8	Yes	pendent child	, transactions, or liabilities of a spouse or depst consulted with the Committee on Ethics.	arned" income. ss you have fire	er assets, "une swer "yes" unles	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.
N ₀	Yes	ot be	s and certain other "excepted trusts" need no spouse, or a dependent child?	nittee on Ethics	ed by the Comm	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?
<u> </u>	QUESTION)F THESE (MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	esponse.	each "Yes" r	ppropriate schedule attached for each "Yes" response	and the a	e answered	Each question in this part must be answered and the appropriate sched
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Yes X	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the IMO prior years? If yes, complete and attach Schedule VI.	š	Yes	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.
<u>₹</u>	Yes X	rangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	§	Yes	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.
8	Yes X	efore 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.	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Yes	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.
			ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	PRELIMINARY INFORMATION — ANSW
						In all sections, please type or print clearly in blue or black ink.
assessed who files	· — e	A <i>\$200 penalty</i> shall b against any individua more than 30 days late	Check if Amendment	Bur Date of Election:	g Office:	Filer Candidate for the House of Representatives District: 1 New officer or Employing Office:
	(Office Use Only)	(***)				
VES	OFFICE OF THE CLERK	U.S. HOUSE OF RE	Daytime Telephone:	Daytime		Name: Daniel E. Innis
Page 1 of 6 TER	OURCE CEN	LEGISLATIVE!	FORM B For use by candidates and new employees	i	ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - November 27

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Daniel E. Innis

Page Z of 6

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.	rement programs, and benefits re	ceived under the Social	Security Act.
Collison (include date of repoint for honorogie)	Type	Amount	unt
Source (include date of receipt for nonotatia)	lype	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
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
الما الما الما الما الما الما الما الما	_	こっしょう	\$731 Q41 11
UNIVERSITY OF NOW ITEMPS DIX	Jalary	11.174,127	221,016.01
The Ale House In	Guaranteed Kynt.	115,000.00	\$136,966
Jones Metal Products G.	(wasulting	-0-	\$12,315
The All Hora	Soouse Salary	Z .	ZP
		3 9 9 9 9 9 9 9 9 9	

