	APR 16 3012	
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2014 - Morch 31, 2014 For use by candidates and new employees	LEGISLATIVE RESOURCE CENTER 2014 APR 23 AH 11: 09	age 1 of <u>\$</u>
Eric Thorsland	U.S. HOUSE OF REPRESENTATIVES	ri B
Name: Daytime Telephone:		
	(Office Use Only)	
Filer Candidate for the State: 15 Date of Check if Amendment		assessed
	more than 30 days late.	THE STATE OF THE S
In all sections, please type or print clearly in blue or black ink.		
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No 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.	ne the date No years? Yes	₹
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? Yes No If yes, complete and attach Schedule V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	gement Yes	S ⊠
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No Uses, complete and attach Schedule III. Ves, complete and attach Schedule VI.	000 from Yes	₹
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	ich "Yes" response.	:
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF	SWER EACH OF THESE QUESTIONS	S
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?	oe Yes	8 .
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.	endent child Yes	₹ <u> </u>

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Eric

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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 hencefits received under the Social Security Act

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 S	Security Act.
Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Framples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
University of Illinois Woona I	Salary	050F &	\$ (ake30
Champagn Gunhi Whara I	Salocy	280	\$ 2200
Theland Connection Bloomington, Il	Hororarium/spouse	10¢ (max)	\$ 300
	Spouse Inome	G/A	7/≯
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of the work of themps Gedit	SP - Social Choice Equity	- Social Choice Equity	THA-GET IRA	Mehomet II	product again liveston	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	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).	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.	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	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.	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.	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
	×	>			X	×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,00 \$250,001 - \$500,00 \$1,000,001 - \$5,000 \$5,000,001 - \$25,00 \$25,000,001 - \$25,00 \$25,000,001 - \$50,00 \$25,000,001 - \$50,00 \$25,000,001 - \$50,00	00 000 0,000 0,000 00,000			A B C C D F F G F F G F F F F F F F F F F F F F	*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- 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
X	×	*			faum	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TAX-DEFERRED Other Type of Incom (Specify: e.g., Partnersh	ne		ome)		during the reporting period.	if reinvested, must be dis- closed as income. Check "None"	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(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 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Spouse/DC Income None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$2,501 - \$5,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000 Spouse/DC Income	0 ,000 0,000 0,000 0,000	1,000,000*		Current Year Preceding Year		* 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	Amount of Income	BLOCK D

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eric Thoisland

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														Spouse/DC Income over \$1,000,000*			

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SCHEDULE III — LIABILITIES

Name Eric Thorsland

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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 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

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J Ç	Creditor	Incurred mo/year	Type of Liability	\$10,001 \$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- \$25,000,000	\$25,000,001 \$50,000,000	Over \$50,000,000	Spouse/DC Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				_		L.,					
7	PNC Daylon, OH	Nov 2003	Nov 2003 Mortgage on Form		\times		ļ							
37	JT Form (redit Service Maranet	July 200	2010 Farm Mortsox			X								
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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); and positions solely of an honorary party:

and positions solely of an honorary nature.	ature.
Position	Name of Organization