UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CHAPLES
Name: FAUL CHARM Daytime Telephone:	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES
View Member of or Candidate for State: CA U.S. House of Representatives District: 3 Check if Candidates - Date of Election: 6 3 14 FILER	(Office Use Only)
STATUS New Officer or Employee Employing Office: Period Covered: January 1, 2013 to APRIL 30, 2014	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> 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 in the current calendar year up through asset during the reporting period? A. Did you, your spouse, or your dependent child: Yes No No E. Did you hold any reportable or in the current calendar year up through asset during the reporting period?	uring the reporting period Yes No 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 No Preporting period?	s or arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Ves Ves J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	than \$5,000 from a single Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "Y THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED .	ES" TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THE	SE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed this report details of such a trust that benefits you, your spouse, or dependent child?	Have you excluded from Yes No No
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child be tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	cause they meet all three Yes No

SCHEDULE

EA – ASSETS & "UNEARNED INCOME"
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Page Z of C

US MUTARY - MOT	PROUSANE OF CA.	ST AMERIONISES	SCAMED STIMES	SHOP TSP	ABC Hedge Fund X	Examples:	DC, Mega Corp Stock	\$\$	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 hald with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A reprintments to becase select the instruction booklet.	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	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.	For an ownership interest in a privately-held business that is not publicly traded, satis the name of the business, the nature of its addities, and its geographic location in Block A.	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 bark 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 all HAMs and other returement 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 only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1.00 at the and of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in unearmed income during the year.	Assets and/or Income Sources	BLOCK A
REMITABLES		×	*	×	*	Indefinite	>	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ne \$1,000 001-\$15,000 5,001-\$50-000 0001-\$15,000 00,001-\$500,000 00,001-\$500,000 000,001-\$500,000 000,001-\$50,000,000 000,001-\$50,000,000 000,001-\$50,000,000	ю	000			1	2 2 2 3 3 7 7 7	Column M is for assets need by your spouse or dependent child in which you have no interest.	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. If an easet was sold during the reporting period end is included only because it generated income, the value should be 'None.'	Value of Asset	BLOCK B
HER MEDINGTICS	*	- -		×	Partnership Income	Royalties	>	R IN	INE ITEREST IPITAL GAINS CEPTEDISLIND TRU X-DEFERRED THE Type of income (5)		.g., Partnership Inco	me or Farm Inc	ome)			Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401fk), IRA, £29 accounts), you may check the "12x-Deferred" column. Dividends, thereat, and capital gains, even if reinvested must be disclosed as income for assets held. In taxable accounts.	Type of Income	вьоскс
3	<			*	×	×	>	\$\frac{1}{2}\$\$\fra	ne \$200 01-\$1,900 001-\$2,500 501-\$5,000 001-\$15,000 5,001-\$5,000 0,001-\$1,000,000 00,001-\$1,000,000 00,001-\$1,000 00,001-\$1,000 00,001-\$1,000 00,001-\$1,000 00,001-\$1,000 00,001-\$1,000 001-\$1,000 001-\$1,000 001-\$1,000 001-\$1,000 001-\$1,000 001-\$1,000 0001-\$1,000 00,001-\$1,000						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 moome by checking the appropriate box below. Dividends, interrest, and capital gains, aven if reshressed, must 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.	Amount of Income	BLOCK D

SCHEDULE C - EARNED INCOME

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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) totaling \$200 or more during the reporting period. For both the filer and filer's 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 (and has National Guard or Reserve pay). Deveral retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROFIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in

	Am	Amount
Туре	Current Year to Filing	Preceding Year
Honorarium	\$0	\$500
Salary	\$20,000	\$76,000
Spouse Speech	N/A	N/N
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) 		
Space around	20,000	10,000
CONCLICATION	0/1/0/10	ے کرکے کو
SHOOK S ACARY	1000 P	3/22/
SELF	24,200	24,200
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SELF	0444	4 447,68
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	Honoration Solary Spouse Speech Spouse Speech SPOUSE SALARY SPOUSE SALARY SPOUSE SALARY SPOUSE SALARY SPOUSE SALARY	Current Year to Filing So Station So N/A Current Year to Filing So Station So Station

SCHEDULE D - LIABILITIES

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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. New 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 it out or are a Member); bans 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 the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

	Committee to the manifest that some year openion is enter	and by your spous	e of dependent clind.		<u> </u>	>	S	0	0	0	Amount o	0	Amount of Liability	Amount of Liability
SP.	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001-	\$50,000	\$50,000 \$50,001- \$100,000	\$50,000	\$50,000 \$50,001- \$100,000 \$100,001-	\$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001-	\$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000	\$50,000 \$50,001- \$100,000 \$100,001- \$250,001- \$500,001- \$1,000,000	\$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,000- \$5,000,000-	\$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,001- \$6,000,000 \$5,000,001- \$25,000,000
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE					×	×	×	×	×	×	×
77	MOLLHANDS LEDGE SI	9/98	NUOT LAWOULS			X	X	X	X	X	X	X	X	X
K	BAHIC OF AMERICA	2/ 13	CRADIT CARO	X	1 k	4	AF.	44	***	14	M.	4	44	44
M.	BUNGLICAN EXPINEN	N E	CROWN CAIRD	×	I									
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SCHEDULE E - POSITIONS

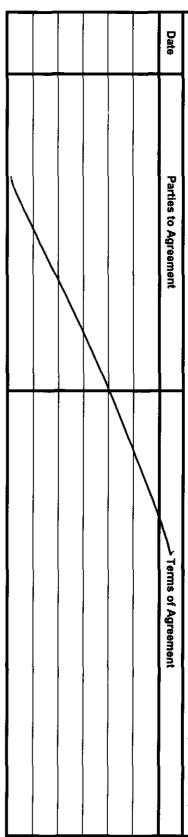
Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other 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. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

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					CHABOT STRATECIES	Name of Organization
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SCHEDULE F - AGREEMENTS

Name: Page S of 6

Identify the date, parties to, and general terms of any agreement or arrangement that you have 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.



SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a few or payments of more than \$5,000. Exclude: Payments by the U.S. or wearnest and any information considered confidential as a result of a nivilence relationship recommind by the U.S. or the payment of t

government a	nd any information considered confidential as a result of a	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

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