			•
UNITED STATES HOUSE OF REPRESENTATIVES	For New Members	FORM B For New Members, Candidates, and New Employees	2014 MAY 28 PM 1: 17
Name: Matheried A truin	Daytime Telephone	one [,]	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: 13. U.S. House of Representatives District: 4 Candidates – Date of Election:		Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1, 2014.	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS	OF THESE QUES	TIONS	
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 unearned income from any reportable asset during the reporting period?	No X	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ing the reporting period Yes No X
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?	ž ž	F. Do you have any reportable agreements or arrangements with an outside entity?	or arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable Ye liability (more than \$10,000) at any point during the reporting period?	Yes No	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	na \$5,000 from a single Yes No No
ATTACH THE CORTUS FORM INCLUDES ONLY	RESPONDING SCI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ST INFORMATION	N - ANSWER <u>BOTH</u> OF THES	E QUESTIONS
TRUSTS - 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 that benefits you, your spouse, or dependent child?	e on Ethics and certain oth	er "excepted trusts" need not be disclosed. H	lave 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 tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, transactions, or line Committee on Ethics.		because they meet all three Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Identity (a) each asset held for invest production of income and with a fair mark exceeding \$1,000 at the end of the reporting and (b) any other reportable asset or so income which generated more than trunsamed income during the year.	Assets and/or Income Sources	BLOCK A	
Identify (a) each asset held for investment of indicate value of asset at close of the reporting period. If Check all columns that apply. For accounts for assets for which you checked production of income and with a fair market value jour use a valuation method other than fair market value, that generate tax-deferred income (such as other assets indicate the category exceeding \$1,000 at the end of the reporting period pleases specify the method used. Income which generated more than \$200 in included only because it generated income, the value interest, and capital gains, even if more which generated more than \$200 in included only because it generated income, the value interest, and capital gains, even if more which generated more than \$200 in included only because it generated income, the value interests, and capital gains, even if should be those.	ves Value of Asset	вгоск в	i
If Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check as the Tax-Deferred column. Dividends, as the Tax-Deferred columns.	Type of Income	BLOCK C	
Identify (a) each asset held for investment or indicate value of asset at dose of the reporting period. If Check all columns that apply. For accounts for assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all production of income and with a fair market value by use a value time method other than fair market value, that generate ax-deferred income (such as other assets indicate the category of income by checking the appropriate box below. Dividends, and of the reporting period peleses specify the method used. The production of income and of the reporting period peleses specify the method used. The production of income and of the reporting period peleses specify the method used. The production of income and of the reporting period peleses specify the method used. The production of income and of the reporting period peleses specify the method used. The production of income and with a fair market value that the production of the assets indicate the category of income by checking the appropriate box below. Dividends, and capital gains, even if reporting period generated. The production of income the value period income the value period income that the category of income the category of income by checking the appropriate box below. Dividends, and capital gains, even if reporting period generated. The production of the reporting period peleses specify the method section in the production of the reporting period peleses specify the method used. The production of the reporting period peleses specify the method used. The production of the reporting period peleses specify the method used. The production of the reporting period peleses period the category of income by checking the appropriate the category of income by che	Amount of Income	BLOCK D	

Name: Nathan Al	A JAM'S BLOCKD	Page 4
вгоск с	вгоск в	1
Type of Income	Amount of Income	6
heck all columns that apply. For accounts	heck all columns that apply. For accounts fror assets for which you checked "Tax-Deferred" in Block C, you may check the "I	ou may c

× ≥ For all #RAs and other retirement plans (such a 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds.

For rental and other real property held for investment provide a complete address or description, e.g. rental property," and a city and state.

or bank and other cash accounts, total the amount in linterest-bearing accounts. If the total is over 5,000, list every financial institution where there is over than \$1,000 in interest bearing accounts.

9

n

0

E

or an ownership interest in a privately-held busin that is not publicly traded, state the name of business, the nature of its activities, and geographic location in Block A.

you so choose, you may indicate that an asset of come source is that of your spouse (SP) of opendent child (DC), or jointly field with anyone (JT) if the optional column on the far left.

n detailed discussion of Schedule ments, please refer to the instruction booklet

None \$1-\$1,000

\$1,001-\$15,000

\$15,001-\$50-000

\$50,001-\$100,000

\$100,001-\$250,000

Over \$5,000,000

\$100,001-\$1,000,000 \$1,000,001-\$5,000,000

Spouse/DC Income over \$1,000,000*

ABC Hedge Fund

Mega Corp Stock

Ę

you have a privately-traded fund that is an Excepte vestment Fund, please check the "EIF" box.

xclude: Your personal residence, including second mres and vacation homes (unless there was rental come during the reporting persol); and any financial forest in, or income derived from, a federal tirement program, including the Thrift Sevings Ptan.

