IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS **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. 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. TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. from this report details of such a trust that benefits you, your spouse, or dependent child? in the current calendar year up through the date of filing? E. Did you hold any reportable positions during the reporting period or D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: exchange any securities or reportable real estate in a transaction Name: KRISTI 2016 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** reporting period? exceeding \$1,000 during the reporting period? end of the reporting period? or b. Receive more than \$200 in uneamed income from any reportable REPORT STATUS a. Own any reportable asset that was worth more than \$1,000 at the FILER asset during the reporting period? X X 2017 Annual (Due: May 15, 2017) House of Representatives Member of the U.S. District ¥ × Yes **8**9 Yes X No ¥e\$ $\overline{\times}$ Daytime Telephone: 202-225-280/ Amendment š č 중 Š For Use by Members, Officers, and Employees 7 X 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? 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? Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" source during the reporting period? FOT Employee Officer or **Employing Office** Termination Date of Termination: Have you excluded A \$200 penalty shall be assessed against any individual who files more than 30 days late. O'STROUGH OF WELVESCHIRTLES LEGISLATIVE RESOURCE CENTER DELIVERED Page 1 of 6 18 KAK-6-5-8-8-13: 09 M/ OFFILE OF THE LUZKY Shared Staff Filer Type: (If Applicable) Yes Yes ĕ ¥8¥ Yes ĕs. Yes Principal Assistant ş 8 ᇹ 8 Ž 증 ₹ 6

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	EDULE A - ASSETS & "UNEARNED INCOME"	
Name: KeISTI L NOEM		
Page of 6	· ·	

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	MACIAN FANGS	ETHANOL PLANT	MN	· •	IN FALLS	ABC Hedge Fund	Simon & Schuster	Mega Corp. Stock	For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or joinly held with anyone (JT), in the optional column on the far left.	f you have a privately-traded fund that is an Excepted nvestment Fund, please check the "Eff" box.	Exclude: Your personal residence, including second nomes 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.	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.	For rental and offer real property held for investment, provide a complete address or description, e.g., "renta property," and a city and state.	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.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols). For all IRAs and other retirement plens (such as	and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds	scentify (a) each asset held for investment or production of income and with a feir market value exceeding \$1,000 at the end of the reporting period.	Assets and/or income Sources
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						Pathership Income	Royalles			of Income .g., Partnership	income o	or Farm Income)						column. Dividende, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	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"	
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	EDULE A - ASSETS & "UNEARNED INCOME"	
Name: KRISTI L. NOEM		
Page 5 of	ı	

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	SCHEDULE A - ASSETS & "UNEARNED INCOME"	
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SCHEDULE C - EARNED INCOME

Namo: KRISTI L NOEM	
Page S of 6	

Amount	Type	Source (include date of receipt for honoraria)
\$27,495. The 2017 limit is \$27,765.	ted at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. ry relationship) are totally prohibited.	INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.
	Social Security Act.	EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
reporting period. For a spouse, list	rmment) totaling \$200 or more during the below.	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.

INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	ated at or above the "senior staff" rate was \$ ary relationship) are totally prohibited.	\$27,495. The 2017 limit is \$27,765.
Source (include date of receipt for honoraria)	Туре	Amount
	Approved Teaching Fee Legislative Pension	\$18,000
Onlario County Board of Education.	Spouse Salary	N/A
NOOM INSURPACE, INC BRYANT, SD	SPORE SMAR	NA
HAMIN SCHOOL DISTRICT, BRYAMT, SD	COACHING SAMARY	NA

SCHEDULE D - LIABILITIES

Name: KRIST
L NOEM
Page 6 of 6

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.

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	CASTLEWOOD SD	PERDUAL RESIDENCE	NOOM INSURANCE	BUSINESS LOAN	Mortgage on Rental Property, Dover, DE	Type of Liability		
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						Over \$50,000,000	_	
:						Over \$1,000,000* (Spouse/DC Liability)	×	

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/H