UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	LEGISLATIVE MEGOUNCE GENTER
FINANCIAL DISCLOSURE STATEMENT For New Memb	For New Members, Candidates, and New Employees	2014 OCT -8 PM 12: 41
Name: JASON RITCHIE Daytime Telephone	ohone.	U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: WA  U.S. House of Representatives District: DS  Candidates - Date of Election: 11 0 4 1 4	Check if Amendment	(Office Use Only)
STATUS  New Officer or Employee  Employing Office:	Period Covered: January 1,to	A \$200 pensity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	STIONS	
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 uneamed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	Do you have any reportable agreements an outside entity?	or arrangements with Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	nn \$5,000 from a single Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	- 7	S"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	ON - ANSWER <u>BOTH</u> OF THES	E QUESTIONS
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?		lave you excluded from Yes No X
EXEMPTION - Have you excluded from this report any other assets, "uneamed" 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.	or liabilities of a spouse or dependent child beca s.	use they meet all three Yes No No

## SCHEDULE A - ASSETS & "UNEARNED INCO

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Name: JA-SON	
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Page 2 of 7	

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	•	SELF BOARDED REVENUE	ENPUYED REASON	ABC Hedge Fund	Simon & Schuster	Megin Corp Stock	dependent child (DC), or jointly hald with anyons (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	investiment Fund, peese check the "EIF" box.  If you so choose, you may indicate that an esset or  throoms source is that of your senses (SP) or	nomes and vecision homes (unises there was rents momes during the reporting period); and any financia necessaria, or income defined from, a federa neterest in, or income defined from a federa retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted frout have a privately-traded fund that is an Excepted.	privately-held busi- tate the name of a activities, and	y held for investr or description, state.	ro train, and care trast excepting, total or amount in se interpret-bening accounts; if the local is over \$5,000, list every financial institution where there is more than \$1,000 in-interest bearing accounts.	401(t) plane) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols). For all IRAs and other retirement plans (such sa	Provide complete names of stocks and mutual funds	exceeding \$1,000 at the end of the reporting period please specify the method used.  But (i) any other reportable sease or source off an easet was soid during the recome which generated more than \$200 in included only because it gene	identify (a) each asset held for investment or production of income and with a fair market value	Assets and/or Income Sources	3
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Use additional sheets if more space is required.

### SCHEDULE C - EARNED INCOME

Name: JASON RITCHIE	
Page 4 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) totaling \$200 or more during the reporting period. For both the filer sand filer's 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.  NCOME 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. It is unchanged in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.
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Source (include date of receipt for honoraria)	Туре	Am Current Year to Filing	Amount Preceding Year
ARC Trade Association, Bellimore, MD (July 15)	Honoradum	88	\$500
State of Maryland  CXAII War Roundable, Richmond, VA. (Oct. 2)  Ordals County Reart of Education  Ordals County Reart of Education	Arejes earlods Arejes earlods Arejes	\$20,000 \$0 N/A	\$75,000 \$1,000 N/A
HANDI HABITATS - SELF EMPLOYED	SALARY	\$122,347,00	\$113,353. BO
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#### SCHEDULE D - LIABILITIES

Name: JASON RITCHIE	
Page 5	
of 7	

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

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U.S.	Example			_
U.S. DEPT OF ED	Example First Bank of Wilmington, DE	Creditor		
	3902	Date Liability Incurred MO/YR		
STUDENT LOAN	Mortgage on Rantal Property, Dover, DE	Type of Liability		
		\$10,001- \$15,000	>	
	XI	\$15,001- \$50,000	æ	
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		Over \$50,000,000	د	
		Over \$1,000,000* (Spouse/DC Liability)	~	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Membras and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and sew employees report positions held in the current calendar year.

Position	Position Name of Organization
OWNER	HANDI HABITATS

#### SCHEDULE F - AGREEMENTS

Name:
JASON
RITCHIE
Page 6
Page 6 of 7

			Date	Identify the date, continuation or d	
		N/A	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence du continuation or defenral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee weffare or	
			Terms of Agreement	we with respect to: future employment; a leave of absence during the period of government service; serment; or continuing participation in an employee weffare or benefit plan maintained by a former employer.	

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and <u>two</u> prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 ilsted on Schedule C.

HOME MODIFICATIONS CONSTRUCTION	NGM GROUP INC / HOMELINE
HOME MODIFICATIONS, CONSTRUCTION	CYPRESS CARE
TOTAL MOBILITY-MODIFICATION SE HOME MODIFICATIONS, CONSTRUCTION	TOTAL MOBILITY - MODIFICATION SE
HOME MODIFICATIONS, CONSTRUCTION	MSC GROWP INC
HOME MODIFICATIONS CONSTRUCTION	ORCHID MEDICAL
Accounting Services	Example: Doe Jones & Smith, Hometown, Homestate
Brief Description of Duties	Source (Name and City/State)

FILER NOTES (Optional)

Name: JASON RITUHIE

Page 7 of 7

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