POSTMARK ILLEGIBLE

×	Yes 🔲	pendent child	ransactions, or liabilities of a spouse or depe consulted with the Committee on Ethics.	rned" income, t s you have first	ort any other assets, "unea Do not answer "yes" unles	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.	
No X	Yes 🔲	ot be	and certain other "excepted trusts" need not ouse, or a dependent child?	ttee on Ethics and you, your sp	sts" approved by the Comm	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?	d
Ø	QUESTION	F THESE (ATION — ANSWER EACH OF THESE QUESTIONS	INFORM	NDENT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	M
	esponse.	each "Yes" r	propriate schedule attached for each "Yes" response	and the ap	ተ must be answered	Each question in this part must be answered and the appropriate schedule	
□ □	Yes KX	\$5,000 from	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 VI.	No III	yy report- xeriod? 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.	∓ 0 =
×	Yes 🔲	angement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	No I	"unearned" Id any the period? Yes X	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.	エスギニ
8	Yes XX	efore the date r two years?	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 yee, complete and attach Schedule IV.	8 	salaries or yes X	I. 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.	∓ #:
			QUESTIONS	OF THESE	ANSWER EACH	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	ּ עוֹן
who files	against any individual who files more than 30 days late.	against any individual more than 30 days late	3, 2014 Amendment	ElectionJune_	District: 31st	Status House of Representatives New officer or employee	
	(Office Use Only)	(0	Check if	Date of	_{State:} California	Candidate for the	
TIVES	U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE OF		Daytime Telephone:		Name: Eloise Gomez Reyes	
Well of 1	LEGISLATIVE RESOURCE CEMBERS of Z	LEGISLATIVE 2013 SEP	FORM B For use by candidates and new employees	For	PRESENTATIVES EMENT July 31, 2013	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, _2012July 31, _2013	T

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Eloise Gomez Reyes

Page 2 of 7

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Exclude: Military pay (such as National Guard of neserve pay), lederal retirement programs, and perients received differ or security Act. Amount	eserve pay), lederal reuterne	ili progrants, and benens re	Amount	unt
Consider the finding date of toxolor of finding and	orana)	iypo	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	S	Salary	\$6,300	\$28,450
	0	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)		Honorarium	0	\$1,000
Harris County, Texas Public Schoots		Spouse Salary	NA	NA
ARMC Foundation	qs	Spouse Salary	N/A	N/A
			(2) (2) (2) (2)	
Law Offices of Eloise Gomez Reyes		Legal Fees	\$66,981.40	\$344,646,00
STRS Pension	Sp	Spouse Pension	N/A	N/A
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Name

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	77	Parl		_		H	Ži.		Exclude: Your personal residence, including second homes and vacation homes (unless there was rental homes during the reporting period); any deposits total-income during the reporting 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.	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	Asset and/or income Source Identity (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 "unearmed" 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.	1
Bank	Merrill	Roya	Merri	Unum,	Horac		Examples:		nin ⊞ ee: √ ee: √ ooo ooo ooo fron fron fron fron ption	the n	Asset and/or income Source tity (a) each asset held for investment or product one with a fair market value exceeding \$1,00 and (b) any of table asset or sources of income which gener than \$200 in "unearmed" income during the yield complete names of stocks and mutual fixet use ticker symbols). If IRAs and other retirement plans (such as 40 in IRAs and	1
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Of	<u>i</u> 1				I ጠ	Ļ	-	SP I	k A. personal residence, including personal residence, including period); any defers in personal checking any financial interest in, i federal retirement program gs Plan. se, you may indicate that is that of your spouse (SP or is jointly held with your society or is pointly held with your society of Schedule II rethe instruction booklet.	2 2 2	asset held for investment or production fair market value exceeding \$1,000 at reporting period, and (b) any other or sources of income which generated in "unearmed" income during the year. e names of stocks and mutual funds or symbols). other retirement plans (such as 401(k) the value for each asset held in the seeds the reporting thresholds. er real property held for investment, leter real property held for investment, e.g., and the city and state.	
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×	×	1			N 18 (1)		Indefinite	×	\$50,001 - \$100,000	<u>, ∴, ₩</u> M	Value of Asset 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 reporting year and is included only because it generated income, the value should be "None." "This column is for assets solely held by your spouse or dependent child.	
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	×	×	×	×		×	122.0		INTEREST	<u> </u>	Type of Income 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, interest, and capital galins, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	፼┃
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e (;		W _i		×	E E	×	×		\$2,501 - \$5,000	Preceding Year	Amount of Income 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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k/	Exaax	12.Y.Y	1 2 2		1	f	1	*****	Spouse/DC Income over \$1,000,000*	1	may y of est, as	
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Eloise

