₹ ⊠	<b>₹</b>	ependent child	of a spouse or de Committee on Ethics.	"unearned" income, transactions, or liabilities o unless you have first consulted with the Comm	arned" income ss you have fir	er assets, "und wer "yes" unte	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.	EXEMPTION—because they me
<b>8</b> ⊠	<b>§</b>	not be	excepted trusts" need n	s and certain other "s spouse, or a depend	nittee on Ethic ting you, your	d by the Come a trust benefi	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?	TRUSTS Detail disclosed, Have y
Ø	NOLLSANC	ER EACH OF THESE QUESTIONS	ISWER EACH (	MATION - AN	TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWI	EXCLUSION
	esponse.	attached for each "Yes" response.		ppropriate sche	i and the a	e answered	Each question in this part must be answered and the appropriate schedule	E
<b>₹</b>	<b>₹</b>	\$5,000 from	onpensation of more than \$5,000 from the prior years?	VI. Did you receive compense a single source in the two prior if yes, complete and attach to	₹ ⊠	<b>₫</b>	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.	iii. Did you, your a able liability (more i if yes, complete at
<b>₹</b>	<b>₫</b>	rrangement	eportable agreement or arrangement ettach Schedule V.	V. Did you have any reportable with an outside entity? If yes, complete and attach to	<b>₹</b>	** ⊠	II. Did you, your spouse, or a dependent child receive "unearmed" 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 sp income of more that reportable asset wo If yee, complete at
Š	<b>₹</b>	before the date or two years?	eportable positions on or before the date calendar year or in the prior two years?	IV. Did you hold any reportable of filing in the current calendar if yee, complete and attach 9	□ S	<b>₹</b>	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>	Did you or your a fees) of \$200 or mo if yee, complete au
			9	ANSWER EACH OF THESE QUESTIONS	OF THES	R EACH	PRELIMINARY INFORMATION — ANSWI	PRELIMINA
							in all sections, please type or print clearly in blue or black ink.	in all sections, ple
assessed who files		A \$200 penalty shall be against any individual more than 30 days late.	Check If Amendment		Date of Election:	Office:	Candidate for the State: 14-11 House of Representatives District: 19-11 New officer or Employee Employee	Status
	(Office Use Only)	ا ريار						
				Daytime Telephone	Daytime		Name: DENNIS E. ANDERSON	Name: DE
U.S. HOUSE OF REPRESENTATIVES	HOUSE OF REF	U.S.,						,
2014 MAY 22 PM 12: 11	2014 MAY 22 PH 12: 11	2.	M B and new employees	FORM B For use by candidates and n		MVES	FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - MAY 14, 2014	FINANCIAL Period covered
2	0.00	<u>.</u>						

## 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.

Exercises williary bay (such as national Guard of Reserve bay), levelal felliation brogiants, and patents		Amount	Poculity Act.
Source (include date of receipt for honoraria)	iype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Wisconsid Rethering System	Fedsical	10,450	25,081
LOYOLA UNIVERSITY CHICAGO	PENSIAN	1,628	3,408
ABBOTT LABBRATORIES	Spouse Pedsian		

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TIAGI	KINNE	MGE E	MINTAL COL	FA	MALA MALA	11/2/1	T Examples		incomes and vacation in income and vacation in income during the repoil accounts; and any finderived from, a federal the Thriff Sevings Plan. If you so choose, you know a color to the that in the optional column or in join in the optional column of the presence refer to the institutional actual of the institutional actual actual of the institutional actual	lude: Your per	For an ownership I that is not publicly nees, the nature occasion in Block A.	nental or other ide a complet tal property," ar	all IRAs and ot s) provide the sunt that excess	ricie complete : not use ticker e	tify (a) each as come with a ta end of the rextable asset or shan \$200 in	Asset an	1
THA TRADIT. FULLS	Bukiral Fix 602 Stock	MEREULERBAY STOCK	CAEN!	LINEAL GUENTER IL	ANTONIO TX	DAIN OF PERSONS, NY SCOOLING	tet Park of Parkwah IV annuate	SP Mega Corp. Stock	smes (unless there was rental ting period); any deposits total-personal checking or savings sarcial interest in, or income retirement program, including may indicate that an esset or of your spouse (SP) or depandy held with your spouse (JT), in the far left.  In of Schedule II requirements, untion 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 the activities, and its geographic location in Block A.	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 telt 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
				ļ	⊢	╂	+	+	None \$1 - \$1,000		<u>&gt;</u>	this column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report-	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.		
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		<u> </u>	<u> </u>	ļ	ļ	4	4	+	EXCEPTED/BLIND TRUST TAX-DEFERRED			during the reporting period.	Interest, and capital gains, if reinvested, must be closed as income. Check "I the seast generated no in	2 4		Type of Income	C
		<del> </del>		┢	₩	+	+	<u>.                                    </u>	Other Type of Income			8	2 X 8 8	출물		3	
						ł	ı.	Popular	(Specify: e.g., Partnership Income or Farm Inc	nme)			Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Deferred" column. Dividends,	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(4)		
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name DENIALIS E. ALIDERSON PAGE 4 019

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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

