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UNITED STATES HOUSE OF REPRESENTATIVES	2014 SEP 11 PH 1: 15
2013 FINANCIAL DISCLOSURE STATEMENT For Use by Members, Officers, and Employees	OFFICE OF THE CLEFK
\	U.S. HOUSE OF REPRESENTATIVES
Name: 10-1 Run Talephone:	5
	(Office Use Only)
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REPORT 2013 Annual (Due: May 15 2014) Amendment Type:	nnation Date
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	
A. 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? b. Make more than \$200 in unearned mome from any reportable asset during the esporting period? A. Did you have any reportable agreement outside entity during the reporting period? F. Did you have any reportable agreement outside entity during the reporting period? F. Did you have any reportable agreement outside entity during the reporting period?	ment or arrangement with an Yos No
ndent child purchase, sea, or yes No G. Did you your spouse, or your depired estate in a fransaction Yes No Repartable gifts; total (ginner than \$ source during the reporting period?)	ardent child receive any Yes No No
1 to 2 to	ender I child receive any or travel totaling more than Yes No No interpretary ported?
D. Did you, your apouse, or your dependent child have any reportable. Yas No Lod any individual or organization make a donation to charity in trability (more than \$10 000; at any point during the reporting period?)	aske a donation to charity in Yes No Rearce, or arkole during the
E CORRESPO	NDING SCHEDULE IF YOU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF	OF THESE QUESTIONS
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 the Committee on Effica for further guidance.	to this question, please contact. Yes . No .
TRUSTS - Details regarding 'Qualified Bind Trusts' approved by the Committee on Ethios and certain other excepted gusts' need not be disclosed. this report details of such a trust that benefits you your spouse or dependent child?	Have you expluded from Yes No
EXEMPTION - Have you excluded from this report any other assets if prepried income, transactions on laborates of a spouse or dependent child by tests for exemption? Do not answer type, unless you have first consulted with the Committee on Ethics.	d tecause they meet all three Yes No V

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE B - TRANSACTION

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SCHEDULE C - EARNED INCOME

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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) balling \$200 or nowe during the reporting period. For a spouse, list once are amount of any honoraria, list only the source for other spouse semed income exceeding \$1,000. See axamples below. EXCLUDE: Mittary pay (such as National Guard or Reserve pay), federal retirement programs, and terrefits received under the Social Becurity Act.

types of Jacome (n	INCOME LIMITS and PROMISITED INCOME: The 2013 km1 on outside earned income for Members and employees compensated at or above the "space staff rate was \$26,955. In addition certain types of income (notably honoraire, director's fees, and payments for professional services involving a feduciary relationants) were totally prohibited.	asseted at or above the "sealor state" rate totally profit ted.	e was \$26,955. In addition cantain
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Page 7 of (

Report liabilities of over \$10,000 owed to any one bredtor at any time during the reporting period by you, your spouse, or your dependent onto. Mark the highest emount owed during the reporting period. Members: Members are required to report at Labilities secured by real property including mortgages on their personsi residence. Exclude Any mortgage on your personal residence (unless you rent if course a Member), loans secured by automobiles incuserbold furniture, or appliences, labilities or a outsiness in which you can an interest (unless you are personally liable), and liabilities oved to you spouse or spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000. "Column K is for itabilities held solely by your spouse or dependent child."

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SCHEDULE E - POSITIONS

Report all positions, compensated or (shoompensated, held during the current or prior catendar year as an officer, director, trusted of an organization partner, proprietor, representative, or playee or consultant of any corporation. Firm partnership, or schedule enterprise, independent organization, labor organization or educational or other assistion often than the United States. Exclude: Positions labor organization or educational or other assistion about than the positions and positions acidly of an topolary nature.

BOMO OF DIRECTORS ALZHEINERS ASSOCIATION DELAWARE VALLEY	BOME OF DIRECTORS
Name of Organization /	Position

SCHEDULE F - AGREEMENTS

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Identify the da	identify the date, parties to land general terms of any agreement or strangement that you have with respect to future employment, a leave of absence continued to deternal of payment's by a former or current employer other than the U.S. government, or continuing participation in an employee welfar	Identify the date, parties to land 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; continualison or deferral of payments by a former employer other than the U.S. government, or continuing participation in an employee welface or banefit plan maintained by a former employer
Date	Parties to Agreement	Terms of Agreement
		To the same of the

SCHEDULE G - GIFTS

Report the source (including name, city, and state), a blief description, and the value of all gifts totaling from 1980 deceived by you, your spouse, on a dependent child from any source during the year. Exclude: Ciffs from relatives, gifts of personal hospitality from an individual local meals and gifts to a spouse or dependent of by that are totally independent of by or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 d adosure threshold. Motel The gift rule (House Rule 25, clause 5) promote acceptance of gifts except as specifically provided in the rife.

Source	Description	Value
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

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Page of 1	C -	

Identify the source and list travel threvery dates and nature of expenses provided for travel and havel-related expenses totaling more than \$350 received by your your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardlass of whether the expenses were paid by you and reimburged by the sponsor.

EXCLUDE. Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clark travel-related expanses provided by federal, state, and boat governments, or by a foreign government required to be separately reported under the Foreign Giffs and Decorations Act (FGDA 5 U.S.C. § 7342): political travel that is required to be reported under the Federal Election Campaign Act travel provided to a spouse or dependent child that is totally independent of his or her relationship to the fier.

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SCHEDULE I -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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List the source, separate comide	List the source, ectify (i.e. appears appearance of arrote), data, and amount of any payment made by the sportsor of an event to a charitable organization in heu of paying an honoranium to you. A soperate comfidential is of charities receiving such payments must be filed directly with the Committee on Ethics	reor of an event to a cheritable organ	izaton in heu of paying an	honorari,m` to you. A
	Source	Activity	Date	Amount
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FILER NOTES (Optional)

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Use additional sheets if more space is required.