No X	Yes 🔲	pendent child	ilities of a spouse or dependent child Committee on Ethics.	ne, transactions, or liabi	earned" incom	er assets, "une wer "yes" unle	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabiliti because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Co	EXEMPTION because they
No X	Yes 🔲	ot be	xcepted trusts" need no ent child?	cs and certain other "e» r spouse, or a depende	mittee on Ethi iting you, your	nd by the Comr	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?	TRUSTS—De disclosed. Hav
S	QUESTION)F THESE (ANSWER EACH OF THESE QUESTIONS		T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —	XCLUSIC
	esponse.	each "Yes" r	dule attached for	appropriate schec	d and the ຄ	e answered	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
o No	Yes X	\$5,000 from	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.	VI. Did you receive con a single source in the ty If yes, complete and a	No 🔀	Yes 🔲	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.	III. Did you, you able liability (mo If yes, complete
ĕ ⊠	Yes	rangement	 V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. 	V. Did you have any reportable agreemen with an outside entity? If yes, complete and attach Schedule V.	No 🔲	Yes X	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.	II. Did you, your income of more reportable asset if yes, complete
<u>§</u>	Yes X	efore the date or two years?	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.	IV. Did you hold any reportable positions of filing in the current calendar year or in the filing in the current catendar year or in the lift yes, complete and attach Schedule IV.	No 🔲	Yes 🔀	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.	i. Did you or you fees) of \$200 or If yes, complete
				ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	in all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWE	n all sections, I
assessed who files	10	A \$200 penalty shall be against any individual more than 30 days late.	Check if Amendment	Mocle peach	Date of Election:	g Office:	Candidate for the House of Representatives District: New officer or employee Employing Office:	Filer Status
Saal	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	U.S. HOUSE O		Daytime Telephone:	Daytime		arkes "Chip" Flanzemo	Name: HARLES
Page 1 of 1972 ENTER	£ 179	LEGISLATIVE	M B and new employees	FORM B For use by candidates and new employees	i 	ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, ع 13 كولاد كان	UNITED S. FINANCIA Period cove
•	MAY 1 1 2014	5						

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name
HARL
rs Fl
. FO 13640
,

Page 2 of 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.

Figure 1. Military pay (such as National Guard or Beserve pay) todays retirement programs, and benefits received under the Social Society 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	eceived under the Social S	security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Course (likewas date of lecelor for Horioralia)	- ype	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
7	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
JONESBORD REWTAL CENTER	SAIMEY	38,750	54,500
JONESBORG REUTAL CENTER	Spouse SA ARY	N/A	N/A
	Spouse Businiess	N) ja	N/A

BANK of Wouth Gra	SO HER HAFE BANK	HER TAGE BANK		, Examples:	SP, SP Mega Corp. Stock	homes and vacation homes (unless there was rental income during the reporting period); any deposits totalizes, on 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.	location in Block A. 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 all ITAs 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., "rental property," and the city and state.	Asset and/or income Source 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).	BLOCK A
**	*	*	×	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 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		> BB C C C C C C C C C C C C C C C C C C	be "None." *This column is for assets solely held by your spouse or dependent child.	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 reporting year and is included only because	BLOCK B
×	*	*	×	Royattes	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ome)		if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	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	BLOCK C
*	× ×	×		X	X	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 Cver \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$50,001 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$15,001 - \$15,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Cver \$5,000,000 Spouse/DC Income over \$1,000,000*		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	BLOCK D

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

7 1

₾.

