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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2014 -	FORM B For use by candidates and new employees	Page 1 of LEGISLATIVE RESOURCE CENTER 7011 APR -2 PM 1:31
Name: LABATE, STEUTEN, A D	Daytime Telephone:	OFFICE CF THE CLERK THE SEPRESENTATIVES
		(Office Use Only)
Filer Candidate for the State: 1/2 Status S	Date of Lip Check if Election: Amendment	A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.
In all sections, please type or print clearly in blue or black ink.		
PRELIMINARY INFORMATION — ANSWER EACH OF	ANSWER EACH OF THESE QUESTIONS	
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? Yes tyes, complete and attach Schedule I.	No 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.	r two years? Yes No
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.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	angement Yes No
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes, complete and attach Schedule III.	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.	55,000 from Yes No No
Each question in this part must be answered and the appropriate sched	nd the appropriate schedule attached for	ule attached for each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	ļ	ANSWER EACH OF THESE QUESTIONS
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?	e on Ethics and certain other "excepted trusts" need no you, your spouse, or a dependent child?	ot be Yes No No
EXEMPTION —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.	ed" income, transactions, or liabilities of a spouse or de ou have first consulted with the Committee on Ethics.	pendent child Yes No

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name /

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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 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.

Exclude: Military pay (such as National Guard of Heserve pay), redefal retirement programs, and benefits received under the social security Act.	ement programs, and benefits re	sceived under the outlan o	security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Course (moides date of fecelpt for fortionalia)	- ype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
E-TRADE	SALARY	50,000	NA
	•	(_

SPONSE IRA, USAA LETICIA LABATE

My Positions

Total Unrealized Gain/Loss:

Total Market Value: \$110,171.64

N/A	

Symbol	FundName/AccountNumber	Quantity	Price	Change\$(%)	Estimated Gain/Loss	Market Value
Cash/Mo	ney Market Funds(1)					\$2,500.04
USAXX	Money Market Fund	2,500.040	\$1.00	0.00(0.00%)	N/A	\$2,500.04
Symbol	FundName/AccountNumber	Quantity	Price	Change\$(%)	Estimated Gain/Loss	Market Value
Equity So	ector Funds(1)					\$9,687.38
USAGX	Precious Metals and Minerals Fund	582.875	\$16.62	-0.26(-1.54%)	N/A	\$9,687.38
Symbol	FundName/AccountNumber	Quantity	Price	Change\$(%)	Estimated Gain/Loss	Market Value
Large Ca	p Stocks/Funds(3)					\$97,984.22
USAUX	Aggressive Growth Fund	393.003	\$41.14	0.44(1.08%)	N/A	\$16,168.14
USNQX	Nasdaq-100 Index Fund	2,274.430	\$10.69	0.13(1.23%)	N/A	\$24,313.66
USSPX	S&P 500 Index Fund Member Shares	2,142.415	\$ 26.84	0.19(0.71%)	N/A	\$57,502.42

STEPHEN LABATE
IRA
USAA

My Positions

Total Day Change:

Total Unrealized Gain/Loss:

\$1,191.30

N/A

Securities Market Value:

\$183,722.24

Total Market Value:

\$211,224.81

Symbol	Description	Quantity	y Price	Change\$(%) Day Ga	in/Loss	Estimated Gain/Loss	Market Value
Cash(1)	•				N/A		N/A	\$27,502.57
USAXX	USAA Money Market Fund	0	\$1.00	0.00(0.00%	%) N/A		N/A	\$27502.57
Symbol	Description	Quantity	Price	Change\$(%)	Day Gain	/Loss E	stimated Gain/Loss	Market Value
Stock/E	TF(1)				-\$10.22	\$	0	\$6,457.74
MS	MORGAN STANLEY	204.359	\$31.60	-0.05(-0.16%)	-\$10.22	\$	0.0	\$6,457.74
Symbol	Description		Quantity	Price	Change\$(%)	Day Gain/Loss	Estimated Gain/Loss	Market Value
Mutual F	Funds(6)					+\$1,201.52	+\$8,559.19	\$177,264.5
FDIVX	FIDELITY DIVERSIFIED INT	TL FUND (TF)	177.071	\$36.44	0.19(0.52%)	\$33.64	\$0.0	\$6,452.47
FBGRX	FIDELITY BLUE CHIP GRO	WTH FUND	187.968	\$66.75	0.7(1.06%)	\$131.58	\$0.0	\$12,546.86
USAGX	USAA PRECIOUS METALS (NTF)	& MINERALS	907.407	\$16.62	-0.26 (-1.54%)	-\$235.93	\$-9,280.13	\$15,081.10
USGRX	USAA GROWTH & INCOME	(NTF)	2,492.36	5 \$22.06	0.22(1.01%)	\$548.32	\$0.0	\$54,981.57
USSCX	USAA \$CIENÇE & TECHNO	DLOGY (NTF)	977.330	\$20.93	0.25(1.21%)	\$244.33	\$5,977.11	\$20,455.52
USSPX	USAA \$&P 500 INDEX MEN SHARES (NTF)	MBER	2,524.10	5 \$26.84	0.19(0.71%)	\$479.58	\$11,862.21	\$67,746.98

