S ⊠	Yes	pendent child	lities of a spouse or del Committee on Ethics.	s, transactions, or liabil st consulted with the C	arned" income is you have fin	⊮ assets, "une wer "yes" unles	n this report any other mption? Do not ans	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.	EXEMPTION- because they n
No 	Yes 🔲	ot be	xcepted trusts" need no	s and certain other "ex spouse, or a depender	nittee on Ethica	d by the Comm a trust benefit	3lind Trusts" approve report details of such	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?	TRUSTS—Deta
Ø	QUESTION)F THESE	ANSWER EACH OF THESE QUESTIONS	1	TINFORM	OR TRUS	DEPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIO
	response.	each "Yes" ı	dule attached for each "Yes" response	ppropriate sched	and the a	• answered	his part must b	Each question in this part must be answered and the appropriate sched	
<u>₹</u>	Yes	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	VI. Did you receive compensation of n a single source in the two prior years? If yes, complete and attach Schedul	No 🔲	Yes	id have any report- eporting period?	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.	III. Did you, your able liability (mor if yes, complete
₹	Yes ⊠	angement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V	№	Yes	d receive "unearned" riod or hold any ne end of the period?	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.	II. Did you, your income of more t reportable asset if yes, complete
No	Yes X	efore the date r 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.	IV. Did you hold any report of filing in the current cannot be the current cannot be the complete and at	N _o	§	me (e.g., salaries or reporting period?	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.	I. Did you or you fees) of \$200 or I
				ANSWER EACH OF THESE QUESTIONS	OF THES	R EACH	l g	In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSW	In all sections, p PRELIMIN
assessed who files	A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	A \$200 per against an more than	Check if Amendment	5-13-14	Date of Election:) Office:	State: District: Employing	Candidate for the House of Representatives New officer or employee	Filer Status
<u>ε</u> χ	OFFICE OF THE CLERK J.S. HOUSE, OF REPRESENTATIVES (Office Use Only)	J.S. HOUSE/OF F		Daytime Telephone:	Daytime		THE YE	Colum B Consiner	Name: (3)
Page 1 of 6 ER	CENT	DEC - 4 2013 LEGISLATIVE RESOURCE 2013 DEC 11 PM 1	M B and new employees	FORM For use by candidates		TIVES	REPRESENTATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - Notumber 30, 2013	UNITED ST FINANCIAI Period cover

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Glin B Geiner The

Page 2 of b

List the source, type, and amount of earned income from any source (other than the filer's current employment by the class Government) wailing according to the receding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income	man the liter's current employme amount of any honoraria; list only	y the source for other spor	use earned income
exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and	ement programs, and benefits re	benefits received under the Social Security Act	ecurity Act.
		Amount	unt
Source (include date of receipt for notionality)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
1	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
State of UV - Aditor Office	521259	80,827	88,175
State of WV - Dept. of Make Victals	Spore Szlery	ス を	ス ダ

Allianz GINFS	Invesco Esty	Steph Value	ING 457	or Williams Bur Bark	or United Bank	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	income during the reporting period); any deposits total- 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 depen- dent 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.	Exclude: Your personal residence, including second homes and variation homes (unless there was rental homes and variation homes).	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 to be the state of the	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.	(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 expends the reporting thresholds.	Provide complete names of stocks and mutual funds	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 "unearner" income during the year	Asset and/or Income Source	BI OCK A
×	><	×		><	×	×	Indefinite	X	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 - \$50,000,000 \$5,000,001 - \$50,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000		BBCCDETTGST	*This column is for assets solely held by your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	If an asset was sold during the report-	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.	Value of Asset	BI OCK B
×	×	X		×	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm In	come)		if the asset generated no income during the reporting period.	interest, and capital gains, even interest, and capital gains, even if reinvested, must be discussed as income. Check "None"	deterred income (such as 401(k) plans or IRAs), you may check the	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-	Type of Income	BI OCK C
X	X	×		×	X	×	X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$2,501 - \$5,000 \$1,001 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$1,001 - \$1,000 \$1,001 - \$5,000 \$1,0001 - \$1,000,000 \$1,0001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000°		Current Year Preceding Year		70 4	income. Check "None" if no income was earned or generated.		Amount of Income	ם אכא ה

SCHEDÜLE ÎI — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GALNB GZIACT WILL

Page 4 of

None										ᄝ	SP,		
None			9 9 9 9 9 9 9 9 9		•	205	Fidelity Contrabad		Sho			Asset and/or Income Source	BLOCK A
NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income-(Specify: e.g., Partnership Income or Farm Income) None S1-\$200 S201-\$1,000 S2,501-\$5,000 S2,501-\$5,000 S4,501-\$15,000 S4,501-\$15,000 S4,501-\$15,000 S4,501-\$15,000 S4,501-\$10,000 S4,501-\$100,000 S4,						*	X	×	X	\$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	8 C D E F G H - J K L	Value of Asset	вгоск в
						×	×	×	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Spec	cify: e.g.,	Type of Income	вгоск с
						3~	>	>	χ	None	Current Year	Amount of Income	ВГОСК В

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SCHEDULE III — LIABILITIES

Name Glen B Gziner TU

Page 5 of b

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 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.

DC /		SP, DC, JT	
Federal Student And	Example: First Bank of Wilmington, DE	Creditor	
8/10	May 1998	Date Liability Incurred mo/year	
Student Loans	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
X	T	\$10,001 \$15,000	
		\$15,001— \$50,000	
		\$50,001 \$190,000 O	
	×	\$100,001— \$250,000 □ \$250,001—	
		\$500,000 m \$500,001—	Amou
		\$1,000,000 TI	맛오
		\$5,000,000 S \$5,000,001—	Amount of Liability
		\$25,000,000 T	₹
	-	\$50,000,000 — Over \$50,000,000 —	
		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.

and positions solely of an honorary nature. Exclude: Positions listed on Schedule 1; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

The second secon	
Position	Name of Organization
Chairman	National White Coller Crime Center
President	WV JUANO Start
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	

SCHEDULE V — AGREEMENTS

Namo Splen & BBURLS ILL

Page b of b

Identify the date service; continue efit plan maintain	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employer; continuation or deferral of payments by a former or current employer other than the U.S. Governments plan maintained by a former employer.	oyment; a ıt; or cont
Date	Parties To	Terms of Agreement
Cested 1997	myself & state of wh	Gension Alan 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
W/W	
1.	