₹ <del></del>	Yes	pendent child	<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 "ves" unless you have first consulted with the Committee on Ethics.
₹ [7	Yes	of be	<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 benefiting you, your spouse, or a dependent child?
S	EACH OF THESE QUESTIONS	)F THESE	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH O
	response.	each "Yes"	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.
	es C	}5,000 from	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No If yes, complete and attach Schedule III.  Wes, complete and attach Schedule VI.
5	Yes	angement	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?  Yes No Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule II.
8	Yes Q	efore the date r two years?	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?  Yes No 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.
			PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
who files	against any individual w more than 30 days late.	against an more than	Office:Election:L_1
ssessed	(Office Use Only)  \$200 penalty shall be assessed	A \$200 per	Candidate for the State: 164 05 Date of 3 4 20 14
1 1 1 1 1 1 1 7	The both in	3	Name: Julia ELATINE TAYLOR HAYS Daytime Telephone:
All II: 30	2013 AUS 22 ANTH: 30		UNITED STATES HOUSE OF REPRESENTATIVES FORM B FORM B Period covered: January 1, 2012
	Jaus (1 6 Zona		

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

THE HAVE HAYS

Page 2 of 3

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.

		HAYS AND HAYS COMMUNICATIONS, INC.	* ALL HONORIUMS EARNED THROUGH		***	TRINITY FELLOWSHIP CHURCH * JOINT HONDEIM	MESSIAH'S HOUSE CHURCH * Spouse Howarium	CHURCH *		HAYS AND HAYS INC. SPONSE SACARY	HAYS AND HAYS, INC. SALARY	Harris County, Texas Public Schools Spouse Salary	XYZ Trade Association, Chicago, IL (Rec'd December 2)  Honorarium	Examplies: First Bank & Trust, Houston, TX Director's Fee	XYZ Corporation, Houston, TX Salary	The state of the s
					NURIUM	ONUR I WA	ONDRIUM \$ 500	NORIUM \$ 250	ALARY \$ 27,000	ACARY \$ 11 700	\$ 23,400	NA	0	\$400	\$6,300	Current Year to Filing
					7 500	\$ 250			\$ 18,000	\$ 3,900	\$18 300	NA	\$1,000	\$3,200	\$28,450	Preceding Year

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$\vdash$	-		1	α.	17.	F	DC, Examples:	Ş	met, it not puokey traced, state the harte of the bushness, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was renal income during the reporting period); any deposits total income during the reporting period); any deposits total income during the second from, a federal retirement program, including the Thrift Sevrings Plan.  If you so choose, you may inclicate 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	BLOCK A  Asset and/or Income Source lidentity (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.
/		COMMERCIAL	5	20	工		3		the distriction of the country of th	2	BLOCK A  Asset and/or Income Source titly (a) each asset held for investment or produ- come with a fair market value exceeding \$1.00 and of the reporting period, and (b) any or mable asset or sources of income which gener than \$200 in "unearned" income during the y tide complete names of stocks and mutual to tot use ticker symbols).  If IRAs and other reitherment plans (such as 40) provide the value for each asset held in unit that exceeds the reporting thresholds.  In the complete address or a description, si property," and the city and state.
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			ļ	<b>_</b>	<u>×</u>	-	8	×	\$50,001 - \$100,000	<u> </u>	BLOCK B  Value of Asset alue of asset at cloe year. If you use a co- her than fair marke scify the method us t was sold during th rd is included only d income, the value mn is for assets so ouse or dependen
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							-	<del> </del>	\$25,000,001 - \$50,000,000	ᆕ	- chi stra
			┼	<u> </u>	<del>                                     </del>		<del> </del>	-	Over \$50,000,000	÷	
						┢	╁	┪	Spouse/DC Asset over \$1,000,000*	<u>.</u>	
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$\vdash$			ļ	<b> </b>		<u> </u>		_	Over \$5,000,000 ×		den nack ein be
$\vdash \vdash$					<u> </u>	┡			Spouse/DC Income over \$1,000,000° ≚		BLOCK D  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>	,	ļ	<b>L</b> .		_	None –		West X
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			<u> </u>		<u></u>			•			

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Spouse/DC Income over \$1,000,000\*

