| NTATIVES FORM B | LEGISLATIVE RESOURCE OF HEIGH _ 6_ | aya filor 6 |
|--|--|----------------|
| Period covered: January 1, 2013 - December 31, 2013. | 2014 AUG 29 PM 1: 19 | 9 |
| | CAMICLE HEE CLERK U.S. NOUSE OF REPRESENTATIVES | TIVES |
| Name: MICHAEL EGGMAN Daytime Telephone: | - | |
| | (Office Use Only) | |
| Filer X Candidate for the State: CA Date of 11/4/14 Check if A House of Representatives District: 10th Dist Election: 11/4/14 Amendment A | W . | ssessed |
| | more than 30 days late. | Wild liles |
| 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? Yes X No II yes, complete and attach Schedule I. | e the date g years? Yes | No × |
| 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 X With an outside entity? If yes, complete and attach Schedule V. | ement Yes | No × |
| III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes 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 III. | 00 from Yes X | Š |
| Each question in this part must be answered and the appropriate schedule attached for each | attached for each "Yes" response. | |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF | EACH OF THESE QUESTIONS | ဖ |
| 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 | 8 × |
| 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. | ndent child Yes | N _O |

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name MICHAEL EGGMAN

Page 2 of 6

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

| Excrude: military pay (such as national Guard of neserve pay), leveral feurement programs, and definits received direct the social security Act. | rement programs, and beneats r | eceived under the Social S | recurity Act. |
|--|--------------------------------|----------------------------|----------------|
| Source (include date of receipt for honorgia) | Type | Amount | unt |
| Com Co (include date of 1000ths to trouviews) | ٠ کامت | Current Year to Filing | Preceding Year |
| XYZ Corporation, Houston, TX | | \$6,300 | \$28,450 |
| Framoles First Bank & Trust, Houston, TX | Director's Fee | \$400 | \$3,200 |
| XYZ Trade Association, Chicago, IL (Rec'd December 2) | | 0 | \$1,000 |
| Harris County, Texas Public Schools | Spouse Salary | NA | NA |
| EGGMAN HONEY BEE and ALMOND FARM | Self Employed | 81,600 (gross) | 84 060 (grass) |
| DELTA AIRLINES | Spouse salary | | 34,200 |
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| | | SP | - | -13 | 尸 | | <u>-</u> | Comes (Comes (Co | . C | 명 전 의 | fination in the second |
| | | DELTA | EGGMAN | Sn | | Examples: | SP | Exceluse: Your personal residence, including second homes and vacation homes (undes there was rental income during the reporting period); any deposits total-ing \$6,000 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. | location in Block A. | 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 | 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 the end of the reporting period, and (c) any other reportable asset or sources of income which generated more than \$200 in "unsamed" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IFAs 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 renkal or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state. |
| | | M | | 82 | 1st Bank of Paducah, KY accounts | Simon & Schuster | SP Mega Corp. Stock | home home home home home home him portion in personal man and home home home home home home home home | L | eded, | A hold mark orting ource retires are retire as the resident additional pressure and pressure additional pressure and pressure additional pressure and pressure additional pressure additional pressure and pressure a |
| | | AIRLINES | BEE | BANK | Ę | Ça C | <u>န်</u> | essons es | Ļ | State State | Or Income the back of inverse of the control of the control of the control of the control of the city and the |
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| | ⊹ − | | - | | ŭ. | | | | | | |
| | +- | | | × | ╁ | - | | \$1 - \$1,000 | | - - > | Value of Asset 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." "This column is for assets solely held by your spouse or dependent child. |
| | \top | . | × | | t | ਤੌ | | \$1,001 - \$15,000 | | n | Thoras ass |
| | | | | | | Indefinite | | \$15,001 - \$50,000 | | 0 | pointed by the special party and special party special par |
| | ∔ — | | | | _ | 8 | × | \$50,001 \$100,000 | | m | ar. III |
| | +- | | - | | Ι× | | \vdash | \$100,001 - \$250,000 \$250,001 - \$500,000 | | <u>ار</u> ق | ass assort |
| | | <u> </u> | <u> </u> | | 1 | _ | | \$500,001 - \$1,000,000 | | I. | Value of Asset at clo the of asset at clo ear. If you use a ver than fair market cify the method us was sold during the was included only discome, the value on sects so ouse or dependen |
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| | <u> </u> | | <u> </u> | ļ | ┡ | Ŀ | | \$5,000,001 - \$25,000,000 | | | t the section seed with the section seed with the section seed to see the section see the section seed to see the section seed to see the section see the section seed to see the section see the section seed to see the section see the section seed to see the section seed to see the section see |
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| | +- | | | \vdash | ╀ | | | Spouse/DC Asset over \$1,000,000* | | ₹ | |
| | | | | | 1 | | × | NONE | | · | 등 등 등 등 등 등 등 등 등 을 다. |
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| | | | | | | | | TAX-DEFERRED | | | Type of income Check all columns that apply retirement accounts that de allow you to choose spi finestments or that generate deferred income (such as 4 plans or IRAs), you may che Tax-Deferred" column. Divide interest, and capital gains, if retirevasted, must be diosed as income. Check " if the asset generated no in if the asset generated no in during the reporting period. |
| | | | | | Π | Pojekos | | Other Type of Income | | | Type of income 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) plans or IFIAs), you may check the Tax-Deferred column. Dividends, interest, and capital gains, even it retireasted, must be disclosed as income. Check Thore if the asset generated no income during the reporting period. |
| | | + | ļ | | ┡ | 8 | | (Specify: e.g., Partnership Income or Farm Income | ne) | · | 8 4 4 3 F 8 3 7 7 2 4 |
| | | | - | | ╀ | - | | None \$1 – \$200 | _ | | For a check income and |
| | | | 1 | | ┢ | - | | \$201 - \$1,000 | = | İ | ome one |
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| | + | + | × | | ┢ | - | | \$50,001 - \$100,000 | VII VIII IX | Current Year | For assets for which you check the "None" column. Fincome by checking the apand capital gains, even income. Check "None" if norme. Check "None" if no spouse or dependent child. |
| | | | | | | | | \$100,001 - \$1,000,000 | - | eg e | eve chili |
| | Д | | | | | | | \$1,000,001 - \$5,000,000 | × | ` | no i |
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| | +- | 1 | | | 十 | - | | Spouse/DC Income over \$1,000,000* None | ≘ : | | Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you check the "None" column. For all other assets, indicate the cate income by checking the appropriate box below. Dividends, in and capital gains, even if reinvested, must be disclosed income. Check "None" if no income was earned or generated. This column is for income derived from assets solely held to spouse or dependent child. |
| | +- | 1 | | <u> </u> | ٢ | - | | \$1 - \$200 | = | | was to |
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| | 1 | | <u> </u> | | L | - | | \$1,001 - \$2,500 | ₹ | 9 | sse se in |
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| | \bot | | | | L | | | \$100,001 - \$1,000,000 | × |] ۾ | 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. |
| | - | | | _ | ┨- | - | | \$1,000,001 - \$5,000,000 | × | | ou r sed |
| | | | | | ╁ | | - | Over \$5,000,000 Spouse/DC Income over \$1,000,000* | × | ł | our say |
| | | | 1 | 1 | | <u>i</u> | · | Characana usouse nati à l'onn'non | = | <u></u> | |

