Page 1 of 10

LEGISLATIVE RESOURCE CENTER 2013 NOV 14 PM 1:47

against any individual who files A \$200 penalty shall be assessed more than 30 days late. OFFICE OF THE CLERK OF REPRESENTATIVES (Office Use Only)

ill sections, please type or print clearly in blue or black ink.

Status

> House of Representatives Candidate for the

State: District:

Date of Election: -

11/4/2014

Amendment Check if

Employing Office:

New officer or

ame: PAMELA S. BYRNES BROWN

Daytime Telephone.

eriod covered: January 1,3019 - NOV. NANCIAL DISCLOSURE STATEMENT

E1087

For use by candidates and new employees

NITED STATES HOUSE OF REPRESENTATIVES

ELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| : | esponse. | appropriate schedule attached for each "Yes" response. | and the | answered | Each question in this part must be answered and the appropriate schedule |
|--------|-----------|--|----------|-----------------|---|
| χ Σ | 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 VI. | ₹ | ĕ . ⊠ | Did you, your spouse, or a dependent child have any report- liability (more than \$10,000) during the reporting period? es, complete and attach Schedule III. |
| ₹ R |]ov (Xsex | Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. | ₹ | <u>§</u> | Did you, your spouse, or a dependent child receive "unearned" ome of more than \$200 in the reporting period or hold any ortable asset worth more than \$1,000 at the end of the period? es, complete and attach Schedule II. |
| No | Yes 🔀 | 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. | № | Yes 🔀 | Did you or your spouse have "earned" income (e.g., salaries or s) of \$200 or more from any source in the reporting period? |

CLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

USTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be losed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? **Yes**

EMPTION— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child ause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

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SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

PAMELA CBYRNEBROWN - 2 or 10

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.

| | _ | Amount | unt |
|--|----------------|------------------------|---------------------|
| Source (include date of receipt for honoraria) | lype | Current Year to Filing | Preceding Year |
| XYZ Corporation, Houston, TX | Salary | \$6,300 | \$28,450 \$3,200 |
| Examples: First Bank & Trust, Houston, TX | Linector's 186 | 3,60 | \$1,000 |
| Harris County, Texas Public Schools | Spouse Salary | NA. | NA |
| IL NIES-MN | SALARY | 45,089 | 82.50 |
| LAW PRACTICE | SALARY | | 1,175 |
| OFFICE EXPRESS | SPOUSE SALARY | N/A | NA |
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| P 0 1 _1 \ | ام ام | of RENTAL HOMEDWAY-FATA | - m | ST RENTAL HOME - DRAPER YPSILANTI, MI | 1st Bank of Padu | SP, SP Mega Corp. Stock | Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal chadding or savings accounts; and any financial interest in, or income derived from, a federal retrement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (8P) or dependent child (CC) or is jointly hald 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 boddet. | neat, the nature of its activities, and its geographic location in Block A. | For an ownership interest in a privately-hald business that is not publicly traded, state the name of the business. | peems) provide the vessels for any interest and 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. | Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k)). | identify (a) each asset held for investment or production of income with a fair meriori 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. | SLOCK A Asset and/or income Source |
|------------|-------|-------------------------|-----|---------------------------------------|------------------|-------------------------|--|---|---|--|---|---|------------------------------------|
| × | × × | × | × | X | × | Indefinite × | 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 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000* | | A B C D E F Q I - J K L W | 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 it generated income, the value should be "Maca" | 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. | PLOCK 8 Value of Asset |
| × > | * * | × | * | × | × | × | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income | me) | | if the asset generated no income during the reporting period. | Tax-Delerad capital gains, even if reinvestad, and capital gains, even if reinvestad, must be dis- | Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tex-deferred income (such as 401(t)) | BLOCK C Type of Income |
| × > | < × | × | × | × | | × × × | 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 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC income over \$1,000,000° None \$1 - \$200 | | Current Year Preceding Year | 1 | * This column is for Income derived from assets solely held by your spouse or dependent child. | | Amount of income |

