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

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Each question in this part must be answ	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes, complete and attach Schedule III.	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 If yes, complete and attach Schedule II.	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? If yes, complete and attach Schedule I.
ered and t	№	No C	No C
the ap			
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	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.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	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.
esponse.	Yes No No	Yes 🔀	Yes
	S C	8	S S

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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. **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 Yes s X ĕ ⊠

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name MARK WICHERN Page 2 of

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 Beserve pay) technical retirement programs, and henefits 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.	security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Color (notatio sale of totolprior notionality)	., 00	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
- 1	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
RESTORATION COACH, SANTA ROSA BEACH, FL	MEMBER DISTRIBUTION	\$ 239, 500	þ
ALL CLEAR RESTORATION AND RESTORATION COACH, SCHED C	SCHED C NETTAKING		277,011
SANTA ROSA BEACH, FL.			
	į		

	RECIONS BANK ACCOUNT, SANTA ROSA BEACH, FL	20 A 10 A	PENSA COLA FL	SANTA ROSA BEACH, FL		A ALT	1st Bank of Paducah,	Examples:	SP, SP Mega Corp. Stock	ness, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> 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.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business ness the nature of its activities, and its geographic	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. Provide complete names of stocks and mutual funds (do not use ticker symbols). 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. For rental or other real property held for investment, provide a complete address or a description, e.g.	BLOCK A Asset and/or Income Source
×	×	*	×	*		× _	×	Indefinite	X	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 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 - \$50,000,000	ABCDEFGHIJKLM	Indicate value of asset at close or reporting year. It you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.	BLOCK B Value of Asset
×	×	DiST.	ダ	A C	ר, רכ		×	Royaltes	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		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) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK C Type of income
×		×	×	×		×		× ×	×	None	Current Year Preceding Year	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 income. Check "None" if no income was earned or generated. This column is for income derived from assets solely held by your spouse or dependent child.	

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Name MARK WICHERN

SCHEDULE II — ASSETS AND "UNEA Continuation Sheet (if needed)

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SCHEDULE III — LIABILITIES

MARK WICHERN P

Page S of La

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

								11001	9	Amount of Clabinty			
3 9	Creditor.	Date Liability	Type of Liability	>	₩	ဂ				,)1		er 🛪
J C	Creditor	Incurred mo/year	туре от паршту	\$10,001— \$15,000	\$15,001— \$50,000	\$50,001— \$100,000 \$100,001—	\$250,000 \$250,000 \$250,001	\$500,000 \$500,001—	\$1,000,000 \$1,000,001	\$5,000,000 \$5,000,001	\$25,000,00 \$25,000,00 \$50,000,00	Over \$50,000,00	Spouse/DC
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE			L	Ľ	_	_	-	<u> </u>		╂
	PEN AIR, PENSACOLA, FL	June 2012	KIA CAR LOAN		X								
										-			
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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-

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 isotionary flature.	ature.
Position	Name of Organization
PRESIDENT	ALL CLEAR RESTORATION + REMEDIATION, LLC
PRESI DENT	RESTORATION COACH
OFFICER	ERI

SCHEDULE V — AGREEMENTS

NAME MARK WICHERN

Page 6 of 6

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
JUNE 18,2014	JUNE 18, 2014 MARK WICHERN AND MATT LOZECKI	ASSIGNMENT OF MY 100% MEMBERSHIP
		INTEREST OF ALL CLEAR RESTORATION &
		REMEDIATION, LLC TO MATT LOZECKI.

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.

g			
Source (Name and Address)		Brief Description of Duties	uties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services		
RESTORATION CONCH, SANTA ROSA BEACH, FC	TEACHING	AND CONSULTING	NG
ALL CLEAR RESTORATION + REMEDIATION/LC	GENERAL	OPERATIONS MANAGER	MANAGER
SANTA ROSA BEACH, FL			
		-	