No X	Yes	ependent child	lities of a spouse or de Committee on Ethics.	"unearned" income, transactions, or liabili unless you have first consulted with the C	arned" incomess you have fi	er assets, "une wer "yes" unter	<b>EXEMPTION</b> —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.	EXEMPTION - Have because they meet a
N <sub>S</sub>	Yes 🔲	ot be	excepted trusts" need not be lent child?	s and certain other "ex spouse, or a depender	iittee on Ethic ling you, your	d by the Comn a trust benefi	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS—Details redisclosed. Have you
S	QUESTION	OF THESE (	ANSWER EACH OF THESE QUESTIONS	1	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION O
	esponse.	each "Yes" r	ule attached for	appropriate sched	and the a	e answered	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	Eac
<sup>№</sup>	Yes	\$5,000 from	ompensation of more than \$5,000 from two prior years?	VI. Did you receive com a single source in the tw If yes, complete and at	N <sub>S</sub>	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.	III. Did you, your spous able liability (more than If yes, complete and a
<b>№</b>	Yes	rangement	eportable agreement or a attach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	<b>№</b>	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.	II. Did you, your spouse, or a dependent of income of more than \$200 in the reporting reportable asset worth more than \$1,000 of the second in the reportable asset worth more than \$1,000 of the second in the seco
□ S	Yes X	before the date or two years?	ortable positions on or lendar year or in the printach Schedule IV.	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.	N <sub>S</sub>	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.	Did you or your spouse have "earned" in tees) of \$200 or more from any source in if yes, complete and attach Schedule I.
				E QUESTIONS	EACH OF THESE		The all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWER	PRELIMINARY
	,							
assessed who files	. (9	A \$200 penalty shall be against any individual more than 30 days late.	Check if Amendment	CICE ROUTE :U	Date of Election:	1	Candidate for the State: UT	Filer Status
	(Office Use Only)	$\mathcal{C}$						
		•		Daytime Telephone	Daytime		bour M. McAleer	Name: 1 )
LERK	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S. HOI						)
1:58	2013 NOV 20 PM 1:58	2013	s and new employees	For use by candidates		-31, 203	anuary 1, 2013 - December	Period covered: January 1, 2013
Page 1 of 6	Page 1 of L	LEGISI	MB	FORM		TIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	UNITED STATE

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name
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McAleer

Page 2 of 6

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	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Source (include date of receipt for Horioratia)	יאָסָק	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Fyamnias: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
State of Utah, Sur Like City, UT	ethose explany	103 33a . 80	116.35519
Dear Valley Respect, MEX City, UT	gyland		4.742.77
SACT LAKE CHAMBER HOMERY BUSINESS CENTER ISHT LANGCHY. MUTULIUM	# Howsium	160000	Ø
Addreson Inc. chertopulie, FL	Book Royalities	24222-	119951

### SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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Page 3 of

Water Chamarotal yelon	MASSIANOS IRA	KICKSTART SEED FAND	T. Rowe Price	Fideluly	Vanguard	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	homes and vacation homes ( <i>unless</i> 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 (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.	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
-6	X	*	×	*	*	×	Indefinite	X	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 - \$5,000,000 \$25,000,001 - \$50,000,000 Cver \$50,000,000 Spouse/DC Asset over \$1,000,000*		A BB C D E FF G H J K L M	*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-	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.	Value of Asset	BLOCK B
*	*	×		*	××	×	Floyalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		during the reporting period.	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset represented to income.	plans or IRAs), you may check the "Tax-Deferred" column. <b>Dividends</b> ,	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))	Type of Income	вгоск с
× ×	× ×	×	× ×	*	×	×	×	×	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  Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$5,000 \$50,001 - \$1,000 \$100,001 - \$5,000 \$100,001 - \$5,000 \$100,001 - \$5,000 \$100,001 - \$5,000 \$1,001 - \$5,000 \$1,001 - \$5,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		Current Year Preceding Year		<ul> <li>* This column is for income derived from assets solely held by your</li> <li>* spouse or dependent child.</li> </ul>	Income. Check "None" if no income was earned or generated.	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. <b>Dividends, interest</b> , and capital cains, even if reinvested, must be disclosed as	Amount of Income	BLOCK D

SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Donna McNexy

Page 4 of 6

							ᅜ	SP,		
						( d) BOH OSAGEARY			Asset and/or Income Source	BLOCK A
						7	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$190,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000	A B C D E F G H I J K L	Value of Asset	вгоск в
						<b>*</b>	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Spec Partnership Income or Farm Income		Type of Income	э уэотв
							None \$1 - \$200 = \$201 - \$1,000	Current Year	Amount of Income	вгоск р
							\$1 - \$200 =  \$201 - \$1,000 \( \otimes\) \$1,001 - \$2,500 \( \otimes\) \$2,501 - \$5,000 \( \otimes\) \$5,001 - \$15,000 \( \otimes\) \$50,001 - \$100,000 \( \otimes\) \$100,001 - \$1,000,000 \( \otimes\) \$1,000,001 - \$5,000,000 \( \otimes\) \$cyer \$5,000,000 \( \otimes\) Spouse/DC income over \$1,000,000.	Preceding Year	ncome	)

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#### SCHEDULE III — LIABILITIES

Name Johns M. McAleev

Page 5 of 6

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 owed to a spouse, or the child, parent, or sib-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	
	4	30 another of along us and apply 166 line Houng med osay, wasted of	Example: First Bank of Wilmington, DE	Creditor	
		99 امل	May 1998	Date Liability Incurred mo/year	
	So Brock, Chy, or	Morthage in 7688 Breeze De	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
				\$10,001 \$15,000	
			_	\$15,001— \$50,000 <b>W</b>	
		×	_	\$50,001— \$100,000 O \$100,001— _	
		_	Ľ	\$250,000	_
				\$500,000	Amount of Liability
			_	\$1,000,001— \$5,000,000 p	of lis
				\$5,000,001— \$25,000,000 <b>±</b>	Ť
				\$25,000,001 \$50,000,000	
				Over \$50,000,000	
				Spouse/DC Liability over ス \$1,000,000	

#### SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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	Advisor			
Position Position	,			
aidie:	Women's Boomes	,		
Name of Organization	Women's Bosiness Initiative SACT LAKE Commission College			
ization	LE Commission Col			
	Lest	0	-	

#### SCHEDULE V — AGREEMENTS

Name Downa MCAleer

Page 6 of

			Date	Identify the date, p service; continuati efit plan maintaine
		N/A	Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future emploservice; continuation or deferral of payments by a former or current employer other than the U.S. Governmen effit plan maintained by a former employer.
			Terms of Agreement	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.

# SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

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. 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

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
N/A	
f	
GPO: 2013 78-895 (mac)	