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

"Column M is for assets he child in which you have no i

Use additional sheets if more space is required.

		-		ļ	+	ļ				∓ ₽ ↑∃ ∈ ∑ ∺	œ	Ž
	<u> </u>			×			\$250,001-\$500,000		G	classe of classes of classes. Used other used. ring the figenera of general of classes.	웃	COCK
				L.	L		\$500,001-\$1,000,000	- :	I	close of the reporting period. If cod other than fair market value, used. I seed. I seed a reporting period and is to generated income, the value sid by your spouse or dependent interest.	e of Asset	σ
							\$1,000,001-\$5,000,000		-	her diporti	ğ	
							\$5,000,001-\$25,000,000	•	ſ	epor fair o		
							\$25,000,001-\$50,000,000	;	Х	or e, t		
							Over \$50,000,000		1	epen d et s		
-	1						Spouse/DC Asset over \$1,000,000*	- 1	Z	riod. If value, and is value endent		
		T					NONE	-		Fig. 2 and the 401		
	†					×	DIVIDENDS			(k) gen		
_							RENT			Non A Property Non A	4	
	+	\vdash		┼-	+		INTEREST			529 feme feme feme feme g the	Ϋ́р	
+-	+	\vdash			+	<u> </u>	CAPITAL GAINS		_	defe	ğ	ζ
	+	<u> </u>		-						t aprimed disc	Ę	
	-			\vdash			EXCEPTED/BLIND TRUST			Check all columns that apply. Following manager that deferred income 401(k), IRA, 529 accounts), you refer "au-Oeferred" column, interest, and capital gains, reinvested, must be disclosed to assets held in taxable a for assets held in taxable a for assets held in taxable account of the asset gen check "Nors" if the asset gen check "nors" is the asset gen country the reporting period.	Type of Income	•
	ļ	ļ	ļ	↓ _	L	.	TAX-DEFERRED			o de la composición della comp	Φ	
				Partnership Income	Royabes		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets had in taxable accounts. Check "None" If the asset generated no income during the reporting period.		
							None	_		For other and acc		
				Ϊ		×	\$1-\$200	=		umn man		
							\$201-\$1,000	Ξ		XII C		
							\$1,001-\$2,500	₹		r whindic galin heck		
					×		\$2,501-\$5,000	<	Current Year	ate t		
				×			\$5,001-\$15,000	\$	Ę	ats no c		
							\$15,001-\$50,000	≦	Ĭ	eld b		
							\$50,001-\$100,000	≨	ear ear	hoor y you		
							\$100,001-\$1,000,000	×		Tax finc este me w		
			Ι	T			\$1,000,001-\$5,000,000	×		ouse one	Ā	
			Ι				Over \$5,000,000	_×		by const	ᅙ	
							Spouse/DC Income over \$1,000,000*	≧		eper d or s	Amount of Income	פרככי
							None	-		Blod disc ung when	=	ż
							\$1-\$200	=		t chil	8	
						×	\$201-\$1,000	=		d in d	큺	
							\$1,001-\$2,500	~	ا ت	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" collother assets indicate the category of income by checking the appropriate box below. Divides and capital gains, even if reinvested, must be disclosed as income for assets held 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.		
							\$2,501-\$5,000	<	Preceding Year	isoma ioma		
					×		\$5,001-\$15,000	≤	₫.	inay		
				×			\$15,001-\$50,000	≦	6	itow.		
							\$50,001-\$100,000	≦	ě	inte ets		
\neg		1			T		\$100,001-\$1,000,000	⋝	15	hek		