Gomez

Reye

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Continuation Sheet (if needed)

SP ΤŢ Ţ, 8 SP, Franklin Bank Rental Units Rental Home Rental Home Orange, Colton Bank of America Rental Home Loan To Rental Home Asset and/or Income Source Rental Apts. Rental Apts, VIrginia, Colton Business Acct <u> Taure</u> for Congress 0f Cadena, Colton San Bernardino ST, Colton Colton BLOCK A EG Reyes America Templeton Colton Acc None \$1 - \$1,000 œ C \$1,001 - \$15,000 Ö 24 \$15,001 - \$50,000 Value of Asset Э \$50,001 - \$100,000 * \$100,001 - \$250,000 773 BLOCK B G \$250,001 - \$500,000 Ţ \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 ㅈ Over \$50,000,000 Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS Type of income 54 Ж. RENT INTEREST BLOCK C CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200 = × # × \$201 -- \$1,000 7 \$1,001 - \$2,500 Current Year \$2,501 - \$5,000 XI WIIV IIIV $\overline{\mathsf{x}}$ \$5,001 - \$15,000 * \$15,001 - \$50,000 × \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 × Over \$5,000,000 × BLOCK D ¥ Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 ≡ Preceding Year ₹ × \$1,001 - \$2,500 >4 \$2,501 - \$5,000 Х \$5,001 - \$15,000 VI WINI X X \$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*

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SCHEDULE III — LIABILITIES

Name Eloise Gomez Reyes

Page 5 of 7

owed 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 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 sibling 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.

J C,	Creditor	Date Liability Incurred mo/year	Type of Liability	15,000 >	50,000 W 60,001— 100,000 Q	100,001— 250,000	250,001— TI 500,001— TI 1,000,000 TI 1,000,000	5,000,006 G	25,000,000 - 25,000,000 - 50,000,000 -	over 50,000,000	pouse/DC lability over 💢
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE			1000	,7 * `B				
	Bank Of America	Sep 03	Mortgage on Rental Apts		×	9204			97.53.1 Žiros (1	C 3 C 3 C 3 C	
	Wells Fargo	Dec 08	Mortgage on Rental Home		×	7 40,485					
	Wells Fargo	Dec 08	Mortgage on Rental Home Virginia. Colton	×		UUSS	3,04 7				
						633 <i>6</i> 7.					3. 1 (e)

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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 an honorary nature

and positions solely of an individity flature.	iaui o.
Position	Name of Organization
Proprietor	Law Offices of Eloise Gomez Reyes
Secretary of Board	Children's Spine Foundation
Board Director	CTELO

SCHEDULE V — AGREEMENTS

Name Eloise Gomez Reyes

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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. Governme⊓t; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Daties To	Terms of Agreement

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 Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
James Norman, Fontana, CA	Legal Services
Manuel Valdivia, Moreno Valley, CA	Legal Services
Alfredo Cardenas, Riverside, CA	Legal Services
David Gastelum, San Bernardino, CA	Legal Services
Joy Bunkers, Lake Arrowhead, CA	Legal Services
Pete Rios, Rialto, CA	Legal Services
Jeanette Vallejos, Baldwin Park, CA	Legal Services

SCHEDULE V — AGREEMENTS

Name Eloise Gomez Reyes

Page 7 of 7

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.

Circ pian manna	on pain manage of a control employee.	
Date	Parties To	Terms of Agreement

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 Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Tobias Ybarra, Apple Valley, CA	Legal Services
DeShanna Merriam, Highland, CA	Legal Services
William Vogt, Brandon, FL	Legal Services
Otila Escamilla, Yuciapa, CA	Legal Services
Russell Kemp, Riverside, CA	Legal Services