| | Continu | Continuation Sheet (if needed) | | | MELA C DXNES & DWN |
|--|------------|--------------------------------|--|--|--|
| Asset and/or Income (Source Type of Income (Source Type of Income (Source Type of Income (Specify: q.g., Parturally Income or Part Income) | | ВLОСК А | BLOCK B | BLOCK C | |
| TORD | | Asset and/or Income Source | Value of Asset | Type of Income | |
| CAPITAL CANAL ELECTRIC WALL DISCOUNTS S1.001 - \$10,000 | 8 | | BCDEFGHIJKL |): e.g., | |
| MALL None S1 - \$1,000 | 5 5 | | 00 000 0,000 | iUST | - = = = = = = = = = = = = = = = = = = = |
| FORD INTEREST ADVANTAGE CAPITALONG SHARE DUILDGG APPLIED MATERIALS COULDIEN WALT DISNEY HOLLY FRANTIER MALLINGRADIT LTD CARL COMM CARL C | 8 | | -\$1,000 ,001 -\$15,000 5,001 -\$50,000 6,001 -\$100,000 100,001 -\$250,000 250,001 -\$500,000 1,000,001 -\$5,000,0 1,000,001 -\$25,000,0 25,000,001 -\$25,000,0 25,000,001 -\$50,000 | ONE IVIDENDS ENT ITEREST APITAL GAINS XCEPTED/BLIND TO AX-DEFERRED Other Type of Incom | ione 1 - \$200 201 - \$1,000 1,001 - \$2,500 2,501 - \$5,000 8,001 - \$15,000 |
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| | | WALT DISNEY | | × | * |
| | | FORD MOTAR CO | | X | × |
| AXXX | | GENERAL ELECTRIC | | × | × |
| | | HOLLY FRANTIER | | X | × |
| X | | ï | | X | * |
| | | CARLCOMM | | X | X |
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name FRMELA C BY BY BROWN Page 5 or 10

| _ | | | | 1 | |] |] | 1 | | | | | _ | | | |
|------------------------|------------------|--------------------|----------------------|---------------|----------|----------------------------------|--|----------------------|-----------------|-------|----------------------|-----------------|-------------------|---|----------------------------|---------|
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| IN COME FUNDOF AMERICA | GENERAL CLECTRIC | GABELLI VALLE FUND | DIGITAL REALTY TRUST | DAVIBUCE FUND | | CAPITAL WORLD G+1 AMERICAN FUNDS | CAPITAL INCOME BUILDER AMERICAN ITUNDS | CWMBS INC 2005-5 A-4 | BANK OF AMERICA | APPLE | INVESCO CHARTER FUND | RJ BANK DEPOSIT | RAYMOND JAMES IRA | | Asset and/or income Source | BLOCK A |
| X | × | | × | × | * | × | X. | X | × | X | × | ×. | | None | Value of Asset | BLOCK B |
| <u>×</u> | X | × | × | × | × | × | Х | X | × | X | X | × | | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income-(Specify: e.g., Partnership Income or Farm Income) | Type of income | BLOCK C |
| × | × | | | * | × | | × | × | × - | * | X | X | | None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,001 - \$1,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 | Amount | BLC. |
| | | X | × | * | * | × | × | | × | * | × | × | | None | Amount of Income | BLOCKD |

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SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

