

# UNITED STATES HOUSE OF REPRESENTATIVES

## FINANCIAL DISCLOSURE STATEMENT

### FORM B

For use by candidates and new employees

Period covered: January 1, 2014 - May 15, 2014

MAY 15 2014

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LEGISLATIVE RESOURCE CENTER

2014 MAY 22 PM 12:25

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Name: Mark Greene Daytime Telephone:

(Office Use Only)

|              |  |                        |                           |   |  |
|--------------|--|------------------------|---------------------------|---|--|
| Filer Status | <input checked="" type="checkbox"/> Candidate for the House of Representatives | State: TX District: 12 | Date of Election: 11/4/14 | Check if Amendment <input type="checkbox"/> | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
|              | <input type="checkbox"/> New officer or employee                               | Employing Office:      |                           |   |  |

In all sections, please type or print clearly in blue or black ink.

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

|   |   |  |   |
|---|---|--|---|
| 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.   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 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. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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.   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 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.                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

|  |   |
|--|---|
| 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?                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

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| Preceding Year |                                    |
|----------------|------------------------------------|
| I              | None                               |
| II             | \$1 – \$200                        |
| III            | \$201 – \$1,000                    |
| IV             | \$1,001 – \$2,500                  |
| V              | \$2,501 – \$5,000                  |
| VI             | \$5,001 – \$15,000                 |
| VII            | \$15,001 – \$50,000                |
| VIII           | \$50,001 – \$100,000               |
| IX             | \$100,001 – \$1,000,000            |
| X              | \$1,000,001 – \$5,000,000          |
| XI             | Over \$5,000,000                   |
| X              | Spouse/DC Income over \$1,000,000* |

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[illegible]

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.

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