UNITED STATES HOUSE OF REPRESENTATIVES 2013 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	HAND DELIVERED
Name: Joe Burten Day	Daytime Telephone: 182-185-1882	2014 MAY 12 PM 3: 31 OFFICE OF THE CLERK HOUSE OF REFRESENTATIVES (Office Use Only)
FILER STATUS Member of or Candidate for State:	Officer or Employing Office Employee	
REPORT 2013 Annual (Due: May 15, 2014)	Amendment Termination Date:	Date:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE OF	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? or b. Make more than \$200 in unearmed income from any reportable asset during the reporting period?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	rarrangement with an Yes No X
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	No S. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	child receive any Yes No X
C. Did you or your spouse have "eamed" income (. Jl.; Isalaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes Yes	No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	totaling more than Yes No No Proporting period?
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No I Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	or article during the Yes No
E. Did you hold any reportable positions during the reporting period or in Yes the current calendar year up through the date of filing?	m	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRU	TRUST INFORMATION - ANSWER EACH OF T	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 this question, please contact the Committee on Ethics for further guidance.	fering during the reporting period? If you answered "yes" to this qu	uestion, please contact Yes No
TRUSTS - Details regarding 'Qualified Blind Trusts' approved by the Committee on Ethics and certain other 'excepted trusts' need not be disclosed this report details of such a trust that benefits you, your spouse, or dependent child?		Have you excluded from Yes No 🔀
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or detests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ne, transactions, or liabilities of a spouse or dependent child becau	pendent child because they meet all three Yes No X

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ab anot bald for investment of	and/or income Source	BLOCK A	ULE A – ASSETS & "	
as a count has far invariant at his man of secret at close of the reporting point of the reporting the country of the reporting the country of the country of the reporting the country of	Value of Asset	BLOCK B	ULE A – ASSETS & "UNEARNED INCOME"	
Check all columns that apply For accounts that	Type of Income	BLOCK C	Name:	
For second for which you chacked "Tax-Deferred" in Block C. you	Amount of Income	BLOCK D	Pageof	
Indicate if the	Transaction	BLOCKE		

walmat	AT+T	ഹ	ENVIS Graces forms	ABC Hedge Fund X	Examples: Simon & Schuster	DC. SP Mega Corp. Stock Elf	in all interest-bearing accounts if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. 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 location in Block A. Exclude: Your personal residence, including second homes and vacation homes (urbess there was rental income during the reporting period); and any financial income during the reporting period; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Swings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	The account that exceeds the reporting thesholds. For bank and other cash accounts, total the amount	nds ed of
X	X	×	×	×	Indefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$500,001-\$25,000 \$1,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000	> 60 C E E E E E E E E E E E E E E E E E E	BLOCK B Value of Asset Value of Asset Value of Asset Value of Asset Valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be 'None.' *Column M is for assets held by your spouse or dependent child in which you have no interest.
		. Royalty	×	Partnership Income	NOyases	×	Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS RENT INTEREST CAPITAL GARNS EXCEPTED/BLIND TRUST TAX-DEFENSED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	_ x	Type of Income Type of Income Type of Income Type of Income Check all columns that apply. For accounts that apply and the standard for accounts that apply and the standard for accounts), you may check the "Tax-Deferred column. Dividends, interest, and capital gains, aven if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.
	X	X	*			×	\$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 Spouse/DC Asset with Income over \$1,000,000*	X X X X X X	Amount of Income For assets for which you checked "Tax-felerad" 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 discloseed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest.
						S(part)	no transactions that exceeded \$1,000.	Leave this column blank if there are	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (part)).

Name:	
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SCHEDULE C - EARNED INCOME	Name:	Pageof
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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) totaling \$200 or more during the reporting period. 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.	ployment by the U.S. government) totaling \$200 or more during the ng \$1,000. See examples below.	reporting period. For a spouse, list
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	enefits received under the Social Security Act.	
INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	ers and employees compensated at or above the "senior staff" rat fiduciary relationship) were totally prohibited.	e was \$26,955. In addition, certain

						Ennis Regional Medical Center		Examples: State of Maryland Chill War Roundship (Oct. 2)	Manage Crass	Source (include date of receipt for honoraria)
					•	Spouse Salory	Spouse Salary	Legislative Pension Spouse Speach	Annoved Teachire Fee	Туре
						N/A	N/A	\$18,000 \$1,000	38,000	Amount

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMEN

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, 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 regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts 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 filer.

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				П	L)	[]	;]		2	7	۱ ۲	۲	٧	Food? (Y/N)
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