14c114 Westlund APR 15 mix

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UNITED STATES HOUSE OF REPRESENTATIVES FORM B Period covered: January 1, 2012 - ひとくさかして 31, 2013 For use by candidates and new employees	LECISLATIVE LESOURCE PORTEON 4. 2014 APR 23 AM 11: 02	Report 4 02
	OFFICE OF REPRESENTATIVES	SALLE
Name: 1411 WeStlund Daytime Telephone:		
	(Office Use Only)	
Filer Candidate for the State: WT Date of 11/4/14 Check if House of Representatives District: OT Election: 11/4/14 Amendment a employee	A <i>\$200 penalty</i> shall be a against any individual w more than 30 days late.	assessed who files
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 No 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.	re the date you years? Yes	Š
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 V. Did you have any reportable agreement or arrangement with an outside entity? Wes, complete and attach Schedule V.	gement Yes	ĭ □
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.	000 from Yes	ू प्
Each question in this part must be answered and the appropriate schedule attached for ea	le attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF	EACH OF THESE QUESTIONS	(V)
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?	oe Y es	No O
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	No C

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Kelly Westlund Page Zof 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.

Exclude: Ivilliarly pay (such as Ivalibrial Guard of neserve pay), rederal remember programs, and benefits received under the social Security Act.	illelit programs, and benefits r	Celved ruidel file of
Source (include date of receipt for honoraria)	Type	
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XYZ Corporation, Houston, TX	Salary	
Examples: First Bank & Trust, Houston, TX	Director's Fee	
Harris County, Texas Public Schools	Spouse Salary	
Bayfield Regional Food Producer Coop	Centract	
Chequanicaon Ecosystem Resources Contreact	Contract	
Kelly Westlund Consulting	Sole Proprietor	`
City of Ashland, WI	Council Pay	
Circa Martinson Construction	Souse Salary	-
Unemployment Compensation	Sponse UI	۷
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- 1			=	Г	Examples:		income during the reporting period; any deposits total- ing \$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 depen- dent 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. Exclude: Your personal residence, including second bonnes and variation homes funless there was realished.	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	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 "unearmed" income during the year.	As	•
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İ				l	Royalties		(Specify: e.g., Partnership Income or Farm Inc	come)			interest, and capital gains, even if reinvested, must be dis- closed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Deferred" column. Dividends,	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate taxdeferred income (such as 401(k)	-	
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SCHEDULE III — LIABILITIES

Name Kelly Westlund Page tory

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.

1					J D SP,	
		-	Dept. of Education	Example: First Bank of Wilmington, DE	Creditor	
		•	11/2012	May 1998	Date Liability Incurred mo/year	
			11/2012 Consolidated Student	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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					Spouse/DC Liability over ス \$1,000,000	

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

and poolitons solony or an increase y mainten	TABLE 1. C.
Position	Name of Organization
Diecotar	Friends of the Great Lakes Visitor Center
Member	City of Ashland Revolving Loan Fund Committee