UNITED STATES HOUSE OF REPRESENTATIVES FORM B Period covered: January 1, 2013 For use by candidates and new employees	LEGISLATIVE RESOURCE CENTER  2014, JUN 25 DM 1 22	age 1 of
Name: المركالميك السر (مروب Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES	TIVES
	(Office Use Only)	
Filer       Candidate for the House of Representatives       State:	A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	assessed who files
In all sections, please type or print clearly in blue or black ink.		
VEN EACH OF THESE	To the date	
fees) of \$200 or more from any source in the reporting period?  Yes   No   of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	wo years? Yes	<u>S</u>
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 No V. Did you have any reportable agreement or arrangement with an outside entity?  With an outside entity?  If yes, complete and attach Schedule V.	ngement Yes	Š
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes III 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 III.	,000 from <b>Yes</b>	S S
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	ach "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OI	ANSWER EACH OF THESE QUESTIONS	<u>N</u>
<b>TRUSTS</b> —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?	be Yes	No
<b>EXEMPTION</b> —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.	endent child Yes	No.

### SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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.

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

Modorale	ع ا		Cido Susiens	crypar Carp	Giverous Pric	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	homes and vacation homes ( <i>unless</i> 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.	location in Block A.	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	BLOCK A  Asset and/or Income Source 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.  Provide complete names of stocks and mutual funds (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 exceeds the reporting thresholds.  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.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						×	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 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		В С О П П П П П П П П П П П П П П П П П П	BLOCK B  Value of Asset ate value of asset at close ting year. If you use a value of other than fair market v as specify the method used asset was sold during the ear and is included only be terated income, the value is lone."
7						×	Royalbes	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	me)		BLOCK C  Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate taxdeferred income (such as 401(k)) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital galins, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
\frac{1}{2}		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7	7			×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000  Cver \$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 \$1,001 - \$2,500 \$2,501 - \$5,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year	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 reinvested, must be disclosed as income. Check "None" if no income was earned or generated.  * This column is for income derived from assets solely held by your spouse or dependent child.

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BLOCK B	BLOCK C	BLOCK D	CKD
Value of Asset	Type of Income	Amount o	Amount of Income
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\$1,001 - \$15 \$15,001 - \$25 \$50,001 - \$25 \$100,001 - \$250,001 - \$250,001 - \$25,000 - \$25,000	DIVIDENDS RENT INTEREST CAPITAL GA EXCEPTED/ TAX-DEFER Other Type	\$1,001 - \$2,5 \$2,501 - \$5,0 \$5,001 - \$15, \$15,001 - \$50 \$50,001 - \$10 \$100,001 - \$1 \$1,000,001 - \$1	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,50 \$2,501 - \$5,00 \$5,001 - \$15,001 \$50,001 - \$10 \$100,001 - \$1 \$1,000,001 - \$1 Over \$5,000,000
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	\$1\$1,000	\$1-\$1,000	\$1 - \$1,000

Spouse/DC Income over \$1,000,000\*

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#### SCHEDULE III — LIABILITIES

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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. 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

		!						Amou	int of	Amount of Liability	lity			
S.S.	Creditor	Date Liability	Type of Liability	>	8	ဂ	ש	m		Ø	, <u> </u>	5		r 🛪
JT,	Creditor	Incurred mo/year	Type of Liability	\$10,001 \$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 <b>Spouse/DC</b>	Spouse/DC Liability over \$1.000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				H						1	
	BOWNE OF AMBRICA	7-2013	7-2013 Small busines WAN		×									
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#### 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 I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely of an individualy rigidic.	atalo:
Position	Name of Organization
Owner	Mikinnows LLC 114 ASYTUM ST HARFERD C+ 06103
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# **SCHEDULE V — AGREEMENTS**

Name	-	
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			Date Parties To Terms of Agreement	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.
			nt .	ng the period of government an employee welfare or ben-

## 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 Dutles
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services

GPO: 2013

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