SCH	SCHEDULE II — ASSETS AN Continuation Sheet (if needed)	AND "UNEARNED" INCOME	m	Name ELATINE HAYS	Page 4 of 9
	BLOCK A	BLOCK B	BLOCK C	BLOCK D	D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Income
<u>.</u> 9		A B C D E F G H I J K L	fy: e.g.,	Current Year	Preceding Year
R 7		None \$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 - \$25,000,000 \$25,000,001 - \$50,000,000	Spouse/DC Asset over \$1,000,0 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Spec Partnership Income or Farm Income	None - \$1 - \$200 = \$201 - \$1,000	\$1 - \$200 = \$201 - \$1,000
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	GE INVESTI	×	×	×	
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	1 HAYS 1	*	1- COA	×	
Ŕ	50% (Investment sucs.) HANS & HAYS INC.	メ	S-CORP P	×	
	50% (Rblishing dues.) HAUS & HAUS COMMUNICATION	× ×	7-C0pp P	*	
\$	HAYS	*	4 CON - C	×	
92	TRACY J. HAYS PC	*	S-COAD	*	+
Å.	50% FIVE THREE THREE, L	<b>K</b>	X PARTNERSH &	*	X
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Continuation Sheet (if needed) Ę 8 8 **CCHWAB** Schwab SILVER 200 ST. BEKKSHIRE Asset and/or Income Source SZS GH. - VAN GURRD 480 SH. 100 SH. SchlumBeeger 2167 SH - VANGUARD 8986.899 SH. VANGUARD 138.237 5%. MONEY 198.691 SH. MONEY WARKET HALKAUAY O EMERGING NTORMEDIATE TORM TOXnternational small cap Small CAP Value INDE 72.0 BLOCK A Stock mer. 4212-5759 MARKET URNGUARD I Shees SMO 1ACIFIC EURODE E MKTS CORE bra 中の DFA None ➣  $\overline{\times}$ \$1 - \$1,000  $\boldsymbol{\omega}$  $\times$ × × \$1,001 - \$15,000 C  $\overline{\times}$ メ  $\overline{\mathsf{x}}$  $\overline{\mathsf{x}}$ \$15,001 - \$50,000 ø Value of Asset  $\overline{\mathsf{x}}$ \$50,001 - \$100,000 т  $\overline{\times}$ **BLOCK B** × П \$100,001 - \$250,000 \$250,001 - \$500,000 Ø 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 Over \$50,000,000 Z Spouse/DC Asset over \$1,000,000\* X × NONE × メ × × <u>\_</u> メ **DIVIDENDS**  $\sim$ × Type of Income RENT BLOCK C INTEREST  $\succ$ 7 × × × × × CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) メ X × ×  $\overline{\times}$ \$1 - \$200 X \$201 - \$1,000 ₹ X XI MIVIM IX X \$1,001 - \$2,500 × X ×  $\times$ **Current Year** \$2,501 - \$5,000 \$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 = メ  $\overline{\times}$ × \$201 - \$1,000 × **Preceding Year** N N N N N N N \$1,001 - \$2,500 × \$2,501 - \$5,000 \$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

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Spouse/DC Income over \$1,000,000\*

Name ELATINE HAYS

Page 6 of 9

Continuation Sheet (if needed)

	BLOCK A  Asset and/or income Source	BLOCK B Value of Asset	BLOCK C	BLOCK D  Amount of Income
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ECAINE HAYS IRA, ECAINEHAYS SUMPLEIRA, ECAINE HAYS, ROTH IRA

SCH	SCHEDULE II — ASSETS AN Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME	- m	Name (
	BLOCK A	вгоск в	BLOCK C	
	Asset and/or Income Source	Value of Asset	Type of Income	
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모 기		None \$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 \$1,000,0  NONE DIVIDENDS  RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Speci	
X	CALEB HAYS TRUST/UGM	4		
X	- HAPPY ST. BANK-CO	*	*	
X	HEMPHILL COUNTY	×		Roy
<b>R</b>	- Schwab Accts.			†
	BRIDGEWAY ULTER SWOLL	*	×	
	e Tea	*	*	
	I 540	×	×	
	HIS SH - VANGUARD	*	*	
	391 SH VANGUARD	*	×	
	7	*	*	
	TOTAL STOCK MET-ETF	*	×	
	- BMW CD	*	×	
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7	HAPPY STATE BANK ACK	×	*	

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#### SCHEDULE III — LIABILITIES

Name ELAINE HAYS

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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

ър С,				
Creditor	Example: First Bank of Wilmington, DE			
Date Liability Incurred mo/year	May 1998			
Type of Liability	Mortgage on 123 Main Street, Dover, DE			
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5,001— 0,000 <b>10</b>	Ц			<u>;                                    </u>
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#### **SCHEDULE IV — POSITIONS**

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 offiany 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,

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);

and positions solely of all normally nature.	audio.
Position	Name of Organization
PRESIDENT/DIRECTUR	HAYS AND HAYS, INC.
VICE-PRESIDENT / DIRECTOR	AMS AND HAYS COMMUNICATIONS INC.
PARTNER (LTD.)	TTE HAYS CTD.
Partner (CTD.)	G.E. TAYLOR OFERATOR/CONSULTANT LTD.
•	

Use additional sheets if more space is required.

#### SCHEDULE V — AGREEMENTS

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Page q of q

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.

Darries To	Terms of Agreement

# 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 Dutles
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
(4) CLIENTS HAVE FEES IN	INVESTMENT MANAGEMENT SERVICES
Excess of \$5,000 to	
HAYS AND HAYS INC, PRIVACY	
Policies SET FORTH BY THE	
STATE SECURITY BOARD PROHIBIT	
LISTING THESE CLIENTS	
INDIVIDUALLY	

GPO: 2013

78-995 (mac)