٠.	• <u>.</u> .		
₹   <u>X</u>	endent child Yes	<b>EXEMPTION—</b> Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	because they mee
<b>₹</b>	be Yes	<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?	TRUSTS—Details disclosed. Have yo
S	SWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF	EXCLUSION
	attached for each "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for ea	E
<b>₹</b> ⊠	,000 from Yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No Will Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule III.	III. Did you, your spo able liability (more the <b>If yes, complete and</b>
<b>₹</b>	ngement 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?  Yes No Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule II.	II. Did you, your spor income of more than reportable asset worl if yes, complete and
S S	ore the date waxo years? 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?  Yes   X   No     IV. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	I. Did you or your spreas) of \$200 or more if yes, complete and
		PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	PRELIMINAR
		int clearly in blue or black ink	in all sections, plass
assessed who files	A \$200 penaity shall be a against any individual we more than 30 days late.	Candidate for the State: MI Date of House of Representatives District: 14 Election: HUDINS 5, 2014 Amendment employee	Filer X
3 (A	2014 MAY 22 PM 1: 23  OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	Brenda Lawrence Daytime Telephone	Name: B
Page 1 of	MAY 1 5 2014	STATES HOUSE OF REPRESENTATIVES IAL DISCLOSURE STATEMENT vered: January 1, 옆에서 M호눅 1숙 1선 1색 For use by candidates and new employees	UNITED STATES HOUS FINANCIAL DISCLOSU Period covered: January 1,

## SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

Namo Branda Lawrence

Page \_\_\_\_\_ of \_\_\_

xceeding \$1,000. See examples below.	nore during the preceding calendar year. For a spouse, list the source and amount of any honoraria; lis	ist the source, type, and amount of earned income from any source (other than the filer's current emplo
000. See	ne precedi	э, type, an
See examples below.	ng calenda	d amount
below.	ır year. Fol	of earned
I	r a spouse	income fro
ı	, list the so	m any sou
	ource and	rce (other
	amount of	than the fil
	any honora	er's curren
	ō	Ϋ́
	ly the sour	ent by the
, •	nly the source for other spouse earned incom	ment by the U.S. Government) totalling \$200 or
ı	r spouse e	rnment) to
	earned inc	talling \$20
	öme	X) or

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.

							City of Southfield Sal		XYZ Trade Association, Chicago, IL (Rec'd December 2)  Honorarium	First Bank & Trust, Houston, TX	XYZ Corporation, Houston, TX Salary	Course (include date of receipt for inclinating)	College discharge from the bonness of
		,					Salary	Salary	nium	r's Fee		jype	
				·			2250	NA	0	\$400	\$6,300	Current Year to Filing	Amı
							47,000	NA	\$1,000	\$3,200	\$28,450	Preceding Year	Amount

of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other Ŗ Ŗ 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. that is not publicly traded, state the name of the busi-ness, the nature of its activities, and its geographic in the account that exceeds the reporting thresholds. have the power, even if not exercised, to select the spe-cific investments), provide the value for each asset held For **all IFIAs** and other retirement plans (such as 401(k) plans) that are self-directed (*i.e.*, plans in which you more than \$200 in "unearned" income during the year. please refer to the instruction booklet. For a detailed discussion of Schedule III requirements ing \$5,000 or less in personal checking or savings Exclude: Your personal residence, including second ocation in Block A. For an ownership interest in a privately-held business For rental or other real property held for investment, For retirement accounts which are not self-directed, (do not use ticker symbols) reportable asset or sources of income which generated dentify (a) each asset held for investment or production the Thrfft Savings Plan. derived from, a federal retirement program, including accounts; and any financial interest in, or income ncome during the reporting period); any deposits totalprovide a complete address secount and its value at the end of the reporting period. provide only the name of the institution holding the Provide complete names of stocks and mutual funds nomes and vacation homes (unless there was rental Examples. Asset and/or Income Source SP Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY accounts **BLOCK A** Þ None only because it generated method used market value, please specify the valuation method other than fair of reporting year. If you use a reporting year and is included If an asset was sold during the income, the value should be Indicate value of asset at close O Indefinite \$1,001 - \$15,000 Value of Asset ш \$50,001 - \$100,000 BLOCK B Ð \$500,000 \$250.001 飲養 \$1,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 À NONE est, and capital gains, even it asset generated no income during allow you to choose specific Check all columns that apply. For the reporting period as income. Check "None" if the reinvested, must be disclosed "None" column. Dividends, interplans or IRAs), you may check the deferred income (such as 401(k) investments or that generate taxretirement accounts that do × RENT Type of Income BLOCK C CAPITAL GAINS \$ V 2 Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) ₫ \$1 - \$200 Current Year \$2,500 7 \$1,001 or IRAs), you may check the "None" column. gains, even if reinvested, must be disbelow. Dividends, interest, and capital ate tax-deferred income (such as 401(k) plans to choose specific investments or that generclosed as income. Check "None" if no For all other assets, indicate the category of For retirement accounts that do not allow you income was earned or generated ncome \$5,001 - \$15,000 ≤ by checking the appropriate \$50,001 - \$100,000 Amount of Income \$1,000,001 - \$5,000,000 × BLOCK D None \$201 - \$1,000 ≡ Preceding Year < × \$2,501 - \$5,000 Ö ≦ \$15,001 - \$50,000 \$100,001 - \$1,000,000  $\overline{\mathsf{x}}$ 

Over \$5,000,000

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#### SCHEDULE III — LIABILITIES

Name Brenda hawrence

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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 furniling 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-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

ъ Sp.					
or Oʻ⊢ •	Ц				
Creditor	Example: First Bank of Wilmington, DE	DWFN	(	•	
Date Liability Incurred mo/year	May 1998	2000			
Type of Liability	Mortgage on 123 Main Street, Dover, DE	2368 LAShel	-		
15,001—					
50,000					8770 J
50,000 W	X				
100,001— D	X				
50,000 U 100,001— D 500,001— T 1,000,000 T	X				Sec. 2.
50,000 U					Sec. 2.

#### **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 of an organization, partner, proprietor, representative, employee, or consultant of any corporation, 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 nositions solely of an honorary nature

ally positions solely of all floridially flatting.	atule.
Position	Name of Organization
Board Member	Providence Hospital
Trustee	US Conference of Mayors
Vico - Chair	Democratic Mayors Association
Member	Judicial Tenure Commission - State of Michison

### SCHEDULE V — AGREEMENTS

 hamme BRENDA
LAwhere
Page of

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.

Date					
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Partles To			·		
		·			·
Terms of Agreement					
ment					

# 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.

	Example:				
	Doe Jon	-			
Source (Name and Address)	Doe Jones & Smith, Hometown, Homestate				
ddress)	estate				
	Accounting services				
<b>Brief Description of Duties</b>					
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		4			