

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

For use by candidates and new employees

Period covered: January 1, 2014 - \_\_\_\_\_

Name: LABARE, STEPHEN, A Daytime Telephone: \_\_\_\_\_

APR 01 2014  
LEGISLATIVE RESOURCE CENTER  
2014 APR -2 PM 1:31  
OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>NY</u> District: <u>3</u>	Date of Election: <u>11/2014</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office: _____			

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? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Name LARABE STEPHEN A

Page 2 of 4

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.

[illegible]

Spouse IRA, USAA  
LETICIA LABATE

## My Positions

Total Unrealized Gain/Loss:  
N/A

Total Market Value:  
\$110,171.64

Symbol	FundName/AccountNumber	Quantity	Price	Change\$(%)	Estimated Gain/Loss	Market Value
<b>Cash/Money Market Funds(1)</b>						<b>\$2,500.04</b>
USAXX	Money Market Fund	2,500.040	\$1.00	0.00(0.00%)	N/A	\$2,500.04
Symbol	FundName/AccountNumber	Quantity	Price	Change\$(%)	Estimated Gain/Loss	Market Value
<b>Equity Sector Funds(1)</b>						<b>\$9,687.38</b>
USAGX	Precious Metals and Minerals Fund	582.875	\$16.62	-0.26(-1.54%)	N/A	\$9,687.38
Symbol	FundName/AccountNumber	Quantity	Price	Change\$(%)	Estimated Gain/Loss	Market Value
<b>Large Cap Stocks/Funds(3)</b>						<b>\$87,984.22</b>
USAUX	Aggressive Growth Fund	393.003	\$41.14	0.44(1.08%)	N/A	\$16,168.14
USNQX	Nasdaq-100 Index Fund	2,274.430	\$10.69	0.13(1.23%)	N/A	\$24,313.66
USSPX	S&P 500 Index Fund Member Shares	2,142.415	\$26.84	0.19(0.71%)	N/A	\$57,502.42

STEPHEN LABATE  
IRA  
USAA

## My Positions

Total Day Change: \$1,191.30    Total Unrealized Gain/Loss: N/A    Securities Market Value: \$183,722.24    Total Market Value: \$211,224.81

Symbol	Description	Quantity	Price	Change\$(%)	Day Gain/Loss	Estimated Gain/Loss	Market Value
<b>Cash(1)</b>					<b>N/A</b>	<b>N/A</b>	<b>\$27,502.57</b>
USAXX	USAA Money Market Fund	0	\$1.00	0.00(0.00%)	N/A	N/A	\$27502.57

Symbol	Description	Quantity	Price	Change\$(%)	Day Gain/Loss	Estimated Gain/Loss	Market Value
<b>Stock/ETF(1)</b>					<b>-\$10.22</b>	<b>\$0</b>	<b>\$6,457.74</b>
MS	MORGAN STANLEY	204.359	\$31.60	-0.05(-0.16%)	-\$10.22	\$0.0	\$6,457.74

Symbol	Description	Quantity	Price	Change\$(%)	Day Gain/Loss	Estimated Gain/Loss	Market Value
<b>Mutual Funds(6)</b>					<b>+\$1,201.52</b>	<b>+\$8,559.19</b>	<b>\$177,264.6</b>
FDIVX	FIDELITY DIVERSIFIED INTL FUND (TF)	177.071	\$36.44	0.19(0.52%)	\$33.64	\$0.0	\$6,452.47
FBGRX	FIDELITY BLUE CHIP GROWTH FUND (TF)	187.968	\$66.75	0.7(1.06%)	\$131.58	\$0.0	\$12,546.86
USAGX	USAA PRECIOUS METALS & MINERALS (NTF)	907.407	\$16.62	-0.26 (-1.54%)	-\$235.93	-\$9,280.13	\$15,081.10
USGRX	USAA GROWTH & INCOME (NTF)	2,492.365	\$22.06	0.22(1.01%)	\$548.32	\$0.0	\$54,981.57
USSCX	USAA SCIENCE & TECHNOLOGY (NTF)	977.330	\$20.93	0.25(1.21%)	\$244.33	\$5,977.11	\$20,455.52
USSPX	USAA S&P 500 INDEX MEMBER SHARES (NTF)	2,524.105	\$26.84	0.19(0.71%)	\$479.58	\$11,862.21	\$67,746.98

Page 3 of 6

**For additional assets and unearned income, use next page.**

## Continuation Sheet (if needed)

LABATE, STEPHEN A

Page 1 of 4

**This page may be copied if more space is required.**

# **SCHEDULE III — LIABILITIES**

Name

LABARE, STELLER A

Page 5 of 6

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.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$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	\$25,000,001 — \$50,000,000	Over \$50,000,000	Spouse/DC Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X							
	11 NONE													
	OTHER TAX													
	PROFITABLE													

# **SCHEDULE IV — POSITIONS**

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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor or organization, or any educational or other institution other than the United States.

**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.

Position	Name of Organization
	11 NONE

Page ~~4~~ of ~~42~~

## Terms of Agreement

11 Nov

### **Brief Description of Duties**

### **Accounting services**

11. Vone