No No	Yes	pendent child	es of a spouse or der	, transactions, or liabilitie st consulted with the Cor	arned" income, ss you have firs	her assets, "unea swer "yes" unles	EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child recause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTION
N _S	Yes 🔲	ot be	epted trusts" need not child?	s and certain other "exce, spouse, or a dependent of	nittee on Ethics ing you, your s	ed by the Common that trust benefit	IRUSTS —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?	TRUSTS - Detailisclosed. Have
S	QUESTION)F THESE	WER EACH OF THESE QUESTIONS	ANS	T INFORM	OR TRUS	XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	XCLUSION
	response.	each "Yes" ı	le attached for each "Yes" response	ppropriate schedul	and the ap	be answered	Each question in this part must be answered and the appropriate schedu	
₹	Yes 🔲	\$5,000 from	ensation of more than \$ prior years? ch 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.	S D	Yes	I. Did you, your spouse, or a dependent child have any report- ble liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	I. Did you, your s ble liability (more yes, complete a
8 ⊠	Yes	angement	rtable agreement or arrangement	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V	№	Yes	 Did you, your spouse, or a dependent child receive "unearned" ncome of more than \$200 in the reporting period or hold any eportable asset worth more than \$1,000 at the end of the period? f yes, complete and attach Schedule II. 	. Did you, your spaceme of more that eportable asset w
N _S	Yes 🔀	efore the date r two years?	rtable positions on or be ndar year or in the prior ch 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.	No D	Yes X	Did you or your spouse have "earned" income (e.g., salaries or ees) of \$200 or more from any source in the reporting period? f yes, complete and attach Schedule I.	Did you or your ees) of \$200 or m
				EACH OF THESE QUESTIONS	OF THESI	ER EACH	RELIMINARY INFORMATION — ANSWER	RELIMINA
	more than 30 days late.	more than) Office:	employee Employing Office	
assessed who files	— n	A \$200 per against an	Check if Amendment	NOV 4 2014	Date of Election:	25 CALIFORNIA	Candidate for the State: House of Representatives District: New officer or	Filer Status
	(Office Use Only)			ļ				
		, -		Daytime Telephone:	Daytime		LEE C. ROUSES	Name: L
IVES	U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE C						
CJ	2013 SEP -9 PM 1: 15	2013 SEF	nd new employees	For use by candidates and new employees		2013	Period covered: January 1, 3013 - AVV 1	eriod covere
age 1 of 4	LEGISLATIVE RESOURCE CENTER	LEGISLATIV	B	FORM E		ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED ST
	Ct	•						

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name LEE ROBERS

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exceeding \$1,000. See examples below. 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 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

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

Danies (include base of consist for bosocosis)	Type	Amount	unt
Source (include date of receipt to Horioraria)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
1	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
LEE C POWERS, DPM. Inc., Lox Ambres, CA	Smary	\$ 126,200	\$120,500
A MEDICAL CORPORATION			29 29 29 29 20 20 20 20

PARADIBMA MEDICAL MANAGEMENT	IT US BANK SAVINGS	SP PENTAURA YOLK	US BAMK IRA-SEP	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	income during the reporting period); any deposits total 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 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.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental	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 location in Block A.	(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.	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 "unearned" income during the year. Provide complete names of stocks and mutual funds	Asset and/or Income Source
×	~	×	~	×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$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 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G H - J K L M	ing 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.	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 report.	Value of Asset
OTTE	×	K	×	×	Royalbes	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		"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.	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 IRAs), you may check the	BLOCK C Type of Income
*	X	×	*		×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$1,000 \$15,001 - \$50,000 \$15,001 - \$50,000 \$50,001 - \$1,000,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year	-	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.	Amount of Income

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SCF	SCHEDULE II — ASSETS ANI	AND "UNEARNED" INCOME			
Contin	eed			Name	Pageof
	BLOCK A	вгоск в	BLOCK C	BLOCK D	
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	
SP,		A B C D E F G H I J K L M	fy: e.g.,	Current Year Pre	Preceding Year
JT,		00 000 0,000	UST	×	V VI WIIVIII IX X XI
R		15,000 \$50,000 \$100,000 - \$250,000 - \$500,000 - \$1,000,000 - \$5,000,00 - \$25,000,000 - \$25,000,000 - \$25,000,000	S AINS D/BLIND TR	,500 ,000 5,000 50,000 100,000 \$1,000,000 - \$5,000,000 000	,000 5,000 50,000 100,000 \$1,000,000 - \$5,000,000
		\$1,000,001 \$5,000,001 \$25,000,00 Over \$50,0	NONE DIVIDEND RENT INTEREST CAPITAL G EXCEPTE TAX-DEFE Other Typ	Over \$5,000	\$2,501 - \$5 \$5,001 - \$1 \$15,001 - \$ \$50,001 - \$ \$100,001 - \$1,000,001 Over \$5,000
_					
_					

SCHEDULE III — LIABILITIES

Name LEE POUERS

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owed 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 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 sib-

								Amount of Liability	t of L	iabilit	У		
S,		Date Liability		٨	8	C	0	ERI TI	ີ - ຜ		, 		
JT,	Creditor	Incurred mo/year	Type of Liability	\$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	\$5,000,000 \$5,000,001—	\$25,000,000 \$25,000,001- \$50,000,000	Dver \$50,000,000	Spouse/DC Liablity over \$1.000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				\vdash						
	lowa Stubent LOAN	Dec 2004	STUDENT LOAN				4						
	Missaver Deer of Ruseic Heart Aug 1996 STORENT LOAD	Aug 1996	STOOGAT LOAN		4			.	•••				
58	SALLIE MAE	Nov 2002	Nov 2002 STUDENT LOAN			*							
95	Acress Grove	Nov 2002	Now 2002 Stupent LOAN		×								
													,

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-

and positions solely of an honorary nature 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 botton of an inclinate y materior	Tauly.
Position	Name of Organization
PRESIDENT /CEO	LEE C ROUGES DPM INC
Moncal Differe	PARADISM MEDICAL MANNEWENT
BONED MEMRER	BRIDGES TO ASILITY

SCHEDULE V - AGREEMENTS		
	Name	

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9. S. C.		,		-'		·	,
entify the dat rvice; continu t plan mainta	Date						
Identity 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 deferral 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.						,	
d general term al of payments er employer.							
s of any agreer by a former or	Parties To				•		
nent or arrang current employ							
ement with rea /er other than					-		
spect to: future the U.S. Gove							
employment; rnment; or cor		-					
oyment; a leave of absence during the period of government nt; or continuing participation in an employee welfare or ben-	Terms of Agreement		-			·	
ence during the pation in an e	greement		:				
ne period of go mployee welfa							
overnment tre or ben-							
1	1		I	1	I	1	

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 cilents 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.

Giran and James	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services