

UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	LEGISLATIVE RESOURCE CHARGER of 7	SEA or 7
7, 2014	For use by candidates and new employees	2014 APR 14 PM 2: 14	+
		OFFICE OF REPRESENTATIVES	VES
Name: DIANE ELIZAGETH SWANSON VANN Daytime Telep	Telephone:		
		(Office Use Only)	
Filer Candidate for the State: GA Date of Privalence of Representatives District: La Election: Md	Check if Amendment	/ty shall be	assessed
Status New officer or Employing Office:		more than 30 days late.	Wito Illes
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QU	QUESTIONS		i
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 V 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.	before the date or two years? Yes	₹
II. Did you, your spouse, or a dependent child receive "unearned" v. Did 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 With an If yee, complete and attach Schedule II.	 V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. 	rangement 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.	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.	\$5,000 from Yes	<u>7</u> §
Each question in this part must be answered and the appropriate sche	riate schedule attached for	dule attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	1	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?	ertain other "excepted trusts" need no , or a dependent child?	of be Yes 🔲	S _N
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.	actions, or liabilities of a spouse or de sulted with the Committee on Ethics.	ependent child Yes 🔲	₹

SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

Name DIANE ELIZABETH SHANSON YANN PAGE 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.

Course (include date of special for honomeia)	7.50	Amount	unt
Control (morano de locope de locularia)	. 7 000	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
_	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	AN	N.A.
NOYTHETIS PHARMACEUTICALS	Spouse SALARY	N/A	X >
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DIANE ELITABETH SUANSON YANN Page 4 of 4

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	TRA Mutual Benefit	TRA	AVIVA	IRA AVIVA	RETIREMENT 2025 FUND	LN TEREST LYBONG FUND	401 K Fidelity:	Fidelity Freedom 2025 Fund	Bank of America Mary Marke	SUN KINST SAVINGS		BLOCK A Asset and/or Income Source
	*		× .	X		×			X	X	None > \$1 - \$1,000	BLOCK B Value of Asset
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