Ge IRA'S	NOTE ATTRUMENT BY	01 02 0/ 0(%)	シャン	.IT 1st Bank of Paducah KV accounts	SP, SP Mega Corp. Stock	For a detailed discussion of Schedule II 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 is jointly held with your spouse (JT), in the optional column on the far left.	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.	location in Block A. Exclude: Your personal residence, including second	For an ownership interest in a privately-held business A that is not publicly traded, state the name of the business, the nature of its activities, and its geographic	For rental or other real property held for investment, provide a complete address or a description, e.g., by you "rental property," and the city and state.	For all IRAs and other retirement plans (such as 401(k) it generate plans) provide the value for each asset held in the be "None." account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds If an a (do not use ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at report 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.	Asset and/or Income Source	BLOCK A
			× ,	×	Indefinite	\$100,001 - \$25 \$250,001 - \$50 \$500,001 - \$1, \$1,000,001 - \$ \$5,000,001 - \$ \$25,000,001 - Over \$50,000,0 Spouse/DC As	000 0,000 50,000 00,000 000,000 55,000,000	00		С D E F G H - J K L M	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the reporting year and is included only because	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.	Value of Asset	BLOCK B
			×	×	Royalties	DIVIDENDS RENT INTEREST CAPITAL GAIN EXCEPTED/BI TAX-DEFERRE Other Type of I	IND TRUS	ST ome or Farm Inco	me)		during the reporting period.	If reinvested, must be discipated as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	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))	Type of Income	BLOCK C
			×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,50 \$2,501 - \$5,00 \$5,001 - \$15,0 \$15,001 - \$10 \$100,001 - \$1 \$1,000,001 - \$1 Over \$5,000,00 Spouse/DC Inc.	00 00 000 ,000 0,000 ,000,000 \$5,000,000			Current Year		* This column is for income derive spouse or dependent child.	income. Check "None" if no income was earned or generated	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	Amount of Income	BLOCK D
			X	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,50 \$2,501 - \$5,00 \$5,001 - \$15,00 \$15,001 - \$10 \$100,001 - \$1 \$1,000,001 - \$1 Over \$5,000,00 Spouse/DC Inc.	00 00 000 ,000 0,000 ,000,000 55,000,000			Preceding Year		This column is tor income derived from assets solely held by your souse or dependent child.	ne was earned or generated.	if reinvested, must be disclosed as	of Income	CKD

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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SP,

Continuation Sheet (if needed) Asset and/or Income Source **BLOCK A** None ➣ \$1 -- \$1,000 ϖ O \$1,001 - \$15,000 Ō \$15,001 -- \$50,000 Value of Asset \$50,001 - \$100,000 П য **BLOCK B** \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 F Over \$50,000,000 Spouse/DC Asset over \$1,000,000* NONE **DIVIDENDS** Type of Income XXXXX RENT BLOCK C INTEREST **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200 \$201 - \$1,000 Ξ 7 \$1,001 - \$2,500 **Current Year** \$2,501 - \$5,000 XI IIIA IIA IA A \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 × Over \$5,000,000 BLOCK D ≚ Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 Preceding Year \$1,001 - \$2,500 \$2,501 -- \$5,000 X XI MIN IIN X \$5,001 - \$15,000 \$15,001 - \$50,000 \$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*

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SCHEDULE III - LIABILITIES

Name LABAR, STELLEN A Page 5 of 6

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 sibowed 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.

								Amour	nt of L	Amount of Liability	y			
D နှ	Creditor	Date Liability	Type of Liability	>	B				<u> </u>	- -	01		,	er 🔭
٦,	Creditor	incurred mo/year	iybe oi Elabiiry	\$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 \$1,000,00 1-	\$5,000,000 \$5,000,001	\$25,000,00 \$25,000,00	\$50,000,000 Over	\$50,000,000 Spouse/DC	Liability ove \$1.000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE					H						
	" NONE DAN													
	mittel " whe													
	moldbroom								<u> </u>	!				
	7											<u></u>		<u> </u>

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 honorary nature.

and positions solely of an honorary nature.	aiure.
Position	Name of Organization
	$\mathcal{M}_{\mathcal{O}}$

SCHEDULE V — AGREEMENTS

Name LABATE STELLEN A Page & of Le

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 benefit plan maintained by a former employer.

one pian manika	on profitment of a former employer.	
Date	Parties To	Terms of Agreement
	None	

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.

				Example: Doe Jones & Smith, Hometown, Homestate	Source (Name and Address)	locognizor by lam. by liet repeat illetimater hered on contents is
	NONE	11 . (x ("		Accounting services	Brief Description of Duties	