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FINANCIAL DISCLOSURE STATEMENT		FOR	PM B	LEGISLATIVE RESOURCE CENTER	OURCE CENT	NTER
Period covered: January 1,		For use by candidates	les and new employees	2014 FEB 14	PM 12: 09	
) :	! ·		OFFICE OF THE CLERK	RESENTATIV	C)
Name: DAVIEL CAVALLE	Daytime	Daytime Telephone:				B
				(Office	(Office Use Only)	!
Filer Candidate for the State: £4 House of Representatives District: 3	Date of Election:	m: 5/20/2014	Check if Amendment	A \$200 penaity shall be	shall be as	assessed
Status New officer or Employing Office:				more than 30 days late.	_	wno mes
in all sections, please type or print clearly in blue or black ink.						
PRELIMINARY INFORMATION — ANSWER EA	CH OF THE	EACH OF THESE QUESTIONS				
Y 98	S □	IV. Did you hold any re of filing in the current of if yee, complete and a	y reportable positions on or before the date in calendar year or in the prior two years? Indicates the schedule IV.		Yes 🗹	No 🗌
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? Yes If yes, complete and attach Schedule II.	Z Z	V. Did you have any re with an outside entity? If yes, complete and a	y reportable agreement or arrangement y? id attach Schedule V.		□ □	S
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes, complete and attach Schedule III.	No □	VI. Did you receive con a single source in the to if yee, complete and a	compensation of more than \$5,000 from the two prior years? Indicate the compensation of the compensation		§ □	™
Each question in this part must be answered	ered and the	and the appropriate sched	edule attached for each "Yes" response.	each "Yes" respo	onse.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	UST INFOR	- A	NSWER EACH OF THESE QUESTIONS)F THESE QUE	STIONS	
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	committee on Ethi	cs and certain other *e r spouse, or a depende	"excepted trusts" need not be dent 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.	"unearned" incom unless you have f	e, transactions, or liabi	lities of a spouse or de Committee on Ethics.		Y98 ☐	No [Y

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name DANIEL LAVALLEE

	- 1	MENRILL LYNIH HOIK		Examples:	SP, SP Mega Corp. Stock	homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal cheeking 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 esset or income source is that of your spouse (SP) or dependent child (CD) 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	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 processor is stock as	estment, on, e.g.,	For all IRAs and other rethement plans (such as 401(k) for all IRAs and other rethement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the resorting thresholds.	or investment or production value exceeding \$1,000 at vertod, and (b) any other of income which generated of income during the year. I stocks and mutual funds	BLOCK A Asset and/or Income Source
		X	×	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 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G H 1 J K L M	"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."	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. If an asset was sold during the report-	BLOCK B Value of Asset
		×	×	Royaltes	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ome)		If the asset generated to income during the reporting period.	Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None"	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the Tax-Deferred column, Dividends.	BLOCK C Type of Income
		×		×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$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 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		Preceding Year		* This column is for income derived from assets solely held by your spouse or dependent child.	For assets for which you checked "Tax-Deferred" 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 relinvested, must be disclosed as income. Check "None" if no income was sarned or generated.	BLOCK D Amount of Income

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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name DANIEL LAVALLE

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		Amount	unt
Source (include date of receipt for nonormia)	Type	Current Year to Filing	Preceding Year
	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	AN	NA
AMERICA'S HEALTH INSUMANCE PLANS	SALARY		\$68 624.92

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NEARNED "
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\$1 - \$200 = \$201 - \$1,000 \(\frac{1}{2}\) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Continuation Sheet (if needed)				_ }	<u>.</u>	Š	Name	DANIEL	11	LAVALLEE	1 OCX D		Page_
None >	Asset and/or Income Source		Value of	Asset		Type of	l income				Amoui	nt of Ir	tcome	
Note	S.P.	в С	т Q	_ _			lfv: e.a		Cur	rent Ye	2		Prec	eding
None	7			00 000				arm Inco		≤	×		≡ IV	
\$1 - \$1,000 \$1,001 - \$15,01 \$15,001 - \$15,001 \$15,001 - \$100 \$100,001 - \$2,000 \$1,000,001 - \$1,000 \$25,000,001 - \$1,000 \$25,000,001 - \$1,000 \$25,000,001 - \$1,000 \$25,000,001 - \$1,000 \$25,000,001 - \$1,000 \$25,000,001 - \$1,000 \$25,000,001 - \$1,000 \$25,000,001 - \$1,000 \$25,001 - \$	DC .		0,000 50,000	5,000,0 25,000,	000		LIND TR		_	000	000,000			X 0
		\$1 - \$1,000 \$1,001 - \$15,0	\$50,001 - \$10 \$100,001 - \$2	\$1,000,001 - \$ \$5,000,001 - \$	Over \$50,000, Spouse/DC Ass	RENT INTEREST	EXCEPTED/B TAX-DEFERR	Partnership In None	\$201 - \$1,000 \$1,001 - \$2,500	\$5,001 - \$15,00 \$15,001 - \$50,0	\$100,001 ~ \$1,0 \$1,000,001 ~ \$5	Spouse/DC Income of	\$201 - \$1,000 \$1,001 - \$2,500	\$5,001 - \$15,00

SCHEDULE III - LIABILITIES

Name DANIEL LAVALIE

Page ___ of ___

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.

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			ង្គីនិង	
	25.00	Example: First Bank of Wilmington, DE	Creditor	
		May 1998	Date Llability Incurred mo/year	
	105	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
			\$10,001— \$15,000	
			\$15,001— \$50,000 UJ	
			\$50,001— \$100,000 O	
		×	\$100,001— \$250,000 □ \$250,001— _	
			\$500,000 M P	
		-	\$5,000,001— \$5,000,001— \$5,000,001— \$5,000,001— \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,00000 \$5,0000000\$\$5,00000000\$\$5,000000000\$\$5,00000000	
			\$5,000,001— 3	
			\$25,000,001— \$50,000,000	
			Over \$50,000,000 —	
			Spouse/DC Liability over ズ \$1,000,000	

SCHEDULE IV - POSITIONS

cer, 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. 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 offi-

and positions solely of an honorary nature. 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 poornions society of an increase, framero	
Position	Name of Organization
DEPUTY DINKTOR	Amenica's Health Insurance Plans
SENION CONJULTANT	Earst & Young
Offer Dinferror	Angalias Hearn Insurance Rung

SCHEDULE V — AGREEMENTS

Name DANIEL LAVALIE

Page ____ of ____

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 benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

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. 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

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services