#### POSTMARK ILLEGIBLE

₹   <u>X</u>	Yes 🔲	pendent child	transactions, or liabilities of a spouse or dependent child t consulted with the Committee on Ethics.	arned" income, s you have firs	this report any other assets, "une mption? Do not answer "yes" unle	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the
<b>₹</b>	Yes 🔲	ot be	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	nittee on Ethics ing you, your s	lind Trusts" approved by the Comreport details of such a trust benefi	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?
<b>ග</b> 	QUESTION	)F THESE (	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORN	EPENDENT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	esponse.	each "Yes" r	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	and the ap	is part must be answered	Each question in the
No.	Yes	\$5,000 from	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.	8	have any report- porting period? 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.
S	Yes X	angement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	§	receive "unearned" iod or hold any e end of the period? Yes	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.
No	Yes 🚒	efore the date r two years?	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.	<u>\$</u>	ne (e.g., salaries or eporting period? Yes	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.
		ē ļ	EACH OF THESE QUESTIONS	OF THESI	- ANSWER	PRELIMINARY INFORMATION — ANSW
					n hine or black ink	in all sections places two or print clearly
who files	. – .	A <i>\$200 penalty</i> shall be against any individual more than 30 days late	Check if Amendment	Date of Election:	State: ME lives District: D2  Employing Office:	Filer  Candidate for the House of Representatives  Status  New officer or employee
	(Office Use Only)					
	U.S. HOUSE OF NO HEADERS OF THE	<b>)</b> / u.s	Daytime Telephone:	Daytime '	Ann Cain	Name: Emily Anr
Page 1 of 4	2013 JUL 24 PM 2: 17		<b>FORM B</b> For use by candidates and new employees	7	REPRESENTATIVES ATEMENT - June 30, 2013	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2018 - June 30, 201
)						

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name EMILY Ann Carro

Page 2 of 9

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. 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

Expresses militally buy (business and remotine domine or i coorses buy); bootine to in	chient programa, and penentalic	בפועפט מוומפן מופ ביייומו	Occarity Act.
Source (include date of receipt for honoraria)	Type	Amount	ount
(Indiana Care of records for the results)	. 700	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	NA	NA
University of Maine	Salary	\$5,728	\$24,490
State of Maine legislature	Salary	\$13,852	*13,176
	Spause Salary	842,652	*90,57a
University of Maine	Spouse Salary	81,300	<b>42,800</b>

