z ⊠	Yes	pendent child	ities of a spouse or de committee on Ethics.	s, transactions, or liabili st consulted with the C	arned" income ss you have fin	ny other assets, "une ot answer "yes" unle	rom this report an exemption? Do r	<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.	<b>EXEMPTION</b> because they
No	Yes 🔲	ot be	cepted trusts" need no	s and certain other "ex spouse, or a depender	nittee on Ethica	proved by the Comr of such a trust benefi	ed Blind Trusts" ap	<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—De disclosed. Hav
S	QUESTIONS	)F THESE (	ANSWER EACH OF THESE QUESTIONS		TINFORM	NT, OR TRUS	; DEPENDE	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIO
	esponse.	each "Yes" r	ule attached for each "Yes" response	Each question in this part must be answered and the appropriate sched	1 and the a	ıst be answered	n this part m	Each question ir	
N <sub>0</sub>	Yes 🗌	\$5,000 from	pensation of more than ξ <u>ιο</u> prior years? ttach Schedule VI.	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.	8	ves X	child have any rep he reporting period L	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
× ⊠	Yes	angement	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 agreemer with an outside entity? If yes, complete and attach Schedule V.	§	rined"  riod? Yes	child receive "unea g period or hold any at the end of the po	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, you income of more reportable asset If yes, complete
š	× és	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 on or before the dat of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	8	Yes X	ncome (e.g., salarie the reporting period	<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 1.</li> </ol>	I. Did you or yo fees) of \$200 or If yes, complete
				ANSWER EACH OF THESE QUESTIONS	OF THES	SWER EACH		PRELIMINARY INFORMATION — ANSW	PRELIMIN
	0 days late.	more than 30 days late				Employing Office:	Emp	employee	:
who files	- •	A \$200 pen against any	Check if Amendment	May gold	Date of Election:	State: State	entatives	Candidate for the House of Representatives  New officer or	Filer Status
INES OF	U.S. HOUSE OF THE CLERK	U.S. HOUSE Q			:				
33	2013 OCT -4 PM 1: 33	2013 OCT		Daytime Telephone:	Daytime	きフ	son Brown	humas Edison	Name:
NTER	LEGISLATIVE RESOURCE CENTER	LEGISLATIN					•		
3. 46	SEP 27 2013 a. 6	<b>5</b> 5	<b>∄ B</b> and new employees	<b>FORM B</b> For use by candidates and new employees		ENTATIVES T t. ay aoi3	OF REPRESEN STATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - Scot. 24, 24	UNITED S FINANCIA Period cove

# SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Thomas Edison Brown

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

Detally County, Georgia County Government Examples: more during the preceding calendar year. For a spouse, list the source and amount of any homoraria; 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 benefits received under the Social Security Act. XYZ Trade Association, Chicago, IL (Rec'd December 2) First Bank & Trust, Houston, TX Harris County, Texas Public Schools XYZ Corporation, Houston, TX Source (include date of receipt for honoraria) So lasy Spouse Salary Salary Honorarium Director's Fee Туре Current Year to Filing 61,000.00 \$6,300 \$400 ž Amount 54,000.00 Preceding Year \$28,450 \$1,000 \$3,200 ₹

#### BLOCK A

### 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.

(do not use ticker symbols) Provide complete names of stocks and mutual funds

provide only the name in the account that exceeds cific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. account and its value at For retirement accounts have the power, even if not exercised, to select the spe plans) that are self-directed (i.e., plans in which you For all IRAs and other retirement plans (such as 401(k)

only because it generated

provide a complete addr For rental or other real

For an ownership intere

that is not publicly trade Exclude: Your persona ocation in Block A. ness, the nature of its

the Thrift Savings Plan. ing \$5,000 or less in accounts; and any fine derived from, a federal nomes and vacation ho noome during the report

income source is that of ent child (DC) or is jointly the optional column on ti If you so choose, you

please refer to the instru For a detailed discussio

유

SP Me

Examples:

#### Value of Asset BLOCK B

#### of reporting year. If you use a valuation method other than fair method used. market value, please specify the Indicate value of asset at close

If an asset was sold during the reporting year and is included

#### Type of Income BLOCK C

#### deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. **Dividends**, asset generated no income during if reinvested, must be disclosed as income. Check "None" if the interest, and capital gains, even ments or that generate allow you to choose specific invest-Check all columns that apply. For retirement accounts that do not tax-

