UNITED STATES HOUSE OF REPRESENTATIVES FOR New Members, Candidates, and	FORM B andidates, and New Employees	JUN 13 2014, 1 of 5
		LEGISLATIVE RESOURCE CENTER
Name: (Daytime Telephone	· · · · · · · · · · · · · · · · · · ·	2014 JUN 23 PM 1: 17
New Member of or Candidate for State: Light New Member of State: L	Check if Amendment	U.S. HOUSE OF THE CLERK (Office Use of the CLERK PRESENTATIVES
STATUS New Officer or Employee Employing Office: Fe	Period Covered: January 1, A \$200 to individe	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS	•	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Make more than \$200 in unearmed income from any reportable asset during the reporting period? E. Did you are the Yes No or in the	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	reporting period Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Do you are outsice.	F. Do you have any reportable agreements or arrangements with an outside entity?	ngements with Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes No Source in J. Did you you you spouse, or your dependent child have any reportable yes.	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	000 from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YO	LE IF YOU ANSWER "YES"	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTION	SWER BOTH OF THESE QUESTIONS	JESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child?	ted trusts" need not be disclosed. Have you excluded from	ou excluded from Yes No No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	of a spouse or dependent child because they meet all three	ey meet all three Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: (

Page 2 of 5

HT WAY DUNG	The but	HT VINGLINALLY THE	A PROBA INDOS	JT Haws. St. Guesse Unums	ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock	SP, EIF	For bank and other cash accounts, total the amount in A all indiresk-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts. For rental and other real properly held for investment, provide a complete address or description, e.g., rental properly, and a city and state. 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. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A generalized funds in the proper income source is that of your spouse (SP) or in the optional column on the far left.	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 *Cc (do not use only ticker symbols).	Identify (a) each asset held for investment or Indiproduction of income and with a fair market value you exceeding \$1,000 at the end of the reporting period, plea and (b) any other reportable asset or source of itraincome which generated more than \$200 in India unearmed income during the year.	Assets and/or Income Sources	BLOCK A
**	*	*		*	×	Indefinite	×		\$1,001-\$15,000		*Column M is for assets held by your spouse or dependent child in which you have no interest.	7 t n	Value of Asset	BLOCK B
⊀	*	*	7	4	Partnership Income	Royalties	×		NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.	Type of Income	BLOCK C
X	*	*		*	× ×	×	×		None		3	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all cother 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 for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D

Use additional sheets if more space is required.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

Name: (NASUES) LOS Page 5 of 1

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's 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.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. Amount	mbers and employees compensatessional services involving a fiduo	insated at or above the "senior staff" rate was \$26,955. It is unchange fiduciary relationship) are totally prohibited for Members and senior staff. Amount	ed for Members and senior staff.
	+		Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Districted VA (Oct 2)	Spoile Speech	\$20,000 \$0	\$1 000
Ontario County Board of Education	Spouse Salary	N/A	N/A
David Charles Shand	Sarae Sarao	7	Z 7
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