No.	Yes	pendent child	silities of a spouse or de Committee on Ethics.	"unearned" income, transactions, or liabilitiunless you have first consulted with the Co	s you have fire	er assets, "unea wer "yes" unles	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.	cause they meet all three t	be m
S X	Yes	ot be	epted trusts" need not child?	s and certain other "exc spouse, or a dependent	ittee on Ethics	d by the Comm	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?	RUSTS - Details regarding sclosed. Have you exclude	요 귀
<u>is</u>	QUESTION	OF THESE (ANSWER EACH OF THESE QUESTIONS	1	TINFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	CLUSION OF SPO	₹
	esponse.	each "Yes" re	lule attached for each "Yes" response	ppropriate schedu	and the a	e answered	Each question in this part must be answered and the appropriate sched	Each que	
N N	Yes	\$5,000 from	ensation of more than prior years? ach Schedule VI.	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.	<u>§</u>	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.	Did you, your spouse, or a de liability (more than \$10,000) res, complete and attach Sci	able I
Š	Yes	rangement	oortable agreement or ar	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	X	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.	Did you, your spouse, or a de come of more than \$200 in the cortable asset worth more than yes, complete and attach Sci	repo
No.	Yes X	pefore the date	ortable positions on or t lendar year or in the pric tach 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.	O No	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.	I. Did you or your spouse have "earned" in fees) of \$200 or more from any source in If yes, complete and attach Schedule I.	i jees
			l	EACH OF THESE QUESTIONS	OF THES	ER EACH	RELIMINARY INFORMATION — ANSWER	PRELIMINARY INFORMATION	PR
							wint alarmy in blue or black ink	all acations places time or t	5
assessed who files	. — .	A \$200 penalty shall be against any individua more than 30 days late	Check if Amendment	11/4/11	Date of Election:	MA C	Candidate for the House of Representatives New officer or Employee Candidate for the State: District: Employing Office:	Candidate for House of Rep Status New officer or employee	0
	(Office Use Only)	((
	U.S. HOUS. LA WE'VE			Daytime Telephone	Daytime	penson	secon Fe	Name: /oth	Z
Page 1 of 6 2013 JUL 24 PH 2: 05	2013 JUL 2		I B and new employees	FORM For use by candidates a		ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, <i>入のト・プル</i> y 14, <i>Zo</i>	UNITED STATES HOUSE OF REPRESE FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012- July	Pe□S

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name JOHN PEDERSON

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: williary pay (such as National Guard of Heserve pay), lederal retirement programs, and	ement programs, and benefits re	Amount	unt
Cource (illicance date of lecept for Horiolatia)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
1	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
AMCON BLOCK ST. CLOVE, MN	SALARY	32,214	96,643
MINNESOTA STATE SENATE, ST. PAUL	STATE SOWATER	16,701	33,906
ST. Choro obspian, ST. Choro Ma	Sporse Stragey	14,005	35, 198
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180	Ž,		7.>	1	1	<u>л</u>	DC, Ex	SP.	Exclusion boxes in come in graph since in graph sin	For an ow that is not ness, the	Identify of income the en reports more the Provide (do not For all plans) account.
Son Anco Furp	FIDELIAN	BALANCES FUND	MN STATE MN STATE	- Sobort TEXM FIXED		1st Bank of Paducah, KY accounts	Examples: Simon & Schuster	SP Mega Corp. Stock	Exclude: Your personal residence, including second fromes 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.	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 beatter in Block A	Asset and/or Income Source Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). 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. 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.
						_			None	>	T
									\$1 - \$1,000	0 0	Value of Asset 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.
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\times							Indefinite		\$15,001 \$50,000	0	ailu sed imm
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						Ĥ	-		\$250,001 - \$250,000 \$250,001 - \$500,000	<u>''</u>	ass assort of a sold in the men
—						┢	-		\$500,001 - \$1,000,000	<u> </u>	BLOCK B Value of Asset alue of asset at clo ear. If you use a v her than fair marke scify the method us was sold during th d is included only id income, the valu mn is for assets so ouse or dependen
						T			\$1,000,001 - \$5,000,000		sse at control of the at contr
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									\$25,000,001 - \$50,000,000	7	thick the shift of
									Over \$50,000,000		l el our e, on
		<u> </u>							Spouse/DC Asset over \$1,000,000*	Σ	
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	<u>. </u>	ļ	1			├-	-	-	DIVIDENDS		BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deterred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
\vdash		 -				×	-		RENT INTEREST		TOPE
		ļ				F	1		CAPITAL GAINS		BLOCK C of Ince olumns tha accounts to to choos sour that ge come (such As), you ma ad column. td capital g ted, must ncome. Ch generated eporting pe
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	-	Z		×		H	-		TAX-DEFERRED	, , , ,	BLOCK C Type of Income ix all columns that apply ment accounts that do r you to choose spu fred income (such as 4 sor IRAs), you may chec cor IRAs), you may chec cor IRAs), you may chec cor IRAs), that gains, sor IRAs), the column. Divice ext, and capital gains, invested, must be ext as income. Check "N asset generated no inc g the reporting period.
						l	₹ 37		Other Type of Income		pply t do spe
							Royalties		(Specify: e.g., Partnership Income or Farm Income)		not cific cific tax- (tax- (the dis- one)
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<u> </u>							-		\$1,000,001 - \$5,000,000 ×	┨▝	Am ap ap ap ome ome
		<u> </u>				<u> </u>		П		1	or a propro
									Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000* ≚	1	BLOCK D Amount of Income I checked "Tax-Deferr In. For all other assets, appropriate box belo en if reinvested, n if no income was earr ome derived from ass ilid.
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	 	ļ			-	┪			\$1,000,001 - \$5,000,000 ×	┨ ~	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.
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\$25,000,000	\$25,000,000	\$25,000,000	\$25,000,000	\$25,000,000	Type of Income Type of Income	Type of income Type of income	0
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SCHEDULE III — LIABILITIES

Name John PEDERSON

Page S of 6

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

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	1							Amo	Amount of Liability	Liabi	ity			Ц
SP, DC,	Creditor	Date Liability Incurred mo/year	Type of Liability	\$10,001 \$15,000	\$15,001— \$50,000	\$50,001— \$100,000 O	\$100,001— \$250,000	\$250,001 \$500,000 m	\$500,001— \$1,000,000	\$1,000,001 \$5,000,000	\$5,000,001— \$25,000,000 ± \$25,000,001—	\$50,000,000	\$50,000,000 Spouse/DC	Liability over X \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×							
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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.	ature.
Position	Name of Organization
TACTINE	Strementary ocalimes cont ocasasas

SCHEDULE V — AGREEMENTS

Hamme LOST PEDERSON

Page of O

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 deterral 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.	efit plan maintained by a former employer.	service; continuation or deferral of payments by a for	Identify the date, parties to, and general terms of an
ne be		continuing p	

Date	Parties To	Terms of Agreement
•		

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 Dutles
Example: Doe Jones & Smith, Hornetown, Hornestate	Accounting services
•	

GPO: 2013

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