# HAND DELIVERED

			the Committee on Ethics for further guidance.
	porting period? If you answered "yes" to this question, please contact	itial Public Offering during the re	IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answer
ESE QUESTIONS	ATION - ANSWER EACH OF THESE	OR TRUST INFORMATION	IPO, EXCLUSION OF SPOUSE, DEPENDENT,
RESPONDING SCHEDULE IF YOU ANSWER "YES"	E COR	Yes 🗡 No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
ation to charity in Yes No	1. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes X No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Id receive any Yes No No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	Yes X No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
ld receive any Yes No X	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	Yes X No	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
rangement with an Yes No X	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes 🚫 No 🗌	A. Did you, your spouse, or your dependent child: <ul> <li>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or</li> <li>b. Make more than \$200 in unearned income from any reportable asset during the reporting period?</li> </ul>
		THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF
ite:	(Trave) Termination Date:	Amendment (1	REPORT         2013 Annual (Due: May 15, 2014)
	Officer or Employing Office: Employee	HT.	FILER STATUS  Member of or Candidate for State: U.S. House of Representatives District:
OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES  (Office Use Only)	none:	Daytime Telephone:	Name: Tulsi Godbard
LEGISLATIVE RESOURCE CENTER 1	Form A For Use by Members, Officers, and Employees		UNITED STATES HOUSE OF REPRESENTATIVES 2013 FINANCIAL DISCLOSURE STATEMENT

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page O of

D: (XX)	SI COV D		B OCK 7
Asset and/or Income Source	Value of Asset	Type of income	Amount of Income
	ite value of asset a Son method other th	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or	For assessment of the control of the
	used. If an asset was sold during the reporting period and is included only	529 accounts), you may check the Tax-Deferred column. Dividends, interest, and capital gains.	Dividends, Interest,
income during the year.	because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which	Ants, Chec	" accounts. Check "None" if no income ourserated.
Provide complete names of stocks and mutual funds (do not use only ticker symbols).	you have no interest.	period.	Calumn
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in			nich Ye
For bank and other cash accounts, total the emount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is	E F		#_0.903 <b>≤</b>
For rental and other real property had for investment, provide a complete address or description, e.g., "rental property," and a city and state.			
remail property, man a viry one sees:  For an ownership interest in a privately-held business that is not publicly traded, state the mans of the business, and the business.			
geographic location in Block A.  Exclude: Your personal residence, including second			
homes and vacation homes (unless there was rental income during the reporting period); and any financial inferest in, or income derived from, a federal inferest in.	None !		
If you have a privately-traded fund that is an			::
box		6. Y.	****
If you so choose, you may indicate that an esset or income source is that of your spouse (SP) or destroy held with anyone	000 000 000 000 000 000 000 000 000 00	ID TRUS	0
(JT), in the optional column on the far left.	6,000 00,000 00,000 250,00 1,000 1,55,00 1,55,00	SAINS DIBLIN	500 900 5 000 50,000 106,00
For a detailed discussion of Schedule A mequirements, please refer to the instruction booklet.	1.41,000 1.41,000 1.001-515 1.001-51	ONE  VIDEND  ENT  APITAL  XCEPTE  AX-DEFE  ther Type  Specify: 4	000 1-\$200 201-\$1,0 1,001-\$2, 2,501-\$15 5,001-\$1 15,001-\$ 100,001-\$
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BLOCK A Asset and/or Income Source			ASSET NAME	USGbbal Gold	3 Precious	Ishaves Dun Jones	US I			The state of the s								
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BLOCK E Transaction		P, S, S(part), or E																
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## SCHEDULE B - TRANSACTIONS