×

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

Continuation	>	SP.	Ę	DC		الماجة	7 4	کم		50 50		-		-	-				
Continuation Sheet (if needed) BLOCK A	Asset and/or Income Source					Joursboan Revial (ی سا	2910 old South D	1198 5 th or it &	851 Kowh 1901	BAM CH F-11 880	American in	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
	urce	A			None	THE VE	EA S	Da Jh			à l'								
		8			\$1 \$1,000														
		<u> </u>			\$1,001 - \$15		ļ	-		×	2				-		\dashv		ļ
	S	Ð			\$15,001 - \$5		1	**	*	1		 	ļ		<u></u>	ļ		ŀ	-
_ॼ │	lue	TT.			\$50,001 - \$1 \$100,001 - \$		74	+	 	 	 		 	<u> </u>	 				
BLOCK B	Value of Asset	<u>.</u>			\$250,001 - S		<u> </u>	+	 	1		<u> </u>		<u> </u>	 		_		
S 0	À	エ			\$500,001 - \$	×					İ				<u> </u>				
ľ	Se	_	00	- \$5,000,00	\$1,000,001 -														
	🕶	۲.			\$5,000,001 -						ļ							L	
1			,000		\$25,000,001		-	-	-	 	-						· · · · · · · · · · · · · · · ·	ŀ	
1		nn Z	1 000 0		Over \$50,00 Spouse/DC A		-	┼─	 	 			ļ		ļ				
—		UV S	1,000,0	49991 OAGL 2	NONE		~	×	23	~3	×	 		l					
				3	DIVIDENDS		1	-,	-	 -	<u> </u>		 	ļ	-				
	γþ				RENT	ಕ						<u> </u>							
면	Φ O				INTEREST														
BLOCK C	<u> </u>				CAPITAL GA														
ဂ်	្ត		JST		EXCEPTED/		ļ	<u> </u>	<u> </u>	ļ . <u></u>	ļ .	<u> </u>							
	Type of Income		/ F		TAX-DEFER		<u> </u>	<u> </u>	1			<u> </u>	<u> </u>						
	٠,٣			e of Income- Income or Fa															
\dashv r:				moonie or ca			25	ಗ	—	×	\rightarrow	<u> </u>							
1					None \$1 – \$200			(3	e.3	 	8		<u> </u>						
			=	0	\$201 - \$1,000			 	†	 	 		<u> </u>	-					
114		ဂ္ဂ	~		\$1,001 - \$2,5														
Ŧ			<		\$2,501 - \$5,0														
0		Current Year	_ ≤		\$5,001 - \$15,														
	1	t ¥	VII VIII		\$15,001 - \$50		ļ	ļ	ļ	 		<u> </u>			ļ	 			
7 5 8		ea	_ ≅		\$50,001 \$10 \$100,001 \$1		-	-	1-	ļ		ļ			ļ				
č	Ę	_	×		\$1,000,001 - \$1	~	<u> </u>	ļ	 	 			<u> </u>		<u> </u>				
	<u> </u>		^×		Over \$5,000,0			 	 	 									
<u>୍</u> ଥି ଦୁ	1				Spouse/DC Income				L									١	
BLOCK D	¥		-	74	None		જ	જ	×	প্ৰ	સ્ત્ર								
٦ [[]	ncc		=		\$1 – \$200														
	Amount of Income	ا ن	Ξ		\$201 \$1,000														
	Ф	Preceding	_ <		\$1,001 - \$2,50		ļ	ļ	ļ	ļ	ļ	ļ	ļ		<u> </u>			4	
⊢ا		ec	<		\$2,501 \$5,0 \$5,001 \$15,0			<u> </u>		-	-	<u> </u>				 			
rage 1	1	ji	≤ <		\$5,001 - \$15,0 \$15,001 - \$50		 	 	 	1-	-	ļ						ļ	
		9	XI III II		\$50,001 - \$10			<u> </u>	 	 	 	<u> </u>	<u> </u>	L	-			l	
		Year	픻		\$100,001 - \$1	ঠ	 	1		†	 	<u> </u>						٦	
		₹	×		\$1,000,001 -		<u> </u>	1		1	†	 						-	
				^^^	Our \$5 000 0				1						i e			٦	
			×		Over \$5,000,0		L				1		<u> </u>						

This page may be copied if more space is required.

SCHEDULE III — LIABILITIES

Name (H. P. TLONIESAN

Page 5 of la

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 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 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.

Date Liability Type of Liability Type of Liability	Date Liability Incurred Type of Liability #10,001 ##15,000 ##15,000	Date Liability
Type of Liability \$10,001— \$15,000 A	Type of Liability \$10,001— \$15,000 \$15,001— \$50,000 \$50,001—	·
\$10,001— \$15,000 > \$15,001—	\$10,001— \$15,000 > \$15,001— \$50,000 co	
\$10,001— \$15,000 >	\$10,001— \$15,000 > \$15,001— \$50,000	
\$10,001— \$15,000 >	\$10,001— \$15,000 > \$15,001— \$50,000	
\$1 5,001— _	\$15,001— \$50,000 D	>
	\$50,001— \$100,000	В
× \$100,001— p		m Am
\$250.001	\$250,001— m ≥ 3500,000	F
\$250.001	\$250,001— m \$500,000 m \$500,001— n \$1,000,000 n	of Lia
\$250,000	\$250,001— \$500,000 T \$1,000,000 T \$1,000,001— \$5,000,000 G	H
\$250,001— T S500,000— T S1,000,000— S5,000,000— S5,000,000,000— S5,000,000,000— S5,000,000— S5,000,000,000— S5,000,000,000,000— S5,000,000,000,000,000— S5,000,000,000,000,000,000,000,000,000,0	\$500,000 T S1,000,000 T S5,000,000 S5,000,001 S5,000,0001 S5,000,000 S5,000 S5	
\$250,001— \$500,000	\$500,000 E \$500,001— T of Liability \$1,000,001— G \$5,000,000 H \$25,000,000 H	
\$250,001— m \$500,000 m \$500,000 m \$1,000,000 m \$5,000,000 m \$5,000,000 m \$25,000,000 m	\$500,000 m \$500,001 m \$1,000,000 m \$1,000,001 m \$5,000,000 m \$5,000,000 m \$25,000,000 m \$25,000,000 m \$25,000,000 m	

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-

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 solate of an honorary parties

and positions solely of an nonorary nature.	ature.
Position	Name of Organization
Owner, Proprietor	JowesBoen Reutal Centiel

O
¥
-
m
=
⊑
П
<
1
Ъ
5
Ω
ស្ព
ស្ព
GRE
ស្ព
GRE
GRE
GRE
GRE
GREEMEN

Name CHARIES FLANGERY

Page 6 of 6

future employment; a leave of absence during the period of government. Government; or continuing participation in an employee welfare or ben-	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.
---	---

	The second secon	
Date	Parties To	Terms of Agreement
in the second se		
-		

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
Times Watson, Riverbale Ha	Equipment Routed
Klhon, Mariow) Sa	Eginpament Restal
Robert Tenner, McDonardon Ja	Exemple Butset
For 1857 LAW O MEmmerial Collage Pade Da	Equipment REUTAl
to provide former of laward warringt	Eguipmux Renig1
Alternative Revial Lakecity 24	_