× ⊗	Yes 🔲	pendent child	ties of a spouse or dependent child ommittee on Ethics.	"unearned" income, transactions, or liabilitiunless you have first consulted with the Co	arned" income, is you have first	any other assets, "uneanot answer "yes" unles	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	ON - Have you e	EXEMPTI because th
8 ⊠	Yes 🔲	ot be	cepted trusts" need no	and certain other "exc couse, or a dependent	nittee on Ethics ing you, your sp	approved by the Common of such a trust benefit	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?	Details regarding Have you exclude	TRUSTS— disclosed. I
S	QUESTION)F THESE (ANSWER EACH OF THESE QUESTIONS	1	TINFORM	ENT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	ION OF SP	EXCLUS
	esponse.	each "Yes" r	ule attached for each "Yes" response	propriate schedu	and the ap	iust be answered	Each question in this part must be answered and the appropriate sched	Each que	
ĕ ⊠	Yes 🔲	\$5,000 from	pensation of more than \$5,000 from opensation of more than \$5,000 from prior years?	VI. Did you receive comp a single source in the two If yes, complete and atta	No Hav	port- d? Yes	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 spouse, or a dependent able liability (more than \$10,000) during the second stack Schedule III.	III. Did you, able liability If yes, com p
× _s	Yes	angement	ortable agreement or arrangement tach Schedule V.	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V	8	arned" ny period? Yes	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 spouse, or a dependent c income of more than \$200 in the reporting reportable asset worth more than \$1,000 a If yes, complete and attach Schedule II.	II. Did you, income of m reportable as if yes, comp
ĕ ⊠	Yes	efore the date	ortable positions on or be endar year or in the prior ach Schedule IV.	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.	No I	ries or Yes X	 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. 	your spouse have or more from any lete and attach So	I. Did you or fees) of \$200 If yes, comp
				QUESTIONS	EACH OF THESE	ÆR	l é	In all sections, please type or print clearly In bit PRELIMINARY INFORMATION	n all section RELIM
		more than 30 days late				Employing Office:	er or	employee	Oracio
assessed who files	A <i>\$200 penalty</i> shall be a against any individual w	A <i>\$200 pen</i> against any	Check if Amendment	11/4/2014	Date of Election:	State: #daho District: 1	the resentatives	X Candida House	Filer
	(Office Use Only)			Daytime Telephone:	Daytime T		G. Ringo	Shiclay G.	Name:
TIVES	U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE	į						
39 39	2014 AUG AM 9: 39	LEGISLATI 2014 AUI	B ind new employees	FORM B For use by candidates and new employees		SENTATIVES NT Y 15, 2014	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2014 - July 15, 40	UNITED STATES HOUSE OF RIFINANCIAL DISCLOSURE STATE Period covered: January 1, 2014.	UNITED FINANC

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

	Name Shirla
	<u>ر</u> و
J	Ring
	0

Page ____ of __

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. 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.

nore during the preceding calendar year. 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.
Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and		benefits received under the Social Security Act.	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	ount
Course (monde date of receipt for Hollocalia)	1)00	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	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
Stata of Idaho	Legislative Salay	# 9,834	\$18,313.00
Public Employees Retirament System	ļ		#24 45800
Washington State University			\$137,878.00
Metional Science Foundation	Lin	ļ 	\$ 3520.00
	IRA Distribution	#415	# 415

IT (Id. home & 40 acres)	JT WSCEU (CREDIT UNION)	IT US Bank Savings	so Washington St. Program	IT DA Davidson IRA	SP TIAA/CREF		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 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 dependent 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	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	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.	ment plans (such as 401(k) reach asset held in the porting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	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 "unearned" income during the year.	Asset and/or Income Source	BLOCK A
×	×	*	*	*	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000 \$25,000,001 - \$50,000,000 \$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	by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- inn year and is included only because	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	ВLОСК В
	×	×	×	*	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ome)		during the reporting period.	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	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))	Type of Income	вгоск с
	×	*	×	× ×	*		×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 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 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$5,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year		 * This column is for income derived from assets solely held by your spouse or dependent child. 	=		Amount of Income	BLOCK D

SCHEDULE III — LIABILITIES

Name Shirley G. Ringo

Page ___ of __l

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.

			TL	JT		SP, DC, JT	\prod
			Bank of America	Ally	Example: First Bank of Wilmington, DE	Creditor	
			12/2002	10/2012	May 1998	Date Liability Incurred mo/year	
			Credit Card	Loan on truck	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
			×	×		\$10,001 \$15,000	Г
						\$15,001— \$50,000	
					Ī	\$50,001— \$100,000	
					×	\$100,001 \$250,000	
						\$250,001— \$500,000 m	Αmχ
						\$500,001— \$1,000,000	ŭnt o
						\$1,000,001— \$5,000,000 Ω	Amount of Liability
					_	\$5,000,001— \$25,000,000 エ	₹
						\$25,000,001— \$50,000,000	
L	1	1				Over \$50,000,000	
			<u> </u>	1	▙	Spouse/DC	ł

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-

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 positions solely of all floriolary flatule.	aui e.
Position	Name of Organization