8 <b>⊠</b>	es 🗆	ependent child	ilities of a spouse or de Committee on Ethics.	, transactions, or liabilitist consulted with the Co	arned" income ss you have fir	ny other assets, "und lot answer "yes" unle	<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.
No X	Yes 🔲	ot be	excepted trusts" need not be lent child?	other "depend	nittee on Ethics ting you, your	oproved by the Como	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependence.
S	QUESTION	OF THESE (	ANSWER EACH OF THESE QUESTIONS	1	TINFORM	NT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	esponse.	each "Yes" r	ule attached for	opropriate schedu	and the a	st be answere	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response
No X	Yes	\$5,000 from	attach Schedule VI.	Vt. Did you receive comp a single source in the two If yes, complete and atta	S	Yes X	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.
S S	Yes	rangement	Did you have any reportable agreement or arrangement th an outside entity?  yes, complete and attach Schedule V.	V. Did you have any repo with an outside entity? If yes, complete and atta	8	riod? 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.
<b>₹</b>	Yes	xefore the date or two years?	eportable positions on or be calendar year or in the prior attach Schedule IV.	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.	Ē	Yes	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>
				ANSWER EACH OF THESE QUESTIONS	OF THESI	SWER EACH	PRELIMINARY INFORMATION - ANSW
						· lak	I postions places true or print clearly in him or block
Wild High		more than 30 days late.				Employing Office:	Status New officer or Employee Employee
assessed	**	A \$200 pena	Check if Amendment	Mrs 20, 2014	Date of Election:	ct: 6A.	Filer Candidate for the State:
	(Office Use Only)						
		> ^		Daytime Telephone:	Daytime	She Idon	Name: Donna Hortman
ENTATIVES	U.C. HOUSE OF REPRESENTATIVES	# 5. HO			:		
H: 59	2014 APR 30 AM 11: 59	2614	and new employees	For use by candidates ar	Fc	20, 2014	Period covered: January 1, 2013 - April
rect of the	LEGISLATINE RESOURCECEMIER	150.5	Œ	FORM B		NTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES
)							

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name DONNA H
Hortman
Hortman Sheldon
Page 2 of 7

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.	ement programs, and benefits re	eceived under the Social S	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
	1) PC	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
1	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
General Assembly of Georgia	Salary	0	3 16. 424
Rob Shellow Inc. Dr. Gazza	Spaints Salar	N/A	Λ! /A
1	2	1000	>
		- 0	
			17 To 18

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BLOCK A	BLOCK B	BLOCK C	BLOCK D
	Value Of Asset	Type of income	Amount of Income
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.	reporting year. If you use a valuation reporting year. If you use a valuation method other than fair market value, please specify the method used.	Check all columns that apply, For retirement accounts that do not allow you to choose specific investments or that generate tax-heterard income (such as 4010).	r which you checked "Tax-Defe ne" column. For all other assel necking the appropriate box be
Provide complete names of stocks and mutual funds (do not use ticker symbols).	If an asset was sold during the report- ing year and is included only because	plans or IRAs), you may check the "Tax-Deferred" column. <b>Dividends</b> ,	income. Check "None" if no income was earned or generated.
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.	it generated income, the value should be "None."	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None"	* This column is for income derived from assets solely held by your spouse or dependent child.
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.	*This column is for assets solely held by your spouse or dependent child.	during the reporting period.	
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	A B C D E F G H I J K L M		Current Year Preceding Year
Exclude: Your personal residence, including second		me)	X   X   X
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.			1,000,000*
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.	000 0000 0,000 0,000 00,000 ,000,000 5,000,000	ND TRUST	0 00 000 00,000 ,000,000 me over \$*
For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	01 - \$1,0 ,001 - \$5 ,001 - \$2 0,001 - \$ 50,000,00	ENDS  EST  AL GAINS  PTED/BLIF  EFERRED  Type of Ind	\$1,000 - \$2,500 - \$5,000 - \$15,000 1 - \$100,001 5,000,000 200 \$1,000 - \$2,500 - \$15,000 1 - \$50,000 1 - \$100,000 1 - \$100,000 5,000,000
	\$1,00 \$15,0 \$50,0 \$100 \$250 \$5,00 \$5,00 \$25,0 Over Spou	NON DIVIE REN' INTE CAPI EXCE TAX-I	\$1,00 \$2,50 \$5,00 \$15,0 \$100 \$1,00 Over Spou None \$1 -: \$2,50 \$1,00 \$5,00 \$15,00 \$15,00 \$15,00 \$100,
SP	X	×	×
JT 1st Bank of Paducah. KY accounts	X	X Toysus	X
SP Bob Sheldon, INC		do S	
JP JP Morgan Chase Bank	×	×	×
JT R+D Sheldon	><	Ownership Ownership	
JT Associated Credit Union	<b>&gt;</b>	><	
JTStome Agee 401 (K)			
JI Money Market Fund SAI		X	X

For additional assets and unearned income, use next page.

