No X	Yes	pendent child	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	arned" income, t ss you have first	er assets, "une swer "yes" unle:	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obecause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics
8	Yes	it be	nd certain other "excepted trusts" need not ouse, or a dependent child?	nittee on Ethics a	∍d by the Comn h a trust benefi	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?
S	QUESTION	F THESE (ATION — ANSWER EACH OF THESE QUESTIONS	T INFORM.	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
:	esponse.	each "Yes" r	appropriate schedule attached for each "Yes" response.	and the	e answered	Each question in this part must be answered
S □	Yes X	35,000 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 X	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.
<u>₹</u>	Yes	angement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	No D	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.
<u>8</u>	Yes 🔀	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 yes, complete and attach Schedule IV.	S □	Yes	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.
			ANSWER EACH OF THESE QUESTIONS	OF THESE	ER EACH	PRELIMINARY INFORMATION — ANSW
who files	_	against any individua more than 30 days late			Office:	Status New officer or Employing Office:
assessed	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	A \$200 pen	_	Date of	W Hampshire	Filer Candidate for the State: New District:
RECENTAGE	u.s. House of her her hessen have	S.E. 3.5	elephone:	Daytime Telephone:		Name: William L. O'Brien
age 1 of 6	2013 JUL 22 AM ID: 21	JUL	FORM B For use by candidates and new employees		ELDE TO	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, みのね・「ふかく ろの, ふの
	3963	-				

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name William L. O'Brien

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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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	ceived under the Social	Security Act.
	Timo	Amount	unt
Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
XY7 Corporation, Houston, TX	Salary	\$6,300	\$28,450
7	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Law 085;ce of William O'Brien	Legal Fees	34 107	2he he
I show the Mark Home Millord No	Soone Salwy	084	004
d	٥		
			-
		a de la companya de	

Windespeed Vershier III LP	16A-034A Mandahl	Flacut SRA (WLD)	Fidelity IRA (Roximo)	Fidelity Arct. (w-0)	Fide 11ty Arct. (Roman)	JT 1st Bank of Paducah, KY accounts	Examples:	SP. SP Mega Corp. Stock	homes and vacation nomes (uness there was retitations 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 (CC) 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 location in Rinck A	Asset and/or Income Source 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 "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.
*	*	7	*	*	*	×	Indefinite	×	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 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G L L L L L L L L L L L L L L L L L L	Value of Asset Value of Asset ate value of asset at close of thing year. If you use a valuation od other than fair market value, se specify the method used. asset was sold during the reportear and is included only because herated income, the value should lone."
	*	7	*		×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		Type of Income Check all columns that apply, For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
*	*	7	*	*	*	×	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*	-	Current Year	Amount of Income 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.
×				*	*	×	×	×	\$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*	III IV V VI VIII VIII X X XI XII	receding Year	ncome -Deferred" in Block C, you may assets, indicate the category of ox below. Dividends, interest, sted, must be disclosed as as earned or generated. rom assets solely held by your

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SCHEDULE II — ASSETS AN Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME		Name William D. Brien
ВГОСК У	вгоск в	BLOCK C	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
SP,	A B C C D E F G H - J K L 00° M	ify: e.g.,	Current Year
DC J.	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 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,0	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Speci	None
US Covernment Bonds	*	*	*
C. Fizans Bank Acid	*		* *
		,	

SCHEDULE III — LIABILITIES

Name William L. O'Brien

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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.

		_		
				SP, DC, JT
		Now	Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
		Now	Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001 \$15,000
	 		Ш	\$15,001— \$50,000 D
				\$50,001— \$100,000 C
			X	\$100,001— \$250,000 □ \$250,001—
	 			\$500,000 m \$500,001— \$1,000,000
				\$500,000
				\$5,000,000 = billy \$5,000,000 = #
				\$25,000,001 \$50,000,000
				Over \$50,000,000
				Spouse/DC Liability over ス \$1,000,000
			Nowe Now	May 1998 Mortgage on 123 Main Street, Dover, DE X Now X X X X X X X X X X X X X

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.

Executive Divector New Hampshire Lead Foundation	Executive Divector
White Cliff Pets Product Inc	W) embser
Hit or Not In.	Compositive Secretary
Bustin loop Ins.	Corporate Secretary Brown loop Inc.
Name of Organization	Position
latule.	ally positions solely or all floriolary rigidie.

SCHEDULE V - AGREEMENTS

Name William LO' Brien

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	offt plan maintained by a former employer.	service; continuation or deferral of payments by a former or current employer other than the U.S. Government;	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employs
	,	ployer other the	angement with I
		an the U.S. Government; or continuing participation in an employee welfare or ben-	respect to: future employment; a leave of absence during the period of government

Dete	Date Parties To	Terms of Agreement
	None	

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.

ionalized by star or ion isher into interest in extraction in	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Brainlens Inc.	honal Services
(P Baker Zw.	Lean Services
Not Number Tur	Leant Services

GPO: 2013 78-995 (mac)