			X									
	Peabody Johnson Nutrition		X				8/13/15			X									
	Vanquard/Winston II Annual Share	X					6/19/15			X									
	Wisdom Tree Emerging Mkts Sm Cap Div		X				12/11/15			X									
	SPDR S&P MidCap 400 ETF	X					12/10/15			X									
	UBS E-Track Allianz MLP Infrastructure	X					12/10/15			X									
	Vanquard FTSE Emerging Market ETF	X					12/10/15			X									
	I SHARES MSCI EAFE Index		X				12/10/15			X									
	I SHARES MSCI Emerging Mkts Index		X				12/10/15			X									
	JP Morgan Alpha Div Index		X				12/10/15			X									
	Wisdom Tree Emerging Mkts Sm Cap Div		X				12/10/15			X									
	Touchstone Smalls Cap Inst Gr	X					12/11/15			X									
	Astoria/TAMCO Small Cap I	X					12/30/15			X									
	Touchstone Smalls Capital Inst Gr	X					12/11/15			X									
	MAT Managed Volatility Fund Inst	X					12/15/15			X									
	Vanquard/Winston II Annual Share	X					12/16/15			X									
	Vanquard/Winston II Annual Share	X					12/16/15			X									

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Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: DAVID P. TOYCE

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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. **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	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$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	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
	Jardine Federal now First National Bank	5/89	Mtg 9652 Music & Noddy 04 44072			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
N/A	

SCHEDULE F – AGREEMENTS

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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
1/86	OPENS and myself	Patricia Auerich

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
N/A		

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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, U.S.C. § 7542); 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.

Use additional sheets if more space is required

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Use additional sheets if more space is required.