Continu	SCHEUULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	Ö	ئے	Z	<b>\bar{\bar{\bar{\bar{\bar{\bar{\bar{</b>	20	Z	Ü	- 3	Ž	$\mathbf{z}$	Ž	m										Name	₹ ,	10	bana	₹	I	इ	\$-	<b>ا</b>	(1)	Amen Sheldor		3	1			Page	-2 <sup>1</sup>		9	$\vdash$	<u> </u>	
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	Asset and/or Income Source	1			<b>\$</b>	Ĕ	0	Value of Asset	\$	9					-	Ą	9	<u>~</u>	줐	Type of Income	œ									➤	Ĭ	Ĕ	<b>∓</b>	<u> </u>	ठू	Amount of Income	Ø								
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		None	\$1 - \$1,000	\$1,001 - \$15,00	\$15,001 - \$50,0	\$50,001 - \$100	\$100,001 - \$25 \$250,001 - \$50	\$500,001 - \$1,0	\$1,000,001 - \$5	\$5,000,001 - \$2	\$25,000,001 - \$	Over \$50,000,00	Spouse/DC Asse	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLI	TAX-DEFERRE	Other Type of I	Partnership Incor	None	\$1 – \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 \$5,000	\$5,001 - \$15,000 \$15,001 - \$50,000	\$50,001 - \$100,00	\$100,001 - \$1,000	\$1,000,001 - \$5,0	Over \$5,000,000	Spouse/DC Income over	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 \$50,000 \$50,001 \$100,00	\$50,001 - \$100,00 \$100,001 - \$1,000	\$1,000,001 - \$1,000	Over \$5,000,000	Spouse/DC Income over	-,
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SCH Continu	SCHEUULE II — ASSETS AN Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME		Name DONNA HORTMAN Sheldow Page 5 of 7
	BLOCK A	вгоск в	BLOCK C	BLOCK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
<u>8</u>		В С D E F G H - J X L N	ify: e.g.,	Current Year Preceding Year
JT,		00 000 ,000	JST (Specif	
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ļ		\$50,001 \$100,00 \$250,00 \$500,00 \$1,000,0 \$5,000,0 \$25,000 Over \$5	NONE DIVIDEN RENT INTERE: CAPITAL EXCEPT TAX-DEF	None \$1 - \$200 \$201 - \$1 \$1,001 - \$2,501 - \$5,001 - \$15,001 - \$100,001 \$1,000,00 Over \$5,0 \$pouse/DC1 None \$1 - \$200 \$201 - \$1 \$1,001 - \$ \$5,001 - \$ \$5,001 - \$ \$15,001 - \$ \$15,001 - \$ \$15,001 - \$ \$100,001 \$1,000,000 Over \$5,00
H	Alpha Nat Res Inc	><	X	X
T	merenergy beneating		×	
12	American (xpress to		×	
더	Berkshire Hathaway Inc	>	<b>&gt;</b>	
H	Motorola Solutions, Inc		><	
그 기	Petrobras bbl. Fly BV	>	><	<b>X</b>
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#### SCHEDULE III — LIABILITIES

Name Donna Hortman Sheldon

Page 6 of 7

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 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

			77		SP. DC, JT	
			Associated Credit Umm-ATL, 69 Mm 2011	Example: First Bank of Wilmington, DE		
		,	1106 hm	May 1998	Date Liability Incurred mo/year	
		 	Muntage at R+D Shells 10 Board St War Sprys 64.	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
					\$10,001— \$15,000	
			×		\$15,001— \$50,000	
					\$50,001— \$100,000 <b>O</b>	
				×	\$100,001— \$250,000 □	
		 			\$500,000 m Amou	
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	_				\$5,000,000 S S	I
					\$25,000,001	
					\$50,000,000 Over \$50,000,000	
$\vdash$				_	Spouse/DC Liability over	

#### 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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

**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 all Horiorary flature.	ature.
Position	Name of Organization

### SCHEDULE V — AGREEMENTS

Name Donna Hortman Shelden

Page 2 of 2

efit plan maintained by a former employer. 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 ben-

Date	Parties To	Terms of Agreement
Vested 2010	Myself + State of Georgia	Lelislative Pension Plan Participation

# 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

GPO: 2013

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