BLOCK A

BLOCK B

BLOCK C

BLOCK D

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T Option Bunk	Ohio STRS	TIAK-CREF refinem	Ameriorise	一下、大きないという	The litter continuents	T 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	sP, SP Mega Corp. Stock	ing \$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.	location in Block A. Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental property deposits that.	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	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.
		rest		, 3	T,÷	Y accounts			or sawings or income n, including an asset or) or depenpouse (JT), quirements,	ing second was rental	ld business of the busi- geographic	r production g \$1,000 at) any other h generated g the year. nutual funds their held in the lds.
		ļ	<u> </u>						None		>	ting be by
<u> </u>		1	 - -	<u> </u>	ļ	L	_	<u> </u>	\$1 - \$1,000		D	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 report- ing 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.
	ļ	<u> </u>	 -			Ļ	豆	<u> </u>	\$1,001 - \$15,000		<u> </u>	the volume is seen are
	-		 -	 		<u> </u>	Indefinite	_	\$15,001 - \$50,000		0	alu seciment de la lu seciment
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<u>×</u>	-	ļ	75_	-		×	-	-	\$100,001 - \$250,000		71	f as f you and he reconcilerated to the reco
	×	<u>×</u>	—-	-		┞	⊬		\$250,001 - \$500,000		<u> </u>	Value of Asset lue of asset at clo ear. If you use a wear than fair market cify the method us was sold during the was sold during the discome, the value of income, the values or dependen
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	 	 	 	+	}	┢	1		Over \$50,000,000			hel hel
		 	┼─-		 	┢	+	-	Spouse/DC Asset over \$1,000,000*	<u> </u>		4 6 584 7
		244	T.		×		 	×	NONE			0 = 0 = = 10 0 = 0 = 0
L	 			1		-	_	-	DIVIDENDS			Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of 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.
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X	 	 	 	1	<u> </u>	\times	 	!	INTEREST			collection that are the area of the area o
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	<u> </u>	·	┼			┢	 		EXCEPTED/BLIND TRUST		· · · · · · · · · · · · · · · · · · ·	bs the state of th
	*	*	×	†		┞	 	-	TAX-DEFERRED			I ype of Income k all columns that apply ment accounts that do you to choose spe red income (such as 4 or IRAs), you may chee or IRAs), you may chee set, and capital gains, invested, must be invested, must be invested, must be invested period. g the reporting period.
	1		 	 		┢	공		Other Type of Income	-	.	pply t do spe rate s 40 hec s
						ı	Royalties		(Specify: e.g., Partnership Income or Farm	Income)		r Fo no ciffic tax: 10 (K) 11 (K) 11 (K) 11 (K) 12 (K) 13 (K) 14 (K) 16
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		1	 			1	1		\$5,001 - \$15,000	≤	I ₹	ack
			\top			Г			\$15,001 \$50,000	≦	Current Year	For assets for which you checke the "None" column. Finceme by checking the apand capital gains, even income. Check "None" if no this column is for income spouse or dependent child.
			Ī						\$50,001 - \$100,000	≦	I₹	h y one one
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						Ĺ			\$1,000,001 - \$5,000,000	×	`	me no no
						Ĺ			Over \$5,000,000	×	1	de inc
<u> </u>			<u></u> _	ļ		L			Spouse/DC Income over \$1,000,000	* ≚		rive
L	×	*	×	×	<u> </u>	_	1	<u> </u>	None			Amount of Income 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.
<u>~</u>	<u> </u>	ļ	ļ			L	<u> </u>	-	\$1 - \$200			ass ass ass rom rom
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	1	1	1	1	1		1	!	- opouserpo income over \$1,000,000	, ≘	I	

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Contin	Continuation Sheet (if needed)			Name Page 4 of
	BLOCK A	BLOCK B	BLOCK C	BLOCK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
SP,		A B C D E F G H I J K L M	fy: e.g.,	Current Year Preceding Year
JT,		one 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 \$50,000,000 ver \$50,000,000 couse/DC Asset over \$1,000,000	ONE IVIDENDS ENT ITEREST APITAL GAINS XCEPTED/BLIND TRUST AX-DEFERRED Other Type of Income(Spec	- \$200
30	Ameriprise	7	*	× ×
57	Adjust Medical Pats	*	<i>y</i>	7
	•			

This page may be copied if more space is required.

SCHEDULE III — LIABILITIES

Name Daniel E. Innis

Page 5 of

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 sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household turni-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

				I III
				SP, DC, JT
			Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001 \$15,000
				\$15,001— \$50,000
				\$50,001 \$100,000 O
				\$100,001— \$250,000 □
ŀ				\$500,000 m s
		 :		\$1,000,000 T R \$1,000,001— P \$5,000,001— P
ŀ				\$5,000,000
				\$25,000,001 \$50,000,000
ŀ				Over \$50,000,000
				Spouse/DC Liability over ス \$1,000,000

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
Dean	University of New Hampshire, Durham, NH
Consultant	Jones Wetal Products G., West Lafanette, OH
Director	Portsmouth Chamber of Commerce, Portsmouth, NH

SCHEDULE V — AGREEMENTS

Name Daniel E. Innis

Page 6 of 6

			10/19/13	Date	Identify the date service; continu efit plan maintai
		•	University of Nam Hampshire - Myx (f) after Mittal	Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future emploservice; continuation or deferral of payments by a former or current employer other than the U.S. Governmer efft plan maintained by a former employer.
			Leave of absence following terms as dean, terms after Mittal leave + terms it elected.	Terms of Agreement	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.

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
The Jones Metal Products G.	Consulting
	•