Asset and/or income Source  Walke of Asset  Walke of Asset  Type of Income  Check all columns that approach and by any other reporting year. If you use a valuation of the reporting press and and other than faith market value exceeding \$1,000 at reporting year. If you use a valuation of the reporting press and in simulation of the reporting press and in simulation of the reporting the value. If you use a valuation of colors reporting the value of the colors and mutual that sources in income using the reporting the value. In the colors and the reporting the value of the value of the		स्र		<del>S</del>	9	7	ᆿ	8	SP,	inc acc de inc for	Į,	<u>8 4 5 7</u>	್ಕ್ ಕ್ರಾ	<u> </u>	3950	
## Proposition of the process of the	-174A Traditional	TIAA-CREF	Gowth Fund of America A-1124	Emerald Group, CLC	TWUINH RENAL-OTANS	Sungle for	1st Bank of Paducah, KY accounts		SP Mega Corp. Stock	nes and vacation nomes (unless there was rental med during the reporting period); any deposits total- \$5,000 or less in personal checking or savings ounts; and any financial interest in, or income wed from, a federal retirement program, including Thrift Savings Plan.  The chlode, you may indicate that an asset or ou so choose, you may indicate that an asset or one source is that of your spouse (SP) or dependent of (DC) or is jointly held with your spouse (JT); ne optional column on the far left.  a detailed discussion of Schedule II requirements, is refer to the instruction booklet.	shide: Your personal residence, including second	an ownership interest in a privately-held business t is not publicly traded, state the name of the busi- is, the nature of its activities, and its geographic ation in Block A.	sil IRAs and other retirement plans (such as 401(k) ns) provide the value for each asset held in the count that exceeds the reporting thresholds. rental or other real property held for investment, vide a complete address or a description, e.g., ttal property," and the city and state.	vide complete names of stocks and mutual funds not use ticker symbols).	ntify (a) each asset held for investment or production roome with a fair market value exceeding \$1,000 at end of the reporting period, and (b) any other ortable asset or sources of income which generated than \$200 in "unearmed" income during the year.	BLOCK A Asset and/or Income Source
NONE Check all columns that apply, For retirement accounts that do not allow you to choose specific investments of that do not allow you to choose specific investments of that generate tax deferred income (such as 401(k)) plans or IRAs), you may check the Tax-Deferred column. By check the closed as income. Check and capital gains, even if the asset generated on income. Check Thone EXCEPTED/BLIND TRUST  INTEREST  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	*		: *X		*	×	×	Indefinite	×	\$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 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000		80 C C C C C C C C C C C C C C C C C C C	It generated income, the value should be "None."  *This column is for assets solely held by your spouse or dependent child.	If an asset was sold during the report- ing year and is included only because	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.	BLOCK B Value of Asset
	<b>X</b>			ž V	•		X	Royalties		NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	come)		Interest, and capital gams, even it reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	plans or IRAs), you may check the "Tax-Deferred" column. <b>Dividends</b> ,	Check all columns that apply. For retirement accounts that do not retirement accounts that do not allow you to choose specific investments of that generate taxdeferred income (such as 401(k)	Type of Income
					×				X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$55,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Cover \$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 - \$15,000 \$15,001 - \$50,000		Current Year Prece				Amount of Income

Name TYNCL	Continuation Sheet (if needed)
7	SCHEDULE II ASSETS AND "UNEARNED" INCOME

S Ξ SP. 8 UBS Retrement Auct MEANS Investments -Global 2 Intl Equit -Citigrand Inc Com Wew -Small Cap -Specialty Amer Int Graphic COM NEW Amar. Intligip Inchitage Ford MY GO DEI COM Asset and/or income Source General Electric Co Mid Cap BLOCK A None \$1 - \$1,000 Œ n \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset \$50,001 ~ \$100,000 \$100,001 - \$250,000 മ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ス \$25,000,001 -- \$50,000,000 Over \$50,000,000 Z Spouse/DC Asset over \$1,000,000\* NONE DIVIDENDS Type of Income RENT INTEREST BLOCK C **CAPITAL GAINS EXCEPTED/BLIND TRUST** く× TAX-DEFERRED Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) None \$1 ~ \$200 \$201 - \$1,000 \$1,001 - \$2,500 Current Year \$2,501 - \$5,000 \$5,001 -- \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 × Over \$5,000,000 BLOCK D × Spouse/DC Income over \$1,000,000 None \$1 - \$200 MINIMININI VIVI VIII IN \$201 - \$1,000 Preceding Year \$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 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000\*

