No 	Yes	pendent child	ties of a spouse or dependent child committee on Ethics.	t consulted with the Co	arned" income, ss you have firs	ner assets, "une swer "yes" unles	from this report any oth exemption? Do not an	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	EXEMPTION because they
N _o	Yes 🔲	ot be	cepted trusts" need not child?	and certain other "exc spouse, or a dependent	nittee on Ethics ting you, your s	ed by the Comn h a trust benefit	nis report details of suc	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 benefiting you, your spouse, or a dependent child?	TRUSTS—D disclosed. Ha
S V	QUESTION)F THESE (WER EACH O	NATION — ANS	T INFORM	OR TRUS	i, DEPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	EXCLUSI
	esponse.	each "Yes" ru	ule attached for each "Yes" response.	propriate schedu	and the ap	e answered	Each question in this part must be answered and the appropriate sched	Each question in	
N _O	Yes 🔽	\$5,000 from	pensation of more than \$ ο prior years? tach Schedule VI.	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	No 🖸	Yes	child have any report- ne reporting period? L	III. 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.	III. Did you, yo able liability (m If yes, comple
N N	Yes	rangement	ortable agreement or arnach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	S D	Yes	child receive "unearned" g period or hold any at 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, you income of more reportable assu
S S	Yes 🔽	pefore the date	Did you hold any reportable positions on or before the date filing in the current calendar year or in the prior two years? res, complete and attach Schedule IV.	IV. Did you hold any repo of filing in the current cale if yes, complete and att		Yes 🔽	ncome (e.g., salaries or the reporting period?	l. 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 y fees) of \$200 c
				ANSWER EACH OF THESE QUESTIONS	OF THESE	ER EACH	l e or	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW	In all sections PRELIMIN
	0 days late.	more than 30 days late				Office:	Employing Office:	employee	Odina
assessed who files	\$200 penalty shall be assessed ainst any individual who files	A <i>\$200 penalty</i> shall be against any individual	Check if Amendment	Mod JOH	Date of Election:	1CH1CAN	state:	Candidate for the House of Representatives	Filer
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9	2013 MAY 23 PH 2: 39	2913 KAY 2		Daytime Telephone:	Daytime 1	∑	Clements	Paul Colin	Name:
3	MAY 09 2013	===	B nd new employees	FORM B For use by candidates and new employees	7	TATIVES	STATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - トートルバーラウー よこ	UNITED S FINANCIA Period cov

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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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

Extract minuty bay (such as translat duals of thesetre bay), recolar form	cificile programs, and octions is	elielle leceived alider life oocial oecality Act.	decoulty Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
		Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Western Michigan Haiversity, Kalamazao MI	Salary	\$23,622	548244
Weidemann Associates Fre Arlington, VA	Consulting fee	1	\$29, 245
Massachusetts Inctitute of Technology	Book review Lee	1	\$200
University of Notre Davis Du La Course Solur	Spouse Salura	N/A	N/A
Dima Colloce (Rock 1/30/13) Almani	Honorarium O	\$746	

Page 3 of 6

None A Value of Asset Type of Income Indicate value of page and a doe Type of Income Type of I	after nassus Workphathul	wity	· Pomassus Frank	J Parnussus Funds	IT HOMOS Creditunion Lots	University & Notas Dambers	JT 1st Bank of Paducah, KY accounts	Examples:	SP SP Mega Corp. Stock	ness, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> 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.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business the protection of the p	account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address.	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) that are self-directed (i.e., plans in which you have the power, even if not exercised to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, in the income of the institution holding the provide provide only the name of the institution holding the
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	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Income
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SCHEDULE III — LIABILITIES

Name Paul Colin Clements

Page 5 of 5

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 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 sibling 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.

JT SP	
Creditor Example: First Bank of Wilmington, DE	
Date Liability Incurred mo/year May 1998	l ,
Type of Liability Mortgage on 123 Main Street, Dover, DE	
\$10,001— \$15,000 >	
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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-

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position	Name of Organization
TAFASHAFAC (.) Licer)	MICHICAN INDITED
TREASUREP (James)	
TREASILEE R(JAB)	

SCHEDULE V — AGREEMENTS

Name Pasil Colin Claments

Page 6 of 6

Date Parties to lerms or Agreement			
	Date Par	rties To	Terms of Agree
	-		

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

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 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.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Heifer Finternational Little Rock AR	evaluation unoulting searches
•	

GPO: 2012

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