| UNITED STATES HOUSE OF REPRESENTATIVES | Form A | T 36 JEFFINN ILLEUISHE, 1 of X |
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| FINANCIAL DISCLOSURE STATEMENT | For Use by Members, Officers, and Employees | LEGISLATIVE RESOURCE CENTER |
| | | 2015 MAR 25 PM 12: 53 |
| Name: GLORIA WEGGE MELEOD D | Daytime Telephone: | U.S. HOUSE OF REPRESENTATIVES (Office Use Only) |
| FILER Member of or Candidate for State: CA STATUS Member of or Candidate for State: CA U.S. House of Representatives District: 35 | Officer or Employing Office | % : |
| REPORT 2013 Annual (Due: May 15, 2014) | Amendment Termination Date: | m Date: <i>JAN2,2015</i> |
| PRELIMINARY INFORMATION - ANSWER EACH OF THESE | QUESTIONS | |
| 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 uneamed income from any reportable asset during the reporting period? | No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | or arrangement with an in the current calendar Yes No |
| B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? Yes | No C. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period? | t child receive any value from a single Yes No |
| 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 H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period? | t child receive any el totaling more than re reporting period? |
| 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? | No I. Did any individual or organization make a lieu of paying you for a speech, appearance reporting period? | organization make a donation to charity in speech, appearance, or article during the |
| E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | ကူ | ORRESPONDING SCHEDULE IF YOU ANSWER "YES" |
| IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TR | TRUST INFORMATION - ANSWER EACH OF | THESE QUESTIONS |
| IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. | Offering during the reporting period? If you answered "yes" to this | question, please contact Yes No |
| TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child? | Ethics and certain other "excepted trusts" nee | d not be disclosed. Have you excluded from Yes No M |
| EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | or liabilities of a spouse or | dependent child because they meet all three Yes No |

| Exemples: ABC Hedge Fund X ABC Hedge Fund X ABC Hedge Fund X | SP Mega Corp. Stock Esp DC, SP Mega Corp. Stock Esp | 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 more than \$1,000 in interest bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. 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 location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Eucepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. | BLOCK A Asset and/or income Source Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearmed" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retinement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. |
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| | hospitala X | None > \$1,001-\$15,000 | BLOCK B Value of Asset Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. Indicate value of asset at close of the reporting period and is included only because it generated income, the value should be 'None.' *Column M is for assets held by your spouse or dependent child in which you have no interest. |
| Partnest by Moorne | X Royalities | DIVIDENDS INTEREST EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | BLOCK C Type of Income Check all columns that apply. For accounts that all generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, increast, and capital gains, by even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period. |
| | X | \$1,001-\$2,500 < \$5,001-\$15,000 | Amount of Income Amount of Income Amount of Income If For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the reality of income by checking the appropriate box below. If Category of income by checking the appropriate box below. If Dividends, interest, and capital gaints, even if reinvested, emust be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest. |
| | S(part) | Leave this column blank if there are no transactions that exceeded \$1,000. | Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold please indicate as follows: (S (part)). |

| SCHEDULE A – ASSETS | - ASSETS & "UNEARNED INCOME" | Name: G/ORIA MIEGR | OFTE MELEON Page 3 of | X5 |
|-------------------------------------|--|--|---------------------------|---------|
| | | | | |
| BLOCK A Asset and/or Income Source | Value of Asset | BLOCK C | BLOCK D Amount of Income | BLOCK E |
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| | \$25,000,00 | Other Type (Specify: e. | | |
| SP, ASSET NAME EIF | | | | |
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SCHEDULE B - TRANSACTIONS

Name: G/GR/A

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Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction. SP DC JT * Column K is for assets solely held by your spouse or dependent child Ŷ Example PURC 076 COTTONIOND AND HESPERIALA Mega Corp. Stock MASE Asset and, co Type of Transaction Sale Exchange Check Box if Capital Gain Exceeded \$200 × (MO/DA/YR) or Quarterly, Monthly, or Bi-5-15 Date 3/5/13 \$15,001-\$50,000 8 \$100,001-\$250,000 o Amount of Transaction \$500,001-\$1,000,000 \$5,000,001-\$25,000,000 I Over \$50,000,000

SCHEDULE D - LIABILITIES

Name: (LORIA MCLEOD Page_

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

| | | | | i | | Amount | Amount of Liability | ¥ | | |
|---------------|--------------------------|------------------------------|-------------------------------|--|--|--------|---------------------|------|---------|--|
| sp, DC, Jт | | Creditor | Date Liability Incurred | Type of Liability | | D | | ± | 0,000 - | |
| <u>.</u> | Ехатріе | First Bank of Wilmington, DE | 5/98 | Mortgage on Rental Property, Dover, DE | | × | | | × | |
| | PENNYMAE SERVICES | 4C+ | 5-14 | MORTHAGE | | | | | X | |
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| SCH | SCHEDIII E E - POSITIONS | POSITIONS | | | | | | | | |

SCHEDULE E - POSITIONS

consultant of any corporation, firm, partnership, or 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. Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or

| Position | Position Name of Organization |
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