MAR 19 2014 LEGISLATIVE DESOUR

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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2014 - MAcch 18, 2014 For use by c	FORM B For use by candidates and new employees	LEGISLATIVE RESOURTED 2: 01	edeficie 2
Name: BONNICH DATSON COLEMAN Daytime Telephone:	ne:	DEFINE OF THE CLERK REPRESENTATIVES A 1	ATIVES
		(Office Use Only)	
Filer Candidate for the State: 103 Date of 6/3/14 House of Representatives District: 12 Election: 6/3/14	Check if Amendment		sessed
Statue New officer or Employing Office:		more than 30 days late.	Who files
in all sections, please type or print clearly in blue or black ink.			
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 if filing in the fees, complete and attach Schedule I.	V. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yee, complete and attach Schedule IV.	we the date Yes Ves	
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? If yes, complete and attach Schedule II. V. Did you with an out reportable asset worth more than \$1,000 at the end of the period? Yes V. No III yes, com	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 Resingle so If yee, complete and attach Schedule III.	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.	000 from Yes	
Each question in this part must be answered and the appropriate schedul	te schedule attached for ea	e attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	- ANSWER	EACH OF THESE QUESTIONS	
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exce disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent	in other "excepted trusts" need not be a dependent child?	>e ∀es □	No
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.	ns, or liabilities of a spouse or depe d with the Committee on Ethics.	ndent child Yes 🔲	S C

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Banne Watson Coleman

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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.

merchanic times for the section when the section of the first terms of		Amount Amount	Security Act.
Source (include date of receipt for nonoraria)	lype	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
XYZ Trade Association, Chicago, IL (Rec'd December 2) Harris County, Texas Public Schools	Honorarium Spouse Salary	X o	\$1,000 NA
NJ PONSNON	Salvey (Rusian)	// /8/	44724
State of New Jussey	Salvey	12147	88584
Police Pension Fund Actual 2 (doublist)	Spose Person	8467	33869
St Francis Hospital	Salaey	0	23320
2 nd Baptist Church	Salvey	10592	42 369
American Brotist Church of 100	Salver	0	2010
Emet Realty	Salacy		1400
	V		
		:	:

Deferred Comp Plan	599 N. Church St., Moorstown N.	186 Wins Ale Emins NS	185 Claftin Due, Emina Nis	SP, SP Mega Corp. Stock DC, Examples: Simon & Schuster Ist Bank of Paducah, KY accounts	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.	Exclude: Your personal residence, including second bornes and vacation homes (includes there was rental bornes).	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.	identify (a) each asset heid 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)	BLOCK A Asset and/or income Source
×	×	×	X	Indefinite	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 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		> B C C C C C C C C C C C C C C C C C C	*This column is for assets solely held by your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	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. If an asset was sold during the report-	BLOCK B Value of Asset
×		×	×	X Royalites	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm In-	come)		during the reporting period.	Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None"	Check all columns that apply. For redrement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deterred income (such as 401(k) plans or IRAs), you may check the lax-Deferred column thirdends.	BLOCK C Type of Income
×	×	×	×	× × × × × × × × × × × × × × × × × × ×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$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* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		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 Income. Check "None" if no income was earned or generated.	BLOCK D Amount of income

SCHEDULE III — LIABILITIES

Name (Sounce Watson Coleman

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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 sib-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. owed 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

								Amount of Liability	nt of l	Jabili	Y		
J C S	Creditor	Date Liability Incurred mo/year	Type of Liability	001— 000	001— 000 co	0,000 C	0,001— 0,000	0,000 171	00,000 1	00,000 බ 	000,000 =		.000,000
				\$10. \$15.	\$ 50	\$10	<u> </u>	\$50	\$1,0	<u> </u>	\$ 25,	Ove	\$5 0,
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				ш		Н	Н			
	Mortage - Wells FREGO	2012	Mortgage on 181 Clastin Aug Emily				X						L
	PNC Bank	2007	Mortgrace on 186 upianot 100	•			X						
	Discover Creditlass		Revolving Charge Account	X									
	FORD Motor Credit	2013	Auto Lana		×			-					
·									_				

SCHEDULE IV — POSITIONS

cer, 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. 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 octor) of the horizont of themes	
Position	Name of Organization
TRUSHER	Messee County Community College - Boars of Trustees

SCHEDULE V — AGREEMENTS

Name BONNIE WATSON GLERRAN PAGE 5 of 5

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
7/1995	Myself + Slak of N3	State Employee Person Plans

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 i.

_		
_	Source (Name and Address)	Brief Description of Duties
_	Example: Doe Jones & Smith, Hometown, Homestate	Accounting services