Š	Y ₈	pendent child	lities of a spouse or dependent child Committee on Ethics.		arned" income ss you have fir	ther assets, "une nswer "yes" unle	n this report any of emption? Do not a	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabi because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	EXEMPTION —It because they me
N _O	Yes 🔲	of be	ent child?	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?	nittee on Ethic ting you, your	ved by the Comr ich a trust benefi	Blind Trusts" appro	TRUSTS— Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "e disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependence.	TRUSTS—Detail disclosed. Have y
	QUESTIONS	F THESE	SWER EACH OF THESE QUESTIONS	MATION — ANSI	T INFORM	, or trus	DEPENDENT	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — AN	EXCLUSION
	esponse.	ech "Yes" r	lule attached for each "Yes" response	ppropriate schedul	and the ap	oe answered	nis part must h	Each question in this part must be answered and the appropriate sched	m
S S	Š	\$5,000 from	ensation of more than \$ prior years? ch Schedule VI.	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.		Y _® \$	d have any report- porting period?	ill. 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.	 Did you, your sp able liability (more the if yes, complete and
₹	Yes	angement	portable agreement or arrangement ittach Schedule V.	V. Did you have any reportable agreemen with an outside entity? If yes, complete and attach Schedule V	8	** 	receive "unearned" iod or hold any e end of the period?	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.	II. Did you, your spondome of more than reportable asset working yes, complete an
8	Yes 🔲	efore the date	portable positions on or before the date alendar year or in the prior two years? ttach Schedule IV.	IV. Did you hold any reportable positions on or before the dat of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	N _O	Y®8 ▼	ne (e.g., salaries or reporting period?	 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. 	Did you or your spees) of \$200 or mon
				— ANSWER EACH OF THESE QUESTIONS	OF THESI	ER EACH	ON — ANSW	PRELIMINARY INFORMATION — ANSW	RELIMINAF
	more than 30 days late.	more that				Employing Office:	Employin	employee	
assessed who files	A <i>\$200 penalty</i> shall be assessed against any individual who files	A \$200 po	Check if Amendment	of n: November 4, 2014	Date of Election:	nois 16 th	State: <u>Illinois</u> latives District: 16 th	Candidate for the House of Representatives New officer or	Status
	(Office Use Only)	(-)							
		\ >		Daytime Telephone:	Daytime			dall Olsen	Name: Randall Olsen
ATIVES	CLOUROUSE OF REPRESENTATIVES	SON TOTAL							
8	2014 APR 25 PM 1: 18	2014 A	and new employees	For use by candidates and new employees			arch 31, 2014	Period covered: January 1, <u>2013</u> – <u>March 31,</u>	Period covered
age 1 of 5	USGISLATIVE RESOURCE CENTER 5	Lea Contraction	8	FORM B		TATIVES	REPRESENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	UNITED STA
		1							

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

Randall Olsen 2
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Name

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.	ecurity Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Active (morace rate of receipt of neutralians)	-) [5	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Swedish American Hospital – Rockford, IL	Salary	None	\$61,216
T. Rowe Price Swedish American 403(B) Incentisaver Plan – Owings Mills, MD	Retirement Account	\$127,614	None
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Ŗ ş 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 "unearmed" income during the yeer. For an ownership interest in a privately-held business that is not publicly traded, state the name of the busiplease refer to the instruction booklet in the optional column on the far left. income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), If you so choose, you may indicate that an asset or For a detailed discussion of Schedule II requirements the Thrift Savings Plan derived from, a federal retirement program, including ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income ing \$5,000 or less in personal checking Exclude: Your personal residence, including second location in Block A. provide a complete address or a description, For rental or other real property held for investment account that exceeds the reporting thresholds. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the (do not use ticker symbols). Provide complete names of stocks and mutual funds ncome during the reporting period); any deposits totalnomes and vacation homes (unless there was rental rental property," and the city and state. ess, the nature of its activities, and its geographic Examples: None Asset and/or Income Source Ş Simon & Schuster Mega Corp. Stock 1st Bank of Paducah, KY accounts **BLOCK A** 9.Q., None please specify the method used. by your spouse or dependent child. be "None." it generated income, the value should If an asset was sold during the reportreporting year. If you use a valuation method other than fair market value Indicate value of asset at close of ≻ *This column is for assets solely held ing year and is included only because \$1 -- \$1,000 \$1,001 - \$15,000 Indefinite O \$15,001 - \$50,000 Value of Asset \$50,001 - \$100,000 × m **BLOCK B** × \$100,001 - \$250,000 \$250,001 - \$500,000 G \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 ᅎ Over \$50,000,000 Spouse/DC Asset over \$1,000,000* NONE auring the reporting period if the asset generated no income closed as income. Check "None" if reinvested, must be dis-"Tax-Deferred" column. Dividends, plans or IRAs), you may check the deferred income (such as 401(k) investments or that generate taxallow you to choose specific Check all columns that apply. For interest, and capital gains, even retirement accounts that do not DIVIDENDS Type of income RENT $\overline{\times}$ BLOCK C INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None spouse or dependent child * This column is for income derived from assets solely held by your and capital gains, even if reinvested, must be disclosed income by checking the appropriate box below. Dividends, interest, check the "None" column. For all other assets, indicate the category of income. Check "None" if no income was earned or generated For assets for which you checked "Tax-Deferred" in Block C, you may 1 - 200= \$201 - \$1,000 \$1,001 - \$2,500 7 Current Year \$2,501 - \$5,000 $\times \times$ \$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= × \$201 - \$1,000 Preceding Year \$1,001 - \$2,500 ₹ $\times |\times$ \$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*

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Randall Olser

Name

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SCHEDULE III — LIABILITIES

Name Randall Olsen Page of

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. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household turniture, 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-

			П		٦
				SP, DC, JT	
		Great Lakes Educational Loan Services,	Example: First Bank of Wilmington, DE	Creditor	
		Jan 1991	May 1998	Date Liability Incurred mo/year	
		Jan 1991 Student Loans	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
N				\$10,001 \$15,000	
				\$15,001— \$50,000 W	
	. =	 ×		\$50,001 \$100,000	
			×	\$100,001— \$250,000	
				\$250,001— \$500,000	Amo
				\$500,001— \$1,000,000 7	unt of
	 	 		\$1,000,001— \$5,000,000	Amount of Liability
			_	\$5,000,001— \$25,000,000 ± \$25,000,001—	₹
				\$50,000,000 Over	
	 			\$50,000,000 C Spouse/DC	
				Liability over	

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);

and positions solely of an incrionary materic.	actic.
Position	Name of Organization
 None	None

SCHEDULE V—AGREEMENTS

Name	Randall Olsen	
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efit plan maintained by a former employer.	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-	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
	nployee welfare or ben-	e period of government

-		
Date	Parties To	Terms of Agreement
None		None

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.

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	Source (Name and Address)	Brief Description of Duties
	Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
	None	None