Period covered: January 1, 2013. DECCHARA 31, 2013 **UNITED STATES HOUSE OF REPRESENTATIVES** PHILIP EDWARD BREGGE, ON State: NONTH CANCINA
District: 6 TH Daytime Telephone: Date of Harry 6, Zol Y For use by candidates and new employees FORM B Amendment Check if LEGISLATIVE RESOURCE CENTER OFFICE OF THE CLERK I.S. HOUSE OF REPRESENTATIVES 2014 JAN -2 PM 1: 36 DEC 20 2013 A \$200 penalty shall be assessed (Office Use Only) Page 1 of

FINANCIAL DISCLOSURE STATEMENT

Name:

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

Status

New officer or employee

Employing Office: -

against any individual who files

more than 30 days late.

X

Candidate for the House of Representatives

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	esponse.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	d and the	e answered	Each question in this part must b
N _O	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.	8	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.
ĕ ⊠	Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	S N	Yes X	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.
<u>8</u>	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.	N _N	Yes 🔀	 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.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH 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 you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	Yes	ĕ ⊠
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes 🔲	× ⊠

SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

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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.

		A	
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
_	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarlum	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
STATE OF WORTH CANOLINA	S 4042Y		\$123.453
PECKLINGSAM COUNTY SCHOOLS	SPOUSE SALARY		\$42,115
		19909	

					_										_
TINGT CLTL-26KS BAHK KCT		AT STATE GALLEGES CH	WEUS FANGOSCO	PFIZER, INC	JT 1st Bank of Paducah, KY accounts	Examples:	SP Mega Corp. Stock	Exclude: Your personal residence, including second 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.	Training Value possessed specialization records	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	For all IRAs and other retirement plans (such as 40 I(x) 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.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	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.	Asset and/or Income Source	BLOCK A
2	4	×	*	×	×	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 \$50,000,000 \$25,000,001 \$50,000,000 Over \$50,000,000		A BB C C D E T G A H	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.	Value of Asset	BLOCK B
	*	*	*	×	×	Royalties	×	Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	me)	<u> </u>	if reinvested, must be discipled as income. Check "None" if the asset generated no income during the reporting period.	plans or iHAs), you may check the "Tax-Deferred" column. Dividends, Interest, and capital gains, even	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)	Type of Income	BLOCK C
	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 Cver \$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 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$50,000 \$100,001 - \$1,000,000		Current Year Preceding Year	ठ			Amount of Income	BLOCK D
					1			\$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	×			V	u may jory of erest, ed as		

SCHEDULE III — LIABILITIES

Name PHILIP EDWAND BOOLERAL ON Page 4 of 3

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. 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 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-

		भ			SP, DC,	
		FMST CITIZENS	NECNET	Example: First Bank of Wilmington, DE	Creditor	
		1999	1336	May 1998	Date Liability Incurred mo/year	
		CACOUT CAND	STUBBUT LOAN	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
		×			\$10,001— \$15,900 >	
	 		×		\$15,001— \$50,000 50	
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					\$250,001— \$500,000 m \$500,001—	Amou
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				-	\$5,000,000 6 \$5,000,001— _	Amount of Liability
				-	\$25,000,001	₹
					\$50,000,000 Over	
					\$50,000,000 Spouse/DC Liability over X \$1,000,000	

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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-

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 individity nature.	auic.
Position	Name of Organization
C H4172	PROVIDENCE CHAMINER HIGH SCHOOL
つまる。ア	EDEN YOUTH FOOTBALL, INC.
PRESTOCUT	NONTH CAMPLINIA CONFRAGNICE OF DISTURE ATTORNIAS
PACSIDENT	DANT CHIPCINA DISTICT ATTALLERS ASSOCIATION
Dateron	BETTABLE COMMUNITY MIDDLE SCHOOL

Use additional sheets if more space is required

SCHEDULE III - LIABILITIES

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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 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 sibling 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.

					SP, DC, JT	
			MIM	Example: First Bank of Wilmington, DE	Creditor	
				May 1998	Date Liability Incurred mo/year	
				Mortgage on 123 Main Street, Dover, DE	Type of Llability	
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\vdash				\vdash	\$50,000,000 C Spouse/DC	
	ŀ		1		Liability over ス \$1,000,000	

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, 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.	ature.
Position	Name of Organization
DARCTON	MORTH CAMILINA ALLIANCE FOR PUBLIC CHARGE SCHOOLS
DIDECTOR	PLOCICINGMAN COMMUNITY COLLEGE FOUND ADON
ASVIGAT DURKE	PLOCICIEGONAM COUNTY BUSINGSS AND TROHNSCOBY CENTY