2014 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees Multiple AFEGURGE CENT.
Name: Disclor throu	Davtime Telephone: 202 225 471. Davtime Telephone: 202 225 471. Davtime Telephone: 202 225 471.
Table Jackson X.	.``
FILER STATUS Member of or Candidate for State: VIKLINUK U.S. House of Representatives District: STATUS	Officer or Employing Office: Employee
REPORT 2014 Annual (Due: May 15, 2015)	Amendment Termination Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE Q	QUESTIONS
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	No Source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?
C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable Yes X liability (more than \$10,000) at any point during the reporting period?	No lieu of paying you for a speech, appearance, or article during the reporting period?
E. Did you hold any reportable positions during the reporting period or in Yes the current calendar year up through the date of filing?	No X ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR	OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offithe Committee on Ethics for further guidance.	IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact Yes No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or your dependent child?	hics and certain other "excepted trusts" need not be disclosed. Have you excluded from Yes
EXEMPTION — Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ne, transactions, or liabilities of a spouse or your dependent child because they meet all Yes No

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Name:

BLOCK E Transaction	Indicate if the asset had purchases (P), sales (6) for exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (part)).	Leave this column blank if there are no transcrions that exceeded \$1,000.	S(part)								
	For assats for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the Indiaedra of income by checking the appropriate box below. Discledureds, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was eamed or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Spouse/DC Asset with Income over \$1,000,000*									1
	For assats for which you checked Tax-Deferred' in Block C, you may check the "None" column. For all other assets indicate the balegony of income by checking the appropriate box below. Busitednats, Interest, and capital galins, ever if Teinvested, must be disclosed as Income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	× 000,000,2\$ revO	ļ	ļ		_			\vdash	_	4
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BLOCK C Type of Income	Check all columns that apply. For generate tax-deferred income (such as 529 accounts), you may check the column. Dividends, interest, and even if reinvested, must be disclor for assets held in taxable accounts, if the asset generated no income during peliod.	TAX-DEFERRED	<u> </u>							\bot	4
BLOCK C e of Inco	columns that apply. ux-deferred income (su intity, you may check informatied, must be di integrated, must be di held in taxable acco t generated no income	EXCEPTED/BLIND TRUST	ļ	-		_	· ·			+	4
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E	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which you have no interest.	ш 000′001\$-100′05\$	×			X]
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Asset and/or Income Source	Identify (a) each asset held for investment or production of income and with a fair market value acceding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only \$0,40 × 5\text{mbols}). For all IRAs and other retirement plans (such as \$4(1) plans) provide the value for each sestel held in the arconding these these held in the arconding these held in the arconding these helds the these hel	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$55,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., 'rental property,' and a city and state. 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 location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental informed uning the reporting period); and any financial informed uning the reporting period); and any financial informed uning the reporting the derived from, a federal informerst in, or income derived from, a federal informers union. If you have a privately-traded fund that is a box. If you have a privately-traded fund that is a masset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer, to the instruction booklet.	Mega Corp. Stock	Simon & Schuster	ABC Hedge Fund	D.N. Main-Chathai	American Supress Say	Checking	CITLENS Chei		
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Ass	Identify (a) each ass production of income a exceeding \$1,000 at the mand (b) any other rep income that generated in income during the year. Income during the year. Provide complete name (do not use only facter; for all IRAs and othe 401(k) plants) provide this harrowing that several	or bank and all interest- 1,000, list evous than \$1.0,000 list evous than \$1.0,000 list evous antal property or an owners! at is not pushees, the saliess, the oggraphic loc cetude: You make and varactude: You make and varactude: You have you so choo come during tirement program sourcepted investigations of the optimal		Examples:		ġ	Ē	8	٤		
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SCHEDULE B - TRANSACTIONS

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													Over \$1,000,000* (Spouse/DC Asset)	*	

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SCHEDULE C - EARNED INCOME

Name: lesen tha Page 5 , <u>0</u>

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) totaling \$200 or more during the reporting period. 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.

INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. VIDLIMA COMMONWEARN UNIVERSITY Examples: 2 Keene State
State of Maryland
State of Maryland
Civil Wer Roundtable (Oct. 2)
Omlario County Board of Education Source (include date of receipt for honoraria) A STATE OF THE STA Spouse Savart Approved Teaching Fee
Legislative Pension
Spouse Speech Type Amount ベント \$18,000 \$1,000

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SCHEDULE D - LIABILITIES

Name: Rosser Hur

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Page 6

period. 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 owned 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. 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

	Amount of Liability	x 9	\$50,001- \$100,001- \$250,000 \$250,000 \$1,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$5,000,000- \$5,000- \$5,000- \$5,000- \$5,000- \$5,000- \$5,000- \$5,00	×	×			
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			Type of Liability	Mortgage on Rental Property, Dover, DE	Mortgage - U.S.N. Mein () Total	BUSINESS FAULT LANE	10. M. Mein Chethra	
		,	Date Liability Incurred MO/YR	86/5	111/2	2/08	1	
on to compare that if it is a second to the			Creditor	Example First Bank of Wilmington, DE	1334丁	IM CANJENS BANK		
			SP. DC, JT	Exa	ير بر	14	•	

SCHEDULE E - POSITIONS NA

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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 held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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SCHEDULE F - AGREEMENTS - NA

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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

SCHEDULE G - GIFTS NA

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
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Use additional sheets if more space is required.

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Page 8 of 10

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

arc inci.						
	Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Вејјиру, China - DC	٧	۲	,z
exampres:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Bester-DC	۲	Υ	٧
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								Association of American Associations, Washington, DC	Source	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	SCHEDULE I – PAYMENTS MADE TO CHARITY IN N A
				6			Article	Speech	Activity	onsor of an event to a charitable orga	Name: ROBERT HURT
		-				-	Aug. 13, 2014	Feb. 2, 2014	Date	nization in lieu of paying a	
							\$500	\$2,000	Amount	n honorarium to you. A	Page 9 of 10

FILER NOTES h/A (Optional)

Name: ROBERT HURT Page 10 of 10

NOTES								
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NOTE NUMBER				-	_			

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