| SCHEDULE II — A. Continuation Sheet (# needed) | 8 | Asset and/o | 9 | i | 3 : | 8 | | | IRIDIUM | TRIDIUMFS DIVE | | TRIDIUM C MFS DIVERSIF INCOME FU RMBS 2003-A | TRIDIUM MES DIVE PARTS 20 PO 1/1/6 PO 1/1/6 40 | TRIDIUM COR MFS DIVERSIFIED THEODOGE FUND RMBS 2003-051 UNITED PARCEL SEI UNITED PARCEL SEI ING 4014 STABLE VALUE FUN STABLE VALUE FUN | TRIDIUM COF MAPS DIVERSIFIES THE DIVERSIFIES THE DIVERSIFIES WHITEO PARCEL SE WHITEO PARCEL SE ING YOLK STABLE VALUE FO OAKMARK E GLUTY INCOME FUND | TRIDIUM CORF MASS DIVERSIFIED TNCOME FUND TNCOME FUND TNASS 2003-851 A UNITED PARCEL SERV STATE OF MICHIGAN ING 401 K STABLE VALUE FUND OAKMARK E GUITY INCOME FUND OAKMARK E GUITY INCOME FUND TIMED TOTAL RETURN | TRIDIUM CORP MFS DIVERSIFIED ENCOME FUND RMBS 2003-ASI A. RMBS 2003-ASI A. UNITED PARCEL SERI STATE OF MICHIGAN ING 401 K STABLE VALUE FUND OAKMARK E GUITY OAKMARK E GUITY OAKMARK E GUITY OAKMARK E GUITY SSGA STP 500 INDEX SSGA STP 500 INDEX | TRIDIUM MES DIVE MARS DIVE MARS 20 PM MITEO POTO TOTO TOTO TOTO TOTO SSAA SAPA | TRIDIUM MFS DIVERSI FORCOME F RMBS 2003- UNITED PARCE STABLE VALU OAKMARK ERA INCOME F PINCO TOTAL R SEGA SOP MIDC SEGA SOP MIDC SEGA SOP MIDC | TRIDIUM MFS DIVE TWO DIVE TWO DIVE TWO TO PA STATE OF M | TRIDIUS MAPS DIVE TRICOM RAMBS 20 UNITED PA STABLE V STABLE V STABLE V STABLE V STABLE V STABLE V AMERICAN RUPO TOTA AMERICAN AMERICAN AMERICAN AMERICAN |
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| II — ASSETS AND "UNEARNED" INCOME | BLOCK A | Asset and/or Income Source | | | | | | そくない ア | DIVERSIFIED | 8.4 150-esoc | A ROEL SERVICE | ICHIGAN | STABLE VALUE FUND | E FUND | AL RETURN | SOO INDEX | SSAA S+7 MIDCAP INDEX | | BTH FUNDS | CAP CAP CAP | ेगुरु र |
| ָם ז | | | > | · | | , | None \$1 \$1,000 | | | | | | | × | × | | | _ | | <u>.</u> | 3 |
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| Ž | BLOCK | Value of Asset | 71 | | | | \$100,001 - | | | | | | | | | , | | | | | ┞ |
| | Ř | * | 6 | | | | \$250,001 - | | | | | | | | | | | | | | ┞ |
| 7 | W | 98 | = | | | | \$500,001 \$1,000,001 | | | | | | | | | | | | | | f |
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| 3 | 1 | | | · : | | | Over \$50,00 | | | | | | | | | | | | | | |
| 111 | | | ¢ ₹ | 00,00 | w \$1,0 | Asset over | Spouse/DC | | | | | | | | | | | | | | L |
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| P | 6 | 줐 | ı | = | | | \$1 - \$200 | | | | | | | | | | | | | - | Γ |
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| EYRNES BROWNING | | | Preceding | < | | | \$2,501 - \$5, | | | | | <u> </u> | | | | | | | 4.3 | | L |
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| ۱۲) | | | Year | | | | \$50,001 - \$ | 1.2 | | - | } | - | | | | - | | | | | ł |
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| | | | | × | | | Over \$5,000 | | | - | | | | | \vdash | | - | ┝╼┥ | | | + |
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SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

| SCHEDULE II ASSETS AND | AND "CNEARNED" INCOME | T | |
|----------------------------|---|--|--|
| eeded) | | 1 | Name FAMELAS BYRNES |
| BLOCK A | BLOCK B | BLOCK C | BLOCK D |
| Asset and/or Income Source | Value of Asset | Type of income | Amount of Income |
| φ., σ., | A B C D E F Q H I J K | y: e.g. , | Current Year |
| . | 0 90 000 | IST (Specif | IX X X INVIIV IV A M III I I I |
| Ö | .000 0,000 50,000 00,000 .000,000 .5,000,00 .25,000,0 | IS LIND TRUED | 000000000000000000000000000000000000000 |
| | None \$1 - \$1,000 \$1,007 - \$15,0 \$15,001 - \$50, \$50,001 - \$10 \$100,001 - \$2 \$250,001 - \$5 \$500,001 - \$1,000,001 - \$ \$5,000,001 - \$ \$25,000,001 - \$ | Spouse/DC Ass NONE DIVIDENDS RENT INTEREST CAPITAL GAIN EXCEPTED/BI TAX-DEFERRI Other Type of Partnership inc | None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,601 - \$5,000 \$5,001 - \$15,00 \$15,001 - \$100, \$100,001 - \$1,00 \$1,000,001 - \$5,00 \$1,000,001 - \$5,00 \$1,000,001 - \$5,00 |
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| SP EUROPANTIC SROWTH FUND | *** | × | × |
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| SP SOUTHWEST AIRLINES | | × | × |
| SP VECTREN CORP | × | ×. | |