	ACTIONS
Name: T. (Jabbard	
Page 1 of 1	=

																	Alexordina VA	3331 Valley	gp Example Mega Corp. Stock	SP,DC,IT Asset	Capital Gains: If a sales iransaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-defened account, and disclose the capital gain income on Schedule A.  * Column K is for assets solely held by your spouse or dependent child.	departient chief for investment or the production of income, include transactions that department chief for investment or the production of income, include transactions that resulted as a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or department chiefent, or the purchase or safe of your personal readerso, unless it generated femal income, if only a portion of an asset is sold, please choose 'partial safe' as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the renorthy marind of any excustive or year property hald by use, your exputes or your
*							,		• •			`		·		.,			W 18		Purchase		Туре
			1000 C		\$ 1 ****		100		200 m					, i		53 2		X XX	*** ** ***		Partial Safe		Type of Transaction
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## SCHEDULE C - EARNED INCOME

Name:	
Gabbard	
Page 5	
9	

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. 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.  INCOME LIMITS and PROMIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a liduciary relationship) were totally prohibited.	ment) totaling \$200 or more during the ratiow.  ocial Security Act.  sated at or above the "senior staff" rate totally prohibited.	0 or more during the reporting period. For a spouse, list the "senior staff" rate was \$26,955. In addition, certain
Source (include date of receipt for honoraria)	Type	Amount
Keepine State State of Manydand	Approved Teaching Fee	\$6,000
EXAMPLES: Civil War Roundable (Oct. 2)  Onlarto County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
110 11 - C D - 50	0	
CO TIDOS OF KEDO	Dalary	11 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Lanu traductions	earnings	ne+ loss-747
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#### SCHEDULE D - LIABILITIES

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	Name: 1.	
Ì	Sabbard	
	Page 6	
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2 & 2 Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owned to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child. Creditor Date
Liability
Incurred
MO/YR Type of Liability \$10,001-\$15,000 \$15,001-\$50,000 9 \$50,001-\$100,000 \$100,001-\$250,000 o Amount of Liability \$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 6 \$5,000,001-\$25,000,000 ¥ \$25,000,001-\$50,000,000 Over \$50,000,000 ٠. Over \$1,000,000\* (Spouse/DC Liability) \*\*

#### SCHEDULE E - POSITIONS

Navy Navy USAA

Federal Sources Str

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Mortage on 331 Valley - 10 Was

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Mortgage on Rental Property, Dover, DE

First Bank of Witnington, DE

8

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions

listed in Schedule C; positions held in any religious, social, fr	listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization
Pγ	Healthy Hawkii Coalition

### SCHEDULE F - AGREEMENTS

Name: T. Gabbard	
Page of	

Identify the de	to another to good personal terms of the property	nd or removement that you have yo		l h
continuation o	r delernal of payments by a former or current en	ployer other than the U.S. governm	continuation or deterral 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.	former employer.
Date	Parties to Agreement	nent	Terms of Agreement	
	- anoll			
SCHEDU	SCHEDULE G - GIFTS			
Report the sol year. Exclud with a value o rule.	arce (including name, city, and state), a brief de: e: Gifts from relatives, gifts of personal hospitali f\$140 or less need not be added towards the \$	cription, and the value of all gifts to ty from an individual, local meats, a 150 disclosure threshold. Note: The	Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.	urce during the nahip to you. Gifts provided in the
	Source		Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	ip received from the Ethics Committee)	0015
:				
	None			

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

•	Name: T. Caddocvo	
	Page 8 of	
	of O	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foderal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source	Deta(s)	City of Departure - Destination City of Return	Lodging? (W/)	Food? (Y/N)	Family Member included? (Y/N)
Government of Chine (MECSA)	Aug. 6-11	DC-Baping, China-DC	4	٧	z
Habbe for Humanity (charity fundament)	Har, 3-4	DC-Boston-DC	γ	Ą	٧
JEK Library Stundation	Nov 23-25	SFO- BOS- HNL	Υ	Z	Z
U Boston					
AIEF Israel	Aug 84 13 72 2013	1013 IAD-Tel ANIV TAD	_/	بر	
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# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: T. Caabbarch	
Page q of q	

ist the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A eparate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	sor of an event to a charkable organ	ilzation in lieu of paying an	honorarium to you. A
Source	Activity	Date	Amount
:xamples: Association of whentian Associations, trashington, UC XYZ Magazine	Article	Aug. 13, 2013	\$500
York			