				i			r
ž Č	dent child Yes	bilities of a spouse or dependent child committee on Ethics.	"unearned" income, transactions, or liabi unless you have first consulted with the	arned" income ss you have fi	er assets, "une wer "yes" unle:	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or lia because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	
<b>₹</b>	Yes	xcepted trusts" need not be not child?	s and certain other "e	ittee on Ethic ling you, your	d by the Comn n a trust benefi	<b>TRUSTS</b> —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?	<u>.</u> .
S	THESE QUESTIONS	NSWER EACH OF THESE	l ≽	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	l m
	ch "Yes" response.	dule attached for each	appropriate schedule	and the	e answered	Each question in this part must be	
s S	00 from Yes	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 cor a single source in the the the thick that the thick the thick that the thick the thick the thick the thick the thick the thick the t	<u>₹</u>	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.	<b>=</b> 0 -
इ र्	ement Yes	eportable agreement or arrangement attach Schedule V.	V. Did you have any rewith an outside entity? If yes, complete and a	□ S	Yes	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.	<b>3</b> 7 2 7
S	the date Yes	reportable positions on or before the date calendar year or in the prior two years?	IV. Did you hold any re of filing in the current co ff yes, complete and a	N <sub>N</sub>	Yes 🔽	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>	<b>=</b> -
			E QUESTIONS	EACH OF THESE		In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWER	_ ס'
	more than 30 days late.				Office:	employee Employing Office:	<u></u>
assessed who files	\$200 penalty shall be ainst any individual	Check if A Amendment ag	MAY 6, 2014	JNA Date of Election:	NORTH CAROLINA	the State: resentatives District:	
	(Office Use Only)	0					
VES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	٠ ا	Telephone:	Daytime		Name: ARUNAVA SANYAL	
Page 1 of 4 ENTER	AUG 1 1 2014  LEGISLATIVE RESOURCE CENTER  2014 AUG 19 AM 10: 47	<u></u>	<b>FORM B</b> For use by candidates and new employees		4,2014	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2014 - 介リなひらても, 20	

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name ARUNAVA SANYAL

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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 honoritis 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.	irement programs, and benefits r	received under the Social S	security Act.
<b>Source</b> (include date of receipt for honoraria)	Type	Amount	
Course (include date of topological including included	. 700	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
BBANDT INC.	SALARY	37, 753.35	62,345.00
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	NEUS FARGO	BBANDT	FIDELITY INVESTMENT	1st Bank of Paducah, KY accounts	Examples:	SP Mega Corp. Stock	Exclude: Your personal residence, including second homes and vacation homes (unless 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.	location in Block A.	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	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.	Asset and/or Income Source	BLOCK A
	×	X	X	×	Indefinite	×	None \$1 \$1,000 \$1,001 \$15,000 \$15,001 \$50,000 \$50,001 \$100,000 \$250,001 \$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 Cver \$50,000,000 Spouse/DC Asset over \$1,000,000*		A 68 CO OO TH TH GO TH CA CO T	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	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.	Value of Asset	BLOCK B
	*	X	X	×	Royatties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	me)		during the reporting period.	If reinvested, must be dis- closed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Deferred" column. Dividends,	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))	Type of Income	BLOCK C
	<b>X</b>	X	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 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000  Over \$5,000,000 \$201 - \$1,000 \$10,001 - \$1,000,000 \$1,000 - \$1,000,000 \$1,000 - \$1,000,000 \$1,000 - \$1,000,000 \$1,001 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$50,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		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	Amount of Income	BLOCK D

## **SCHEDULE III — LIABILITIES**

Name ARUNAVA SANYAL

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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 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 sib-

## **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 pooled to oping of an incharge harance	SIMICA CONTRACTOR CONT
Position	Name of Organization
eeo/PRESIDENT	GLOBALINK CONSULTING, INC.
CEO/PRESIDENT	BRAZILIAN SOCCER CONNECTION, THE (NON-PROFIT)
e EO/ PRESIDENT	SANYAL INNOVATIVE RESEARCH LABORATORY, INC. (NON-PROFIT)
<i>I</i>	

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