UNITED STATES HOUSE OF REPRESENTATIVES Daytime Telephone (202) 325-5731 For Use by Members, Officers, and Employees Form A CEFICE OF THE CLERK LEGISLATIVE RESOURCE CENTER HAND DELIVERED Page 1 of 19 2014 JUN 12 PM 3: 33 MC

Name: DAVID P JOYCE

2013 FINANCIAL DISCLOSURE STATEMENT

			(