₹	Yes 🔲	pendent child	es of a spouse or dependent on Ethics.	EXEMPTION —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.	arned" income, t ss you have first	ıer assets, "une swer "yes" unle:	is report any oth tion? Do not an	excluded from thi	ON Have you ey meet all thre	EXEMPTION because the
No.	Yes 🗌	xt be	epted trusts" need no child?	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 benefiting you, your spouse, or a dependent child?	nittee on Ethics a	ed by the Comn h a trust benefi	t Trusts" approve	ng "Qualified Blinc ded from this repo	Details regardir Have you exclud	TRUSTS— disclosed. I
S	EACH OF THESE QUESTIONS)F THESE (ANSWER EACH O	1	T INFORM	OR TRUS	PENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	ION OF SI	EXCLUS
	esponse.	each "Yes" r	ile attached for (Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	and the ap	e answered	part must b	estion in this	Each qu	
× X	Yes	\$5,000 from	mpensation of more than \$ two prior years? attach 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.	No Sa <	Yes	ave any report- rting period?	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.	your spouse, or a (more than \$10,00 lete and attach t	III. Did you, able liability If yes, comp
ĭ ⊠	Yes	angement	eportable agreement or arra	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	No □	Yes	ceive "unearned" or hold any nd of the period?	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, your spouse, or a dependent c income of more than \$200 in the reporting reportable asset worth more than \$1,000 at 1995, complete and attach Schedule II.	II. Did you, y income of my reportable as If yes, comp
N _S	Yes	efore the date r two years?	nrtable positions on or bundar year or in the prior in the Schedule IV.	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.	No I	Yes X	(e.g., salaries or orting period?	 Did you or your spouse have "earned" income (e.g., salaries fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. 	your spouse have or more from an lete and attach !	I. Did you or fees) of \$200 If yes, comp
				QUESTIONS	EACH OF THESE		lue or black ink.	In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSY	NARY INF	In all section
	1	more than 30 days late.				Office:	Employing Office:	New officer or employee	New office employee	Status
assessed	(U	A \$200 pena	Check if Amendment	hiot 4th MON	Date of Election:	PA Vd	State: S District:	Candidate for the House of Representatives	X Candi House	Filer
	(Office Use Only)									
HATIVES	OFFICE OF THE CLERK	OF CENTRAL PROPERTY OF		elephone:	Daytime Telephone:		RIVEDI	\rightarrow	MANAN	Name:
t: 37	LEGISLATIVE RESOURCE CENTER 2014 APR 21 PM 4: 37	LEGISL 2014	B nd new employees	FORM B For use by candidates and new employees	For	NIGE (EPRESENTA TEMENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, वेषाउ - ्राक्ट्रो १ वेषाप	UNITED STATES HOUSE OF IF INANCIAL DISCLOSURE ST	UNITED FINANC Period co
二	DOCTUBER IN FRIEL									

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name MANAN
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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) totalling \$200 or more during the preceding calendar year. For a 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.

Exclude: Milliary bay (such as National Guard of Deserve bay), receital retirement programs, and		Amount	unt
Cource (include date of receipt for notionalia)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Fyamnies: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
DANA HER CORTORATION	Spouse Salvy	NA.	NA
Potstown Clinic Company	SALARY	0	£10,812
(linouptions, INC	Consulting Fee	452,860	040'sh #
LT Medial LLC	Consulting Fee	0	#1,690
MAPMG	Consulting Fee	\$1058	¥130,995
Soliant Physican Staffords LLC	Consulting Fee	0	410,664
	0		

Fidulity Investments	SP Fidelity Juniahunds	so fidelity Investments	JT VANGUARD	JT Calvert Investments	ST Frale In Investments		Examples:	SP, SP Mega Corp. Stock	income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. 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. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	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.	For rental or other real property held for investment, provide a complete address or a description, e.g., the "rental property," and the city and state.	For all IRAs and other retirement plans (such as 401(k) liplans) 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 ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at rethe 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.	Asset and/or Income Source	BLOCK A
X	×	×	×	×	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		B C D E F G H	I his column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	BLOCK B
×	×	×	×	×	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	come)		during the reporting period.	Interest, and capital gains, even If reinvested, must be dis- closed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	Check all columns that apply, For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k))	Type of Income	BLOCK C
X	×	× ×			× ×		X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 \$pouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year		* This column is for income derived from assets solely held by your spouse or dependent child.	income. Check "None" if no	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 income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as	Amount of Income	BLOCK D

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

				4			\$		JT.	SP,		
				USAA Sausus Bauk Acts	Privilipal Flamucia	Fidelity Investments	Fidelity Twenty ts	Fidelity Invistments			Asset and/or Income Source	BLOCK A
				×	×	×	×	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000	ABCDEFGHIJKLM	Value of Asset	BLOCK B
				×	×	×	×	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specific Partnership Income or Farm Income		Type of Income	вгоск с
				X	×	<i>X</i>	*	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Current Year	Amount o	BLO
				×	×	X	×	X	None	Preceding Year	Amount of Income	BLOCK D

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

								Amou	nt of	Amount of Liability	ΪŢ			
SP.	Craditor	Date Liability	Type of Lishility	>	В	ဂ	ם	m			0 I	, —		or 大
J R	Creditor	Incurred mo/year	lype of Liability	\$10,001 \$15,000	\$15,001— \$50,000	\$50,001 \$100,000	\$100,001— \$250,000 \$250,001—	\$500,000 \$500,001—	\$1,000,000 \$1,000,001~	\$5,000,001~ \$5,000,000 \$5,000,001~	\$25,000,000 \$25,000,001	\$50,000,000	Over \$50,000,000	Spouse/DC Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×		ļ					
	AES Student LOANS	SEP 1996	Student LOANS		X									
SP	MELNET	918 L3S	STUBBUT LOAMS		X								-	

SCHEDULE IV — POSITIONS

cer, 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. 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 offi-

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.	ature.
 Position	Name of Organization
	$\Lambda / \Lambda / \delta$
	70104

Use additional sheets if more space is required.