SCHEDULE II — ASSETS AN	ASSETS AND CHEARNED INCOME	ī	Name DESILVIS E. ALIDERSON
BLOCK A	вгоск в	вгоск с	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
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8	0,000 00,000 250,000 500,000 1,000,000 \$5,000,0 \$25,000,0	INS BLIND TRI RED of Income	00 00 000 ,000 0,000 0,000 5,000,000
	None \$1 - \$1,000 \$1,001 - \$15, \$15,001 - \$5 \$50,001 - \$1 \$100,001 - \$ \$250,001 - \$ \$500,001 - \$ \$1,000,001 - \$25,000,001 - \$25,000,001 -	Spouse/DC As NONE DIVIDENDS RENT INTEREST CAPITAL GAI EXCEPTEDE TAX-DEFERF Other Type of	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,50 \$2,501 - \$5,00 \$5,001 - \$15,00 \$15,001 - \$10 \$100,001 - \$1,00 \$1,000,001 - \$1,00 \$1,000,001 - \$1,000,000 \$1,000,000 - \$1,000,000
ABJOTT STOCK- DETIDEMENT FULLS			
OHOLOTT STUE	<u> </u>	X	
OVALIGUAS INST	X	<b>×</b>	
OGMO GLOBAL ASSET	X	X	
o Pimeo Torm RTA	<b>X</b>		
o ABBALE STOCK	<b>×</b>	X	
o Grammi Filiad	X	X	
O'MAGNAPAN JULST DEV. MKMS. FILLID	X	X	
OBLACKBOCK ILITIL	X	XX	
ALIEN MANAGE SAM	*	×	
IRA			
CHOD. GROWN & INC.	*	XX	
Office life. Stack	<b>X</b>	X	

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)	MOSE IS AND ONEARNED INCOME		Name DEALIS E. ALISERSON
BLOCK A	BLOCK B	BLOCK C	BLOCK D
Asset and/or income Source	Value of Asset	Type of Income	Amount of Income
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े विक्राम्य	X	X	
O VALUE A RULL	X	X	
Desyrus sar	<b>X</b>	N X	
JAMUS GROWNH INC CLASS T FLUID	*	X	
OED. INVES 4 FAIR	X	X	
onia car a rulio	<b>X</b>	X	
MASS SPEC. Equip	X	  X   	
O JUSTIC CLASS FALLS	X	XXX	
offinerual ceat. Inti-	×	×	
CLIRESTYLE COUNTY FUN	×	×	
AUDEASCA PHINICH FRAM, ,	Х	<b>X</b>	

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Continuation Sheet (if reeded)					Name DEZIVIS !	- ANDE	DERESEAL
BLOCK A	J.B	вгоск в	вгоск с			BLOCK D	
Asset and/or Income Source	Value	Value of Asset	Type of Income	Ome		Amount of Income	ncome
<b>9</b>	A B C D E	9 H - J K L	00° \$		Current Year	ăr	Preceding Year
5		000 000				×	
8	000,000	\$5,000,000 \$5,000,000 \$25,000,00 \$25,000,00	NS	f Income	) )0 )00	000,000	)
	None \$1 - \$1,000 \$1,001 - \$15, \$15,001 - \$56 \$50,001 - \$10	\$250,001 - \$6 \$500,001 - \$1 \$1,000,001 - \$5,000,001 - \$25,000,001 - Over \$50,000	Spouse/DC As NONE DIVIDENDS RENT INTEREST CAPITAL GAIL EXCEPTED/B	TAX-DEFERR Other Type of Partnership in None	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,00 \$50,001 - \$150,00	\$100,001 ~ \$1,0 \$1,000,001 ~ \$2 Over \$5,000,000 SpoundDC Income of	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,00
ABBOTT RESIDENCIED	×						
ABBYIE PESTAICTED	×		×				

#### SCHEDULE III - LIABILITIES

Name DESLUIS E. ANDERSON

Page 8 of 4

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. 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 turni-

			Γ	58.5°
	NONE	•	Example:   First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001— \$15,000 >
				\$15,001— \$50,000 Ø
				\$50,001— \$100,000 C
	Ш		 ×	\$100,001— \$250,000 U
				\$250,001— \$500,000 m
			L	\$500,001— \$1,000,000 TI
			 L	\$500,000 m \$500,001— \$1,000,000 m \$1,000,000 m \$5,000,000 D \$5,000,000 D
<u></u>				\$5,000,001— <b>#</b> \$25,000,000 <b>#</b> \$25,000,001—
			 _	000,000,000 Ower
			 L	Over \$50,000,000 - Spouse/DC
			L	Liability over X \$1,000,000

#### SCHEDULE IV - POSITIONS

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 offany 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.

MEMBER BOUT DREETORS LI	MEMBER, BD OF DRECTORS LITERACY VOLUSTEERS OF LANE COULTY (IL) MEMBER, BD OF DRECTORS INTERNATIONAL BREAST CALLER RESERRENT FRUIDATIONS
MEMBER BY DREETORS	- 1
Memaga Book Ducciones	MEMBER BOUF DUESTIES GUPLIES ROTHRY, GHELLES IL

### SCHEDULE V — AGREEMENTS

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Page 9 a 9

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.

Date	Parties To	Terms of Agreement
ONGOING-	ONGOING SELF - STATE OF WISCONSOIL	Pensial
alsone	SELF. STATE OF MISCOLLEIL	DEFERGED COMPELISATION
cylesolys-	SELF & SPOUSE - ABBOTT LABORATIONES	HEALTH ILLSUPANCE PLAN

# 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 1.

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