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LEGISLATIVE RESOURCE CENTER  
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2014 MAY 23 PM 1:49

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U.S. HOUSE OF REPRESENTATIVES

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

<b>UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT</b>		<b>FORM B</b> For New Members, Candidates, and New Employees	
Name: <u>Nan Hayworth</u>		Daytime Telephone: _____	
FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>NY</u> District: <u>18</u>	<input type="checkbox"/> Check if Amendment Period Covered: January 1, 2013 to <u>Apr 11 30</u> , 2014
	Candidates - Date of Election: _____		
	<input type="checkbox"/> New Officer or Employee Employing Office: _____		

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

<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? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>F.</b> Do you have any reportable agreements or arrangements with an outside entity?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>J.</b> Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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**

<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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Page 2 of 31[illegible]

Page 3 of 31[illegible]

Page 4 of 31[illegible]

## Page 5 of 31

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Page 6 of 31[illegible]

Page 7 of 31[illegible]

Name: Nan Hayworth	Page 8 of 31
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# SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Nan Hayworth

Page 9 of 31

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income																									
SP, DC, JT	ASSET NAME	None	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												
		\$1-\$1,000	\$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
SP	# Merrill Lynch (SP Account 2 of 3) (Assets below)																																															
SP	-Savings Account			X															X																													
SP	-Abbvie Inc SHS Stock				X															X																												
SP	-Altria Group Inc Stock				X															X																												
SP	-Analog Devices Inc Com Stock				X															X																												
SP	-Apple Inc Stock				X															X																												
SP	-Automatic Data Proc Stock				X															X																												
SP	-Baxter Internatl Inc Stock				X															X																												
SP	-BCE Inc Stock				X															X																												
SP	-Blackrock Inc Stock				X															X																												
SP	-Clayton Corp Stock				X															X																												
SP	-Clisco Systems Inc Stock				X															X																												
SP	-Coca Cola Com Stock				X															X																												
SP	-Cullen Prec BKrs PV Stock				X															X																												
SP	-Emerson Elec Co Stock				X															X																												
SP	-Gallagher Arthur J & Co Stock				X															X																												

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## Page 10 of 31

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Page 11 of 31[illegible]

Name: Nan Hayworth

Page 12 of 31

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## Page 13 of 31

[illegible]

Name: Nan Hayworth

Page 14 of 31

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Page 15 of 31[illegible]

## Page 16 of 31

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## Page 17 of 31

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Page 18 of 31

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## Page 19 of 31

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## Page 20 of 31

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Page 21 of 31

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## Page 22 of 31

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## Page 23 of 31

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Page 24 of 31[illegible]



## Page 25 of 31

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## Page 26 of 31

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# SCHEDULE C -- EARNED INCOME

Name: Nan Hayworth

Page 27 of 31

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:** The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in 2014. 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
<b>Examples:</b>			
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$16,000
Civil War Roundtable, Richmond, VA (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
American College of Obstetrics and Gynecology (Spouse)	Board Fee	N/A	N/A
Glenview Capital Management (Spouse)	Consulting	N/A	N/A
The Kinetix Group LLC (Spouse)	Survey Participation Fee	N/A	N/A
The Kinetix Group LLC (Spouse)	Consulting	N/A	N/A
The Zitter Group (Spouse)	Meeting Fees	N/A	N/A
Arsenal WGH Holdings LLC (Spouse)	Advisory Board	N/A	N/A
The Medical Protective Company (Spouse)	Advisory Board	N/A	N/A
Health Strategies Group (Spouse)	Survey Participation Fee	N/A	N/A
Aetna (Spouse)	Advisory Board	N/A	N/A
Aetna (Spouse)	Meeting Fees	N/A	N/A
Inventrus Health Solutions (Spouse)	Advisory Board	N/A	N/A
Texas Healthcare (Spouse)	Consulting	N/A	N/A



# **SCHEDULE D – LIABILITIES**

Name: Nan Hayworth

Page 29 of 31

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							
	(NONE)													

## **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 listed in Schedule C; 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
Board Member	ConservAmerica
Board Member	Independent Women's Forum
Limited Partner/Member	Bedford Parent, LLC

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SCHEDULE F – AGREEMENTS

Name: Nan Hayworth

Page 30 of 31

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
1/97	Mount Kisco Medical Group, P.C.	Retirement Plan 401(k)--Assets on Schedule A
9/08	Omnicom	Retirement Plan--Assets on Schedule A

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
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
(None)		

Name: Nan Hayworth	Page 31 of 31
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Nan Hayworth

31  
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