ATIVES For use by candidates and new employees Paytime Telephone: 12/10/20/3 Check if	WE RESOURCE CEN B 26 PH 1: 3 B 26 PH 1: 3 COffice Use Only) (Office Use Only) We any individual on 30 days late. Yes Yes Yes Ves	
Check if House of Representatives District: Str. District Election: 12/10/20/3 Amendment employee Employing Office:		essessed who files
n all sections, please type or print clearly in blue or black ink. RELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
No	Yes	S N
 I. Did you, your spouse, or a dependent child receive "unearned" necessary for a dependent or arrangement or a	gement Yes	N _o
II. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes X No III. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule III.	000 from Yes X	Š
Each question in this part must be answered and the appropriate schedule attached for ea	e attached for each "Yes" response.	
XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF	EACH OF THESE QUESTIONS	<u> </u>
isclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child	rndent child Vac	₹ <
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Frank J. Addivinola, Jr.

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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.

ement programs, and benefits re	ceived under the Social	Security Act.
Type	Amount	unt
1960	Current Year to Filing	Preceding Year
Salary	\$6,300	\$28,450
Director's Fee	\$400	\$3,200
Honorarium	0	\$1,000
Spouse Salary	NA	NA
Salary	\$ 3,314	\$25,737
Salary	\$ 3,500	\$18,500
Salary & royalhes	\$10,300	\$82,200
Salary		\$ 11,700
Salary		\$ 6,500
Salary		\$ 5,202
Salary		\$ 2,650
Spouse Salary	NA	NA
	Salary Souse Salary Salary	Type Current Year to Filling \$6,300 \$6,300 \$400 0 0 0 0 0 0 0 0 0

				Ţ	DC,	ŞP,	ing acc der the inc der plea	Ü,	2 5 5 5 5 5 5 5	To a part	영국 공료부으로	,
			ING Retirement	1st Ban	Examples:	SP	homes and vacation homes (unless income during the reporting period); a ing \$5,000 or less in personal chee accounts; and any financial interest derived from, a federal retirement protein the Thrift Savings Plan. If you so choose, you may indicate income source is that of your spouse dent child (DC) or is jointly held with in the optional column on the far left. For a detailed discussion of Schedule please refer to the instruction booklet.	clude: Your personal re-	For an ownership interest in that is not publicly traded, stress, the nature of its actions in Block A	For all IRAs and other retirement plans (such a plans) provide the value for each asset hel account that exceeds the reporting thresholds. For rental or other real property held for into provide a complete address or a descriptic "ental property" and the city and state.	Identify (a) each asset held it of income with a fair market the end of the reporting preportable asset or sources: more than \$200 in "unearne more than \$200 in "unearne Provide complete names of (do not use ticker symbols).	Asset and/or income Source
			ment Man	1st Bank of Paducah, KY accounts	Simon & Schuster	Mega Corp. Stock	homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$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	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 Flock A	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., "ental 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 (do not use ticker symbols).	COME Source
							None		>	tr g	rep ple	
		-		<u> </u>	-		\$1 - \$1,000		ᅋ	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 reporting year and is included only because	
		 	 -	ļ.	Indefinite	_	\$1,001 - \$15,000		<u>0</u>	r splu	le v	
		 	 ×	▙	1	×	\$15,001 - \$50,000 \$50,001 - \$100,000		0	χm 'edi	nd two	≦
			-	×	Ф	<u> </u>	\$100,001 - \$250,000		TT TT	nco se c	is as s	BLOCK B Value of Asset
			 	尸	-	-	\$250,001 - \$500,000		<u>"</u>	or a me	as an f	BLOCK B
\vdash	-		 -	\vdash	+		\$500,001 - \$1,000,000		I	epe	netrairi decler	Ž ×
		 	 	-	-		\$1,000,001 - \$5,000,000			ets	at cata	SS
				1	i		\$5,000,001 - \$25,000,000		٤	alue sole	Tket ka	œ
		 		—			\$25,000,001 - \$50,000,000			sh chi	e de constant de c	
				Г	į		Over \$50,900,000		!		tion in the state of the state	
							Spouse/DC Asset over \$1,000,000*		<u> </u>		₽⊹	
						×	NONE			윤폭양폭크	귀문용필요로	
							DIVIDENDS			rel been the a	neck firen low vest vest vest sterr	_
							RENT			st, a nve das asse the	you you ment ment ed in	₹
				×			INTEREST			rep Tep	colu ac ac ts o ts o ncor neor	_ क
							CAPITAL GAINS			capl ome oner	mns cour the colu	BLOCK C
							EXCEPTED/BLIND TRUST			nus: ated	thants than the thouse the terms to the term	
			X				TAX-DEFERRED			interest, and capital gains, if reinvested, must be if reinvested, must be closed as income. Check "because generated no indiff the asset generated no induring the reporting period.	tap hat he s nerr nerr nerr nerr	BLOCK C Type of Income
	,			l	Royalties		Other Type of Income			2 3 7	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(t)) plans or IRAs), you may check the "Tax-Deferred" column. Dividends.	Œ
			 	Ļ	B.		(Specify: e.g., Partnership Income or Farm Inc	ome)		even dis- done" come	} \$ \$ \$ \$ \$ \$ \$ \$ \$	
			×	_			None			<u> </u>	=:8 =: ♣ ∓	
		 		_	ļ.,	ļ	\$1 – \$200	=		낕	6 2 6 6 7	
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			 	_		×	\$1,001 - \$2,500	<	10	의 유		
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			 	\vdash	-	-	\$5,001 \$15,000 \$15,001 \$50,000	-	1 _	en c	K B K B B K	
			 ļ	H			\$50,001 \$100,000	VI VIII IX	Current Year	* This column is for incom spouse or dependent child	For assets for which you checked "Tax-Deferred" in Block C, you check the "None" column. For all other assets, indicate the cate income by checking the appropriate box below. Dividends, in and capital gains, even if reinvested, must be disclostincome. Check "None" if no income was earned or generated.	
-				-			\$100,001 - \$1,000,000	==	- <u>6</u>	t ch	e" e the	_
			 	1	-		\$1,000,001 - \$5,000,000	×	┨ ≒	l id of	் en	BLOCK D Amount of Income
							Over \$5,000,000	×	1	· е	o in ec	ᅙ
			 <u> </u>				Spouse/DC Income over \$1,000,000*	≚ ≚	1	eri	e a pri	⊒ E
		***************************************	×	T			None	-		è	iny	BLOCK D
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		 		Г		×	\$201 - \$1,000	=	1 -	j	ed x b	ğ
		 	 	Г			\$1,001 - \$2,500		Preceding Year	ass	errk elov arn	ne e
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							\$5,001 - \$15,000		1 ₽	စ	or b in t	
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							\$50,001 - \$100,000	VI VIII IX] ক	, ž	he ck (
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		 		L			Asacians Asimologa	^	_	<u> </u>	8 5 ≟ ≇ ⊃	
							\$1,000,001 - \$5,000,000	×	"	d by	, you atego , inte loseo ed.	
]]	* This column is for income derived from assets solely held by your spouse or dependent child.	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.	

