

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

AUG 12 2014 of 6

LEGISLATIVE RESOURCE CENTER

2014 AUG 20 PM 2:04

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Name: JOHN KEN "JACK" TRAMMELL Daytime Telephone: _____

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>VIRGINIA</u> District: <u>7th</u>	<input type="checkbox"/> Check if Amendment	Period Covered: January 1, _____ to _____	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> Candidates - Date of Election: _____	<input type="checkbox"/> New Officer or Employee Employing Office: _____			

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>A. Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u></p> <p>b. Make more than \$200 in unearned income from any reportable asset during the reporting period?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>F. Do you have any reportable agreements or arrangements with an outside entity?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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 that benefits you, your spouse, or dependent child?

Yes ☐ No ☒

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.

Yes ☐ No ☒

Name: JOHN KENT "JACK" TRAMMELL Page 2 of 6

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **John Kent "Jack" Trammell**

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BLOCK A		BLOCK B													BLOCK C								BLOCK D																							
Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income																							
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
																							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
	SHADEBINDER																																													
	STATE FARM WHOLE LIFE																																													
	AFSA WHOLE LIFE																																													
	SECURITY INVESTMENTS																																													
	INDEPENDENT / HARDSHELL																																													
	XLBARS																																													
	THE HISTORY PRESS																																													
	UPHYSKY CAREK																																													
	VICTORIA RETIREMENT																																													
	TIAA CREF TRADITIONAL																																													
	TIAA CREF STOCK																																													
	TIAA CREF GROWTH																																													
	TIAA CREF GLOBAL																																													
	TIAA CREF T. ROWE																																													
	TIAA CREF VANGUARD																																													
	TIAA CREF REAL ESTATE																																													
	BOND																																													
	WELLS FARGO																																													
	TEMPLETON																																													

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: **JOHN KENT "JACK" TRAMMELL** Page **4** of **6**

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 and 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.

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. It is unchanged in 2014. 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.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
Examples:	<div>Honorarium</div> <div>Salary</div> <div>Spouse Speech</div> <div>Spouse Salary</div>	<div>\$0</div> <div>\$20,000</div> <div>\$0</div> <div>N/A</div>	<div>\$500</div> <div>\$76,000</div> <div>\$1,000</div> <div>N/A</div>
ORANGE COUNTY SCHOOLS	SPOUSE SALARY	N/A	N/A
RANDOLPH-MACON COLLEGE	SALARY	31,966	58,262
AMOS PRESS	ROYALTIES	—	1,000
HISTORY PRESS	ROYALTIES	150 EST.	248
WEIDER PRESS	ROYALTIES	225	200
OLD DOMINION UNIVERSITY	HONORARIUM	200	200
UNIVERSITY OF NORTH CAROLINA	HONORARIUM	575	500
VIRGINIA MILITARY INSTITUTE	HONORARIUM	—	500

SCHEDULE D - LIABILITIES

Name: JOHN KENT "JACK" TEAMMELL Page 5 of 6

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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
JT	WELLSFARGO	6/96	MORTGAGE RENTAL, VA				X							
	SAULS MHE	8/2006	STUDENT LOAN		X									
SP	SAULS MHE	8/2006	STUDENT LOAN		X									
	BANK OF AMERICA	6/00	PERSONAL CREDIT CARD	X										
	VACU	6/2006	PERSONAL CREDIT LINE	X										

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, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization

SCHEDULE F - AGREEMENTS

Name: **JOHN KENT "JACK" TARMMEID** Page **6** of **6**

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 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.

Date	Parties to Agreement	Terms of Agreement
6/06	RANDOLPH-MACON COLLEGE JOHN TARMMEID	PAID -- LEAVE OF ABSENCE WHILE CANDIDATE

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 two 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 listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services