SCHEDULE III — LIABILITIES

Name TRANE LA C BYANES BOOWN Page & or 10

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 sibowed 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

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| Creditor | incurred molyeer | Type of Liability | \$15,000 \$15,000 \$15,001— | \$50,001 | \$100,000 | \$250,001— \$500,000 | \$500,001— \$1,000,000 | \$1,000,001— \$5,000,000 | \$5,000,001— \$25,000,000 | \$50,000,000 | Over \$50,000,000 Spouse/DC | Liability over \$1,000,000 |
| xemole: First Bank of Wilmhnoton, DE | Ney 1996 | Mortgage on 129 Main Street, Dover, DE | | _ | × | | | | | | | |
| Ħ | Junicanos | JUNE 200 MORTE AGE ON NORTH TERMINAL | | | | | | | | | | |
| | | 7-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | 4 | \dashv | _ | _ | | | | | | |
| | APRIL JOJ | DEXTER NOTE OF AN INCIDENT | | | × | | T | | | | | |
| UNITED BANK +TRUST, MI | PIOFINE | JULYOID MORTENER ON DRAPER ST | | ~ | ^ | | | | | | <u> </u> | |
| | JUNE 3 | THE WORTEAGE ON SPONG RO | ············· | <u>×</u> | | | | | | | | |
| UNITED BANK TENST, WIT | e of | JUNE WORTSHEE ON FOUNTAIN ST | _ | J | | | | | | | | |
| | May 1888 Junic 2001 APRIL A | Mortgage on 123 WORTEAGE OF YOSH WORTEAGE OF YOSH AGE OF YOSH AGE OF YOSH ANN MORTGAGE OF YOSH AND MORTGAGE OF YOS | | \$15,001— \$15,000 \$15,001— | \$15,000 \$15,000 \$15,001— \$80,000 | | \$15,001— \$15,000 \$15,001— \$50,000 \$50,001— \$100,000 \$100,001— \$250,001— \$250,001— | | \$15,001— \$15,000 \$15,001— \$50,001— \$100,000 \$1,000,001— \$1,000,001— \$1,000,001— | | \$15,000 \$15,000 \$1,000,000 \$1,000,000 \$5,000,000 \$25,000,000 \$250,000 \$250,000 \$250,000 \$250,000 \$250,000 \$250,000 \$250,000 \$250,000 \$250,000,0 | \$15,000 \$15,001 \$15,001 \$15,000 \$15,000 \$100,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$25,000,000 \$ |

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, 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 individually father. | |
|---|----------------------|
| Position | Name of Organization |
| | |
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SCHEDULE III - LIABILITIES

Name PAMELA & BYRNES BROWN PAGE OF A

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household fur 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 s 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 oherge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

| 408 408 | Creditor | Date Liability Incurred mo/yeer | Type of Liability | 00i 000 > | 101 100 III | 000 C | 000 | 000 R Mmount | 0,001— D | 00,000 ± 37 | 00,000 |
|------------|--|--|--|--------------|----------------|-------|-----------|--------------|----------|-------------|----------|
| | Example: First Bank of Witnington, DE | May 1998 | Mortgege on 123 Main Street, Dover, DE | | | Н | \hat{H} | | | Н | |
| 75 | UNITED BANK+ TRUST, MI SEPOND MORTEMBE ON GRANT ST | Energize | MORTGAGE ON SRANT ST | | | × | | , , , | | | |
| 11 | CITICANX | Seporz | SEP2013 CREDIT CARD | × | | | | | | | |
| 38 | BANK OF AMERICA | Junië 13 | JUNE OREDIT CARD | | X | | | . 1. 2 | | | 12 to 12 |
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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 ocer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprisely nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule 1; 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.

| Poeition | Name of Organization |
|----------|--------------------------|
| DIRECTOR | RAMELA BYRNES FOUNDATION |
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SCHEDULE V -- AGREEMENTS

| TAMELA SE | |
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| S BYRNES BROWN | |
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| 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 ben- effit rulen maintained by a former employer. | |
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| ent plan mainu | efft plan maintained by a former employer. | Terms of Agreement |
|----------------|--|-------------------------------|
| Date | Parties To | Terms of Agreement |
| 2010 | MYSELF + STATE OF MICHIGAN | LEGISLATIVE RETIREMENT SYSTEM |
| | | |
| | | |
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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.

| Example: Doe Jones & Smith, Hometown, Homestate Accounting services |
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