		JUN 1 8 2013
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B 1.50.01	Page 1 of 6
Period covered: January 1, 2012 - May 17, 2013		
	2013 .	UL-1 Pil 1:24
Name: Tae Hee S. Daytime Telephone:		(Office Use Only)
	te of 6-24-14 Check if Amendment	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
In all sections, places type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWER EACH OF THI  1. Did you or your spouse have "samed" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes Tho	IV. Did you hold any reportable positions on or by filling in the current calendar year or in the pric ty was, complete and attach Scheduler V.	efore the date filmo years? Yes VNo
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? Yes If yes, complete and stanch Schedule II.	V. Did you have any reportable agreement or an with an outside entity? If yee, complete and attach Schedule V.	rangement Yes UNO
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.	VI. Did you receive compensation of more than a single source in the two prior years? If yes, complete and attach Schedule VI.	\$5,000 from Yes No
Each question in this part must be answered and the	e appropriate schedule attached for	each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	DRMATION — ANSWER EACH (	F THESE QUESTIONS
TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on E disclosed. Have you excluded from this report details of such a trust benefiting you, y		old Seek ed k
EXEMPTION — Have you excluded from this report any other assets, "unearmed" included they meet all three tests for exemption? Do not answer "yes" unless you have		pendent child Yes No

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SCHEDULE I	- EARNED	INCOME	(INCLUDING	HONORARIA
		****	····	

Name Tal Hee Si Page 2 or 6

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.

Source (include date of receipt for honoraria) Current Year to Filing Preceding Year \$28,450 XYZ Corporation, Houston, TX Salary \$6,300 First Bank & Trust, Houston, TX Director's Fee \$3,200 \$400 Examples: \$1,000 XYZ Trade Association, Chicago, IL (Rec'd December 2) Honomerium 0 Harris County, Texas Public Schools Spouse Salery ΝA NA 69,362 University of Oklahona, Norman, OK Salary

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of inc	tify (a) each seest held for investment or production come with a fair market value exceeding \$1,000 at end of the reporting period, and (b) any other risble seest or ecurose of homes which generated in the \$200 in "unearmed" income during the year.	rep	ino onti	ing d o		ur. i r th	i yo	u u Mair	me	a ( erk	edu AV	atio Nue			allo allo	erne v y	nta ou : ents	cco to grt	unts cho that	the see gone	op op ont	y For o not ecific e tax- 0106	d #	hec Ico	k ti me	ets fi le "N by c	lone the	a" c xin	olún g th	nn. e a	For ppi	all op:	oti riat	e b	ass ox (	ets bek	, ind OW.	dica Dh	ate 1 vide	he :	cetí s, li	ego nte	ry c	
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Mars	all STAs and other retirement plans (such as 401(K) a) provide the value for each asset held in the runt that axceeds the reporting thresholds.	lt g	juni TV	erad One	ed (	ine	om	), <b>1</b>	he '	veli	JO 1	shot	ıld	١	if i	wire Had t	reet s in	ed,	1004 100-4	est Oheo	50 4 7	even die- kone kome				olun or d						der	îve	d fr	om	83	set	8 3	olei	y ho	ble	by	you	r
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that I	on comercitic interest in a privately-held business is not publicly traded, state the name of the busi- , the nature of its activities, and its geographic ion in Bloot A	٨	8	C	P	E	F	G	H	1	J	K	L	M											·		-,	_	t Ye		_	- 1	4		_	_	_	_	ing		_	_		
tomi noor ing i sooo deriv	lade: Your personal residence, including second see and vecation fromse (unless there was rental me during the reporting period); any deposite total- \$2,000 or less in personal checking or serings sunts; and any financial interest in, or income- ted from, a faderal retirement program, including theit Savings Plen.											0		,000 000					,	_		kns or Farm income)	1	"	at	V V	<b>V</b>	VI	VIII	IX	X		\$: 000'000 ·\$	1	u	III   1	IV	\ 	N	H V#	I (X	×	<b>X</b> 3	₹ '000'000'
incor dent in th	nu so choose, you may indicate that an asset or me cource is that of your spouse (SP) or dependently in the course of the course	None	-8.000	\$1,00 \$15,000	\$-5.00 \$60,000	000 00:500	0,001 - \$250,000	0.00 \$500 000	0,001 - \$ ,000,000	200 000 - \$5,000,000	000'000'528'00'000	000'00 - \$20'000'00	Over \$50,000,000	Spottee/DC Asset over \$1,000 000	NONE	CENDS	TENT	CHEST		TAVEREDOED	ar The or Income	Capecity, e.g., Partnersh p Income	91	- \$200	<b>.s.</b> 000	\$1.00* - \$2,500		001 - \$50.000	000 00.3 - 100'(	\$100,001 \$1 000,000	000'000'- \$2'000'000	Over \$5.000 000	ž	2	- \$200	\$. 000	00 \$2,500	000,000	\$5,00° - \$°5,000	000 00 - \$- 000	8.00,001 - \$. 000,000	000:000 - \$5,000:000	\$5,000.000	se/DC income over
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For additional assets and uncerned income, use next page.

## SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

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SCHED	IN F III	_ 11/	7BII	ITIES

Name Tal Hee Si Page 5 of 6

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 owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, 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 sibling 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.

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SP, DC, JT	Creditor	Date Ljability Irid(1996:0° mo/yeer	Liability	\$10,00°— \$15,000	\$15,00° <b>69</b>	C 000,001	7100,001— 1250,000 U	1250,001— 1500,000 m	F 000'000'18	61,000,000;— 65,000,000	85,000.00"— 825,000,000 I		Over 850.000,000 ۴	Spouse/DC Lists ity over X 51,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				Х							
	Sullie Mac	5/11	student loans			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 nature.

Position	Name of Organization
Chief technology officer	Raptura
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Use additional sheets if more space is required.

SCHED	üle V—	<b>AGREEMENTS</b>

Name Tae Mee Si Page 6 of 6

Parties To	Terms of Agreement
	Health insurance + Dental Insurance
sity of Oklahoma	Retirement Plan
	Parties To sity of Ohlahoma rsity of Oklahoma

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

## 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:		Accounting services

GPO: 2013 79-995 (mac)