š Š	es E	pendent child	lent child?  lent child?  lilities of a spouse or depend committee on Ethics.	spouse, or a depende e, transactions, or liablerst consulted with the	rned" incomes you have fi	h a trust benefiti er assets, "unea wer "yes" unless	report details of suc m this report any oth xemption? Do not any	disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? <b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, 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.	disclosed. Have because they n
<u>s</u>	EACH OF THESE QUESTIONS	)F THESE	ANSWER EACH O		INFOR	OR TRUST	DEPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIO
	esponse.	each "Yes" r	dule attached for each "Yes" response.	appropriate sched	and the a	e answered	this part must b	Each question in this part must be answered and the appropriate sche	
Š	Yes	\$5,000 from	ompensation of more than \$5,000 from two prior years?	VI. Did you receive con a single source in the the time of time of the time of tim	No K	Yes	hild have any report- reporting period?	Ilt. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule III.	Ilt. Did you, your able liability (mor <b>if yes, complete</b>
Š	Yes	rangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did you have any re with an outside entity? If yes, complete and a	<u>s</u>	ves T	nild receive "unearned" period or hold any the end of the period?	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	II. Did you, your income of more t reportable asset if yes, complete
No.	Yes 🔲	before the date or two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	IV. Did you hold any re of filing in the current c if yes, complete and a	N <sub>N</sub>	Yes ☑	ome (e.g., salaries or e reporting period?	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  If yes, complete and attach Schedule I.	I. Did you or you fees) of \$200 or I
			<b>U</b>	EACH OF THESE QUESTIONS	OF THES		y in blue or black ink.  ION — ANSWER	In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSW	PRELIMINA
	more than 30 days late.	more than :				Office:	Employing Office:	employee	_
assessed who files	A <i>\$200 penalty</i> shall be assessed against any individual who files	A \$200 pen against any	Check if Amendment	Date of 6-24-2014.	Date of Election	W.Y.31H	State: District: _	Candidate for the House of Representatives	Filer
	(Office Use Only)	_ `							
		<b>^</b>		Daytime Telephone:	Daytime		WALROND		Name: / Yichael
E CLERK ESENTATIVES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S.			;		<b>~</b>	<b>,</b>	
PM 1: 40	2014 JAN -2 PM 1: 40	2	s and new employees	For use by candidates	,	san 2013	13- Decem	Period covered: January 1, 2013- Decemses	Period cover
age 1 of	LEGISLATIVE RESOURCE CENTER	רפ	MB			ATIVES	F REPRESENT STATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED ST

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Michael WAI

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Page 2 of 6

			COLUMBIA UNILVERSITY	Allew AME Church	ST Paul BAPHUE church	ENON TABBLIAACLE BAPKST Church	Mt Olive BAPKET Church	EMPOWERNENT TEMPLE	EBENEZER UnitED Church of CHEST	FIRST CORNTHIAN BAPAUT Church	FIRST CORINTHIAN BAPTIST Church	Harris County, Texas Public Schools	XYZ Trade Association, Chicago, IL (Rec'd December 2)		XYZ Corporation, Houston, TX	Course (illelance pare of secept for inclinating)	Source (include date of receipt for honoraria)	more during the preceding calendar year. 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.	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or
				SPOUSE - Speaked Compo	Spenter-Comp	Speaked - Comp	Speakor Comp	Speaker Comp	Speaker - Composition	Spouse Salary	SAIARY	Spouse Salary	Honorarium	Director's Fee	Salary	1	Type	amount of any honoraria; list only irement programs, and benefits re	than the filer's current employme
				2000.00	1500.00	2000.00	3258.00	2000-00	1900-00	87,566.00	171,607.00	NA	0	\$400	\$6,300	Current Year to Filing	Amount	y the source for other spoeceived under the Social i	ent by the U.S. Governme
		,	2000 - 00	1	1	1	•	ţ	1800.00	84,956,00	166, 74,00	NA	\$1,000	\$3,200	\$28,450	Preceding Year	ount	buse earned income Security Act.	nt) totalling \$200 or

WAXHOVIA BANK	oppenheuner 25 monest	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Freinde: Your personal residence including second	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	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use 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 rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.
*	*	×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 Spouse/DC Asset over \$1,000,000*		A B C O E F G H - J K L M	Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."  "This column is for assets solely held by your spouse or dependent child.
	×	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	me)		Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
			X	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$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 - \$15,000 \$15,001 - \$5,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	IIX IX X XI IIIV IIV IV V V III II II II IX X XI IIIIV IIV	Current Year Preceding Year	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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.  * This column is for income derived from assets solely held by your spouse or dependent child.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

SCHEDOLE II — ASSETS AND Continuation Sheet (if needed)	D ONEARNED INCOME	•	Name Michael Wall	WALROND Page # of
BLOCK A	вгоск в	BLOCK C	вго	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount o	Amount of Income
SP,	A B C D E F G H I J K L M	fy: e.g.,	Current Year	Preceding Year
<del>Т.</del>	00 000 ,000	JST (Specif	9	X
DC	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$250,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,00 \$25,000,001 - \$25,000,00 \$25,000,001 - \$50,000,00 \$25,000,001 - \$50,000,00	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUE TAX-DEFERRED Other Type of Income- Partnership Income or Far	\$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 Cver \$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 \$50,001 - \$100,000

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#### SCHEDULE III — LIABILITIES

Name Michael WAIROND

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

								Aiilo	dir of	Amount of Liability	Ų			L
SP,	•	Date Liability		<b>&gt;</b>	В	ဂ	D	m	ור	ີດ	I		٠	木
DC, JT	Creditor	incurred mo/year	Type of Liability	\$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 Spouse/DC	Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE										1	
	Noise		None											
										,				
							****					-		
						4								
							,,							

#### **SCHEDULE IV — POSITIONS**

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely of an nonorary nature.	ature.
Position	Name of Organization
Nowe	None
•	

### SCHEDULE V - AGREEMENTS

Name Michael

Identify the date, parties to, and general terms of any agreement or arrangement 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 ben-

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# SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

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 I. Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating

9	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
NoNE	None