#### BLOCK D

#### Amount of Income

and capital gains, even if reinvested, must appropriate box below. Dividends, interest, the category of income by checking the income was earned or generated. be disclosed as income. Check "None" if no "None" column. For all other assets, indicate Deferred" in Block C, For assets for which you checked "Tax you may check the

if not exercised, to select the spe- lide the value for each asset held ceeds the reporting thresholds. this which are not self-directed,	income, the value should be "None."	as income. Check "None" if the asset generated no income during the reporting period.		,
ne of the institution holding the at the end of the reporting period.	A S C D E S G W I L K K		Current Year	Preceding Year
al property neid for investment, dress.			Š.	
rest in a privately-held business			X X X X X X X X X X X X X X X X X X X	
ts activities, and its geographic				
nal residence, including second				
nomes ( <i>unless</i> there was rental orting period); any deposits total-	00			
personal checking or savings				
inancial interest in, or income al retirement program, including	000,0	100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0,00
F	0,00 00,0	ED	000	00,000,000,000
of your spouse (SP) or depend-	\$ 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	BAII BR		,000 (5,0 (5,0 (5,0 (5,0 (5,0 (5,0 (5,0
ntly held with your spouse (JT), in the far left.	01 – 001 0,00	FAL S	1 - 3 1 - 3 1 - 3 01 -	- \$1 1 - 3 01 - 3 001
ion of Schedule II requirements,	Non \$1,00 \$50,0 \$250 \$1,00 \$25,0	NON DIVI REN INTE CAP EXC TAX-	\$1 - \$1,00 \$5,00 \$5,00 \$50,0 \$1,00	\$201 \$201 \$2,50 \$15,0 \$100 Over
lega Corp. Stock	×	X	× ×	×
imon & Schuster	Madefinite Cara	Royalties		×
st Bank of Paducah, KY accounts		×		×
Stock	K		**	
Practice, Stock	<u> </u>		×	
ice Hartween				
whil, stock			×	*
Electric Stack				
STEX X.	*	X	*	
	THE CONTRACT	Commence of the second	A.W.C.	Specific Specification Specification

CYCLE P

General E

Bank of

Serkshi

## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Contir	SCHEDULE II — ASSE IS AN Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME		Name Thomas Edison Brown	Page 4 of 6
	BLOCK A	вгоск в	BLOCK C	BLOCK D	
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	
SP,		A C C E F G H -		Current Year Preceding	ding Year
Ĭ.		00 00 00,000 00,000 00,000		=	
5		0,001 - \$5,00 00,001 - \$50	ENCS	- \$2,500 - \$2,500 - \$15,000 - \$100,000 - \$1,000 - \$1,000 - \$1,000 - \$2,500 - \$5,000	01 - \$50,000 01 - \$1,000,00 05,000,000
		\$50, \$250 \$1,0 \$25,	REN INTI CAP EXG TAX	\$1 - \$1,00 \$5,00 \$50,0 \$100 \$1,00 None \$201	\$15,0 \$60,0 \$100
	Martha Stewast, Stack		×	<b>X</b>	
	Metacala Salution Sack				
	Pfizer Stack				
	Schupb Tax Tree Burds		X		
	Crowth, Austral Funds				
	Mid-Cap Mutual truds				
	world mutual tacks	***			
	Pach Some FECU				
	Cal Passed Terri				
	Suntrust Bank				***
	Single Family Dudling		7		
	Single Family Dwelling		*		
	Single Family Develling			<b>X</b>	

## SCHEDULE III — LIABILITIES

Name Thomas Edison Brown

Page 5 of 6

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 owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. 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-

<b>Т</b> Р,	Creditor	Date Liability Incurred mo/year	Type of Liability	\$15,001— \$15,001—	\$50,000 \$60,600 \$108,600	\$100,001— \$250,000	\$250,000 111 \$500,001— \$1,000,000	\$5,000,001— <b>Q</b> \$5,000,001— <b>_</b>	\$25,000,001— \$25,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE			X	<u> </u>		
	wells Farge Mortgage	റിയും മാല	and say westful Ave, memilie	3		X		ų Ag	
		•							
-									

## 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, 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.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

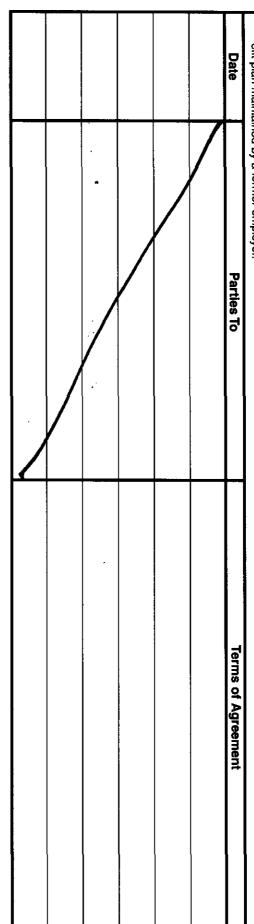
and positions solely of an honorary nature.	nature.
Position	Name of Organization
Board of Director.	DeKalb County Employee's Pension Board
-	

## SCHEDULE V — AGREEMENTS

Name I homes Edison Brown

Page C of C

efit plan maintained by a tormer employer. 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 ben-



# 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.

		<i>/</i> ·			Source (Name and Address)	
				Accounting services	Brief Description of Duties	