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UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	LEGISLATIVEREGOURCECENTE
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	2014 JUN 18 PM 1:24
Name: Mindy Ross WILCOX	Daytime Telephone	U.S. HOUSE OF THE CLERK
New Member of a Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:	Check if Amendment	M (Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1, 2013	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in uneamed income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during or in the current calendar year up through the	g the reporting period Yes No late of filing?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. Do you have any reportable agreements or arrangements with an outside entity?	arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	1 \$5,000 from a single Yes No No
ATTACH THE COR	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE	T INFORMATION - ANSWER <u>BOTH</u> 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 this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "excepted trusts" need not be disclosed. Ha	vs you excluded from Yes No No
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child because tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, transactions, or liabilities of a spouse or dependent child because Committee on Ethics.	se they meet all three Yes No

SCHEDULE C - EARNED INCOME

Name: MARY ROSE WILCOX	
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) totaling \$200 or more during the reporting period. For both the filer and filer's 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. INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

2014. In addition, certain types of income (notably noticinal, unecon a ters, and payments to processorial services involving a induced y controlled and the services involving a induced y controlled and the services involved a	essional services myorally a made	9	complete to mornison and some sum.
	•	Am	Amount
Source (include date of receipt for nonoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Maryland Chall War Roundtable Richmond, VA (Oct. 2)	Salary Spouse Speech	\$20,000 \$0	\$1,000
L	Spouse Salary	N/A	N/A
Manuson County	SALARY	32,440	77,900
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STATE STREET RETIREMENT	PENSION	2230	5,950
PACKED OFFICIALS RESIDENT	PENSION	14 500	3 9303
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SCHEDULE D - LIABILITIES

	Name:
į	MARY
	Rose
	WILCOX
	Page 3 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); 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 you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

CACCOC	exceeded # 10,000.	Column 1 to 101 maximum rada series at Joan operation of aspeciation of max	y ay your apouac	or depositions of the											
				,					Amount of Liability	of Li	bility				
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SP.		Creditor	Date Liability Incurred MO/YR	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	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example	First Bank of Wilmington, DE	5/98	Montgage on Rental Property, Dover, DE				×							
4	A2 Bus	Busines Roak, 12	20/192	mortage on Land					*					Щ	
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F	7		12/18/12	TAXES			×							<u> </u>	
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

positions need in the reporting period and the current calered	positions retail in the reporting being and the current carefular year. First-year cantinuous and trave emphayages report because in the current carefular year or year or year.
Position	Name of Organization
PARTIMEN / meabor	Grant Park Enterprises LLC
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SCHEDULE A - ASSETS & "UNEARNED INCOM

	TANED INCOME.	
(Name: MARY ROSE WILCOX	
	Page 4 of 6	

Grant Opert Lie	T / OND 217	51/2MD 215	on LAND 211"	TT CAST IN RANKA		Examples	SP, Bega Corp Stock Eye	For bank and other cash accounts, total the amount in all interest-bearing accounts, if the total is over \$5,000, let every financial institution where there is \$5,000, let every financial residual sections. For an ownership interest in a privately-held business 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 any financial interest in the control in Block A. For an ownership interest in activities, and any financial interest in, or income derived from, a federal income during the reporting periodi; and any financial interest in, or income derived from, a federal income during the reporting the Timit Savings Plan. Exclude: Your personal reader fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, your may indicate that an asset or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that or income source is the first that in the state of your spouse (SP) or income source is the state of your spouse (SP) or income source is the state of your spouse (SP) or income source is the state of your	For all IRAs and other retirement plans (such as 401(t) 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 only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair marker value exceeding \$1,000 at the end of the reporting period, and (b) any offer reportable asset or success of income which generated more than \$200 in unearned income during the year.	Assets and/or Income Sources	BLOCK A
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EARNED INCOME"	
Name: MARY ROSE WILCOX	
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Use additional sheets if more space is required.

SCHEDULE F - AGREEMENTS

Name: MARY POSE	
E WILCOX	
Page of	

			1/1/12	Date	Identify the day
			MARICORA COUNTY	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence of continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare
,			Resigned 5/27/14	Terms of Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have 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.

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
AMIDONA PUBLIC SERVICE CO	RENTAL ON Parking Lot Wader Grant Prak ENT, LLC