	L				l						l .					구양			
:												7.			NIA	ASSET NAME E			BLOCK A Assets and/or Income Sources
Ь.,												1	-	+		띢	No.		
	<u> </u>						-			-	-			₩			None > \$1-\$1,000 cc		
									_			-	_	+		H	\$1,001-\$15,000 C	-1	
	 							_			 			+			\$15,001-\$50,000		
	-										<u> </u>	-		1	 		\$50,001-\$100,000 m		_
_	<u>-</u> -				 		-	-		_	<u> </u>			+		\vdash	\$100,001-\$250,000	-1	BLOCK B Value of Asset
	-			_									-	+			\$250,001-\$500,000 a		9 8 8
					-	-	_						_	+					BLOCK B
		-					 -				 	-		+	-		\$500,001-\$1,000,000 == \$1,000,001-\$5,000,000 ==	-	88
-	 		-		ļ .			 -	-		 	-	 	+	 		\$5,000,061-\$25,000,000	-1	-
								-						_	-		\$25,000,001-\$50,000,000		
								├						\vdash			Over \$50,000,000	-	
								├				<u> </u>		+			Spouse/DC Asset over \$1,000,000° z	-	
	_	-	_					-	_					┿	-			┪	
		-												┼	-		NONE	-1	
	<u> </u>										ļ		-				DIMIDENDS	-1	
	<u> </u>					<u> </u>	L					<u> </u>		ļ			RENT	_1	Ϋ́
<u> </u>		<u> </u>										_		ļ	ļ <u>.</u>		INTEREST	_	9 5
	L																CAPITAL GAINS		BLOCK C
					i -										}		EXCEPTED/BLIND TRUST		BLOCK C Type of Income
													ĺ				TAX-DEFERRED	7	₹
																	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	1	
								_			_	-					None ~	T	
						<u> </u>	-							 			\$1- \$ 200 ==	- 1	
							_						T				\$201-\$1,000 ≅	ı	
							Ì						-	1			\$1,001-\$2,500 <	- 1	
																	\$2,501-\$5,000 <	δĮ	
	_												_				\$5,001-\$15,000 ≤	▋	
											<u> </u>						\$15,001- \$ 50,000 ≦	Current Year	
																	\$50,001-\$100,000 ≦	8	
											<u> </u>						\$100,001-\$1,000,000	•	
																	\$1,000,001-\$5,000,000 ×		Ą
								L^-									Over \$5,000,000 ≥		BLOCK D Amount of Income
																	Spouse/DC Income over \$1,000,000° ≧		Int of In
																	None		를 유
																	\$1- \$ 200 ==		Š.
								L									\$201-\$1,000		₹
	L_{-}																\$1,001-\$2,500 ~	ا چ	
	L																\$2,501-\$5,000 <	Preceding Year	
																	\$5,001- \$ 15,000 ≤	<u>å</u>	
								L_									\$15,001-\$50,000 ≦ \$50,001-\$100,000 ≦	<u> </u>	
L					L.,		ļ						<u>L</u>				\$50,001-\$100,000	<u>e</u> [
	Ĺ						<u> </u>					<u> </u>				.	\$100,001-\$1,000,000	٦	
L											<u> </u>		<u> </u>				\$1,000,001-\$5,000,000 ×		
_	<u> </u>					<u> </u>		<u>_</u>	L		Щ.		1				Over \$5,000,000 🔀	ŀ	
	L	L						<u> </u>	L				L				Spause/DC Income over \$1,000,000° ≧	┙	

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: Mattaniel A Isvin	
Page 4 of 2	

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 (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED 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 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

				:	Men	Case	7	Lyailipies	Evamel		
					Friends of Rilling Moundle. CT	Caseys General Stores Inc Antenn IA	The Ad Track Corporations fourthisty Salary	Civil War Roundtable, Richmond, VA (Oct. 2) Ontario County Board of Education		Source (iliciade date of lecelpt for lionoralia)	Source (include date of population because)
 					-		100				_
					Salars	Salar	Salary	Spouse Speech Spouse Salary	Honorarium Salary	Type	
					3535,71	1,508.01	3,915,00	\$0 N/A	\$0 \$20,000	Current Year to Filing	Arr
				•	0,00	0,0	0.00	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

SCHEDULE D - LIABILITIES

Name: National Irvin	the second secon
Page 5 of 7	

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 to ut or or are member); load 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.

		SP. DC.JT					
Feell	Example						
Fedlern Servicing, PA	First Bank of Wilmington, DE	Creditor					
11/1	5/98	Date Liability Incurred MO/YR					
Student Lown	Mortgage on Rental Property, Dover, DE	Type of Liability					
		\$10,001- \$15,000	>				
X		\$15,001- \$50,000	Ф				
		\$50,001- \$100,000	C				
	×	\$100,001- \$250,000	0				
		\$250,001- \$500,000	т	moun			
		\$250,001-	п	mount of Li			
		\$250,001- \$500,000 \$500,001-		Amount of Liability			
		\$250,001- \$500,000 \$500,001- \$1,000,000	71	mount of Liability			
		\$250,001- \$500,000 \$500,001- \$1,000,001- \$5,000,000 \$5,000,001-	т 6	mount of Liability			
		\$250,001- \$500,000 \$500,001- \$1,000,000 \$1,000,001- \$5,000,000 \$5,000,001- \$25,000,000	т 6	mount of Liability			

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 checking the partnership, and positions reportship to the partnership to the property of the partnership to t

Position	Position Name of Organization
NIA	

SCHEDULE F – AGREEMENTS

Name:
thous
) [0
Ĭ
2
Page
6
 of
V

			Date	Identify the date continuation or o	
		NOA	Parties to Agreement	s, parties to, and general terms of any agreement or arrangement that you have deferral of payments by a former or current employer other than the U.S. gove	i
			Terms of Agreement	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 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 C. Example: Source (Name and City/State) Doe Jones & Smith, Hometown, Homestate **Brief Description of Duties** Accounting Services

FILER NOTES (Optional)

Name: lather of A. Tilia Page 7 of 7

							NOTE NUMBER
					li T		
							NOTES