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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates,	FORM B Indidates, and New Employees	AUG 1 3 2014 Page 1 of 15
Name: LARLOS L. LMRBELO	Daytime Telephone		2014 AUG 18 AM 9: 40
New Member of or Candidate for State: 12 U.S. House of Representatives District: 2 Candidates – Date of Election: 11/4/14		Check if Amendment	U.S. HOUSE OF REFRESENTATIVES (Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1, 2013 to MAGUST 12, 2014.	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE	: THESE QUESTIONS	SN	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Did	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period Yes No O
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. Do an ou	F. Do you have any reportable agreements or arrangements with an outside entity?	or arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	X No J. Did	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU	ATTACH THE CORRESPONDING SCHEDULE IF INCLUDES ONLY THE SCHEDULES THAT YOU	ULE IF YOU ANSWER "YES" AT YOU ARE REQUIRED TO COMPLETE	S"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWE	INFORMATION - A	NSWER <u>BOTH</u> OF THESE QUESTIONS	E QUESTIONS
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 that benefits you, your spouse, or dependent child?	ท Ethics and certain other "exc /?	cepted trusts" need not be disclosed. Ha	ave you excluded from Yes 🔲 No 💢
EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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.	come, transactions, or liabilitie Committee on Ethics.	es of a spouse or dependent child becau	use they meet all three Yes No No
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is If you so choose, you may indicate that an asset income source is that of your spouse (SP) dependent child (DC), or jointly held with anyone (J For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset hald Provide complete names of stocks and mutual funds (do not use only ticker symbols). n the optional column on the far left. etirement program, including the Thrift Savings Plan nomes and vacation homes (unless there was renta exclude: Your personal residence, including secon peographic location in Block A. or an ownership interest in a privately-held busines rental property," and a city and state. or rental and other real property held for investment he account that exceeds the reporting thresholds. uneamed" income during the year. production of income and with a fair market value succeeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of noome which generated more than \$200 in you have a privately-traded fund that is an Excepte nestment Fund, please check the "EIF" box. rovide a complete address nore than \$1,000 in interest bearing accounts. BANK OF Bank or irements, please refer to the instruction booklet Bank BANK OF Assets and/or Income Sources 킳 during the reporting period); and any financia in, or income derived from, a federa (a) each asset held for investment t publicly traded, the nature of America MILE America Simon & Schuste ABC Hedge Fund Wega Corp Stock discussion **BLOCK A** the cking ij state the name or description, activities, 9 and of (TT) 묶 × please specify the method used. Indicate value of asset at close of the reporting period. In you use a valuation method other than fair market value. None > *Column M is for assets held by your spouse or depends child in which you have no interest. should be "None." an asset was sold during the reporting period and scluded only because it generated income, the value \$1-\$1,000 œ メ \times × \$1,001-\$15,000 o \$15,001-\$50-000 0 × \$50,001-\$100,000 ш Value of Asset 'n \$100,001-\$250,000 BLOCK B G × \$250,001-\$500,000 I \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ۲ _ \$25,000,001-\$50,000,000 _ Over \$50,000,000 Spouse/DC Asset over \$1,000,000 ĸ the "Tax-Deferred" column. Dividentitis interest, and capital gains, even it reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends, $\times | \times | \times$ NONE ncome during the reporting period. × DIVIDENDS Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Partnershi Incom Royaltes Other Type of Income (Specify: e.g., Partnership Income or Farm Income) 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 gaints, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. \times None Column XII is for assets held by your spouse or dependent child in which you have no interest × \$1-\$200 = = \$201-\$1,000 Z \$1,001-\$2,500 < Current Year \$2,501-\$5,000 ≤ \$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 2 \$1,001-\$2,500 Preceding Year < \$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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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

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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) totaling \$200 or more during the reporting period. For both the filer and filer's 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.

Amount		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15) State of Maryland	Honorarium Salary	\$0 \$20,000	\$500 \$76,000
Civil War Roundtable, Richmond, VA (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
CAPITOL GAINS, LLC	Salary	479,000	\$105,500
THE SCHOOL BOARD OF MIAMI-DADE COUNTY	Salary	\$ 126,686	\$35,040
CAPITOL BAINS, LCC	spouse	7/2	2/2
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SCHEDULE D - LIABILITIES

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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. New 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 exceeded \$10,000. liabilities owed 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 the reporting period *Column K is for liabilities held solely by your spouse or dependent child.

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SCHEDULE E - POSITIONS

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, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or

Position	Name of Organization
BOARD MEMBER	MIAMI-DADE COUNTY SCHOOL BOARD
BOARD MEMBER	W
DIKECTOK	CENTRE COURT Charitys (youth busketball loans)
DIRECTOR	

SCHEDULE F - AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement that you have 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.

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
PAR-	PARTNER	MISSION broup II, LLC Creal estate)