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name MICHAEL EGGMAN

Page 4 of 6

| Cong | Continuation Sheet (if needed) | | | |
|----------|--------------------------------|---|---|---|
| | manon viscos in recessor) | | | |
| | BLOCK A | вгоск в | вгоск с | BLOCK D |
| | Asset and/or income Source | Value of Asset | Type of Income | Amount of Income |
| S P | | A B C D E F G H - J X L | ly: e.g., | Current Year Preceding |
| <u>;</u> | | Ю | ST (Specif | |
| В С | | 000 0,000 0,000 00,000 000,000 5,000,000 | S IND TRUI D Income | 00 000 00,000 000,000 000,000 |
| | | None \$1 - \$1,000 \$1,001 - \$15,00 \$15,001 - \$50,0 \$50,001 - \$100, \$100,001 - \$25 \$250,001 - \$1,0 \$1,000,001 - \$5 \$5,000,001 - \$2 \$25,000,001 - \$2 \$25,000,001 - \$2 | Spouse/DC Asset NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BL TAX-DEFERRE Other Type of Partnership Inco | None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,0 \$100,001 - \$1,00 \$1,000,001 - \$5,00 Spouse/DC income over None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$1,000 |
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This page may be copled if more space is required.

SCHEDULE III — LIABILITIES

Name MICHAEL EGGMAN Page 5

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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 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 sibling 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.

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|--|-------------|------|--|---|
| | | | L | سرې |
| | | NONE | Example: First Bank of Wilmington, DE | Creditor |
| | | | May 1998 | Date Liability Incurred mo/year |
| | | | Mortgage on 123 Main Street, Dover, DE | Type of Liability |
| | | | | \$10,001— \$15,000 > |
| | | | | \$15,001— \$50,000 10 |
| | | | L | \$50,001— \$100,000 |
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| | | | H | \$5,000,000 D |
| | | | | \$25,000,000 — \$ \$25,000,001— _ \$50,000,000 |
| | | | \vdash | 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 solety of an nonorally nature. | all#e. |
|--------------|--|----------------------|
| | Position | Name of Organization |
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SCHEDULE V - AGREEMENTS

Name MICHAEL EGGMAN Page 6 of 6

| efit plan maintained by a former employer. | service; continuation or deferral of | Identify the date, parties to, and (|
|--|---|--|
| ployer. | service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or contin | Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a |
| | bloyer other than the U.S. Governm | ingement with respect to: future em |
| | uing participa | eve c |
| | ation in an employee welfare or ben- | of absence during the period of government |

| Date | Date Parties To | Terms of Agreement |
|--|-----------------|--------------------|
| | NONE | |
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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 |
| STEVEN MARSHALL | Sale of Products (Farm) |
| DAVID KIRKPATRICK | Sale of Products (Farm) |
| SCHULZ FARMS | Sale of Products (Farm) |
| ROSE BETTENCOURT | Sale of Products (Farm) |
| LAGORIO PROPERTIES LP | Sale of Products (Farm) |
| | |
| | |