SCHEDULE III — LIABILITIES

Name Frank J. Addivinola, Jr.

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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 furniling 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-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

		!					Αı	Amount of Liability	of Llat	ility			
DC,	Creditor	Date Liability Incurred	Type of Liability	X	_ B								ver 🛪
JT		mo/year		\$10,001 \$15,000	\$15,001— \$50,000 \$50,001 —	\$100,000	\$250,000 \$250,000 \$250,001	\$500,001- \$1,000,00	\$1,000,00 \$5,000,00	\$5,000,00 \$25,000,0	\$25,000,0 \$50,000,0	Over \$50,000,00 Spouse/C (Liability ov \$1.000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE										
	Fed Loan Servicing, Harisburg.	Sep 2006	Sep Student Loan	-	×	-							
	Fed Loan Servicing, Harisburg, PA	Aug 2007	Aug 2007 Student Loan			×	. j j j j j j j j	·			-		÷
	l	Jun, 2006	Jun, 2006 Student Loan		4	>	\						
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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);

Position Position
Position
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Name of Organization
anization
:
1

SCHEDULE V — AGREEMENTS

Name Frank J. Addivinola, Jr.

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			N/A	Date	Identify the date, parties to, and general te service; continuation or deferral of paymen efit 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 emplo service; continuation or deferral of payments by a former or current employer other than the U.S. Government efit plan maintained by a former employer.
				Terms of Agreement	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.

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) Example: Doe Jones & Smith, Hometown, Homestate N/A

Frank J. Addivinola, Jr., Esq. 276 Washington Street #305 Boston, MA 02108 (617) 777-5936

The Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building, Washington, DC 20515-6612 2014 FEB 26 PM 1: 3 2 2015 FEB 26 PM 1: 3 2015 FEB 26 PM 1:

Date: February 15, 2014

RE: Waiver request

Dear Committee on Ethics,

On February 11, 2014, I received a notice from the Committee informing me that I was supposed to file my financial disclosure statement by August 29, 2013.

I was a candidate for U.S. Representative in the Special Election in Massachusetts 5th District last year (primary: October 15; general: December 10). I was also a candidate for the same office in 2012, and filed my original disclosure in June, 2012.

However, during the special election in 2013, I did not receive any communications from the Committee regarding the disclosure requirements. I did receive a packet in January 2014 advising me about the disclosure due by May 15. The notice I received last week regarding the past due disclosure was the first time I was informed about this matter.

I am promptly submitting my disclosure form along with this waiver request and the late fee payment of \$200. However, I am respectfully asking the Committee to waive this fee because I was not informed about the disclosure requirements as a special election candidate prior to the notice dated February 6, 2014.

Sincerely,

Frank J. Addivinola, Jr., Esq.