EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child Yes No because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No YI. 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 Yes YII. Did you receive compensation of more than \$5,000 from Yes Yes YiII. Did you receive compensation of more than \$5,000 from Yes Yes YiII.	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 Did you, your spouse, or a dependent child receive "unearned" v. Did you have any reportable agreement or arrangement with an outside entity? Wes, complete and attach Schedule V. If yes, complete and attach Schedule V. If yes, complete and attach Schedule V.	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? Yes No If yes, complete and attach Schedule IV. No If yes, complete and attach Schedule IV.	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	Employing Office: more than 30 days late.	Candidate for the State: NC Date of House of Representatives District: 12 Election: 11-4-26/4 Amendment A \$200 penalty shall be	(Office Use Only)	Name: Vince (a kley Daytime Telephone: 0.5. HOUSE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FORM B FORM B Period covered: January 1, 2013 - March 31, 2014 For use by candidates and new employees 2014 APR 10 PH 12: 19
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

	Name
, I	Vinca Coakley

Page 2 of S

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

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	eceived under the Social S	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Conce (include date of receipt to include in	ıype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Fyamples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Rengine one Netwol LCC Charlette NC	Salary	O	12,72960
OCG Real Assets Charlette NC	Salvey	٥	51,000,00
Entercon Green. He LLC Green. He, SC	Salary	2601.14	1500.00
Raycom Modia Charlotte NC	Salory	60.76	1452,00
Varta Graya LLC Wast Da Mainer, 1A	Salan	800,00)
	Spauge Salery	249786	

Page 3 of 5

					Paneer	JT	DC, Examples:	SP,	nomes and vacation nomes (umess income during the reporting period); as ing \$5,000 or less in personal ches accounts; and any financial interes derived from, a federal retirement prothe Thrift Savings Plan. If you so choose, you may indicate income source is that of your spouse dent child (DC) or is jointly held with you fin the optional column on the far left. For a detailed discussion of Schedule please refer to the instruction booklet.	Exclude: Your person	For an ownership int that is not publicly to ness, the nature of location in Block A.	For rental or other real property held provide a complete address or a de "rental property," and the city and state.	For all IRAs and othe plans) provide the vaccount that exceeds	Provide complete names of (do not use ticker symbols).	Identify (a) each asset of income with a fair the end of the reportable asset or sumore than \$200 in "u	Asset and	
				l .	nvestae-to	1st Bank of Paducah, KY accounts	Simon & Schuster	SP Mega Corp. Stock	nomes and vacation nomes (unless 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 (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 Block A.	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.	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	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.	Asset and/or Income Source	BLOCK A
									None		>	y ,	it g	ing	rep me ple		
	_					<u> </u>	_	<u> </u>	\$1 - \$1,000		<u>в</u> С	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	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.		
						\vdash	Indefinite		\$1,001 - \$15,000 \$15,001 - \$50,000		- 0	ફું ફું	ne."	ir ar	spe va		
		_				┢	inite	×	\$50,001 - \$100,000			Sing	<u>ā</u> . =	<u>લ</u> ક્ર	lue ear cify	<u>√a</u>	
						×			\$100,001 \$250,000		711	e or	. 8	S SC	that if y	Value of Asset	腔
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\longmapsto								×	NONE DIVIDENDS			T T	f the	a jan	Check all colun retirement accommodallow you to investments or deferred incommodallows.		
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						┢			CAPITAL GAINS			ort.	99 j. j.	8 S	me d	으로 :	BLOCK C
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					$\boldsymbol{\times}$				TAX-DEFERRED			during the reporting period.	interest, and capital gallis, even if reinvested, must be dis- closed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	Check all columns that apply. For retirement accounts that do not allow you to choose specific allow you that generate taxinvestments <u>or</u> that generate taxideferred income (such as 401(k)	Type of Income	`
	1						Royalties		Other Type of Income	-]	inco		ate t	ā	
				j			ulties		(Specify: e.g., Partnership Income or Farm Inc	ome)			ਜ਼ ਫ਼ ਵਾਂ ਭ	ਫ਼ਿਰੀ			
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									\$1,000,001 - \$5,000,000	×			ē ∯	Check "None" if no income was earned or generated	풀뤋고윷	Amount of Income	
									Over \$5,000,000	×			de	ij	- 주 조 중	Ĕ,	σ
									Spouse/DC Income over \$1,000,000*	¥			ñK €	ğ	ed t	# 6	ELOCK D
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						\vdash	-		Over \$5,000,000	×			* This column is for income derived from assets solely held by your spouse or dependent child.		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		

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling 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. 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 sib-

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D 49	Creditor	Date Liability	Type of Liability	>	В	ဂ	0	m			0 -	, - O		er ス
<u>ا</u> ک	Cigalica	mo/year	ואף כיו בומטווונץ	\$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	\$25,000,00° \$50,000,000	Over \$50,000,000 Spouse/DC	Liability ove \$1.000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×							
	N/A		N/A-											
			•			:								

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

ally positions solely of all floriorary flature.	ature.
Position	Name of Organization
(CE)	Renamone Network LLC Charlotte NC

SCHEDULE V — AGREEMENTS

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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. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	
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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
Three Was Plumbins, Charlith, NC	Advertising
Greater Media Charlothe NC	Talk Shar Ho, t
i i	Advertise Marketing