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Emily Ann Cain

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This page may be copied if more space is required.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME  SCHEDULE II — ASSETS AND "UNEARNED" INCOME  BLOCK A  Asset and/or income Source  Value of Asset  Sun America Fauta  Cass A  Strong Total Kand Cass A  Strong Total Cass Case Case Case Total Case Case Case Case Total Case Case Case Case Case Case Case Case	None	None   S1 - \$1,000   D	None   S1 - \$1,000   D
NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  TAX-DEFERRED Other Type of income-(Specify: e.g., Partnership Income or Farm Income)	NONE   DIVIDENDS   RENT   INTEREST   CAPITAL GAINS   EXCEPTED/BLIND TRUST   TAX-DEFERRED   Other Type of Incorne-(Specify: e.g., Partnership Income or Farm Income)   None   S1 - \$200   S201 - \$1,000   S2,501 - \$5,000   S2,501 - \$5,000   S5,001 - \$15,000   S5,001 - \$15,000   S5,001 - \$15,000   S5,001 - \$15,000   S5,001 - \$100,000   S5,001 - \$1	NONE   DIVIDENDS   RENT   INTEREST   CAPITAL GAINS   EXCEPTEDBLIND TRUST   TAX-DEFERRED   Other Type of income or Farm Income)	NONE   DIVIDENDS   PRENT     NOTE   PRENT   PRENT
NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  TAX-DEFERRED Other Type of incorne(Specify: e.g., Partnership Income or Farm Income)	NONE   DIVIDENDS   RENT   INTEREST   CAPITAL GAINS   EXCEPTED/BLIND TRUST   TAX-DEFERRED   Other Type of incorne(Specify: e.g., Partnership Income or Farm Income)   None   Si - \$200   Si - \$1,000   Si - \$1,00	NONE   DIVIDENDS   RENT   INTEREST   CAPITAL GAINS   EXCEPTED/BLIND TRUST   TAX-DEFERRED   Other Type of income-(Specify: e.g., Partnership Income or Farm Income)	NONE   DIVIDENDS   RENT   RE
Partnership Income or Farm Income)	Partnership Income or Farm Income)	Partnership Income or Farm Income	Partnership Income or Farm Income)
	\$1 - \$200 = \$201 - \$1,000 = \$777 \$777 \$777 \$777 \$777 \$777 \$777	\$1 - \$200 = \$201 - \$1,000 = \$32,500 - \$1,001 - \$2,500	\$1 - \$200

#### SCHEDULE III — LIABILITIES

Name Emmly Ann Cain

Page 7 of 9

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-

sp.	Creditor	Date Liability	Type of Liability	>	8	- 0	m A	o Tr		~	20 -	27	
JT		mo/year		\$10,001 \$15,000 \$15,001	\$50,000 <b>\$50,001</b>	\$100,000 \$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,00	\$1,000,00 \$5,000,00	\$5,000,00 \$25,000,0	\$25,000,00 \$50,000,00 Over	\$50,000,00 <b>Spoure</b> /D	Linbility ov \$1.000.00
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE						# S				)
7	Chase	Month 2013	Maragan in that more among the			X							1 9 9
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#### **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 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

and positions solely of all notionally nature.	iature.
Position	Name of Organization
Vice-chair	New England Board of Higher Education
Vice-President	university of Maine Class of 2002
Member	Maine Commission for the Deaf, Hard of Hearing & Late-Deafened
Member	Maine National Education for Woman (NEW) Leadership Program, WMaine
Member	University of Maine LGBT Allies Council

Use additional sheets if more space is required.

#### SCHEDULE III — LIABILITIES

Page 8 of 9

Name

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-

S		Date		>	8	2		m Amou		Amount of Liability			×
JT,	Creditor	Incurred mo/year	Type of Liability	\$10,001— \$15,000	\$15,001— \$50,000	\$50,001 \$100,000	\$100,001— \$250,000	\$500,000 \$500,001—	\$1,000,000 <b>\$1,000,001</b> —	\$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				A 70						
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#### **SCHEDULE IV — POSITIONS**

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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

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);

Position	Name of Organization
Member	Notional Education Association, Univ. of Maine Professional Staff Association
Co-Chair	Legislative Memorial Scholarship Auction

### SCHEDULE V -- AGREEMENTS

Name Emily Ann Cain

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Identify the date service; continue of the plan mainte	Identify the date, parties to, and general terms of any agreement or arrangement with service; continuation or deferral of payments by a former or current employer other the efft plan maintained by a former employer.  Parties To	Identify 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.  Date  Parties To  Parties To  Terms of Agreement
shed 2009	ashed 2009 Myself & State of Maine	legislative Pension Plan Participation
-		
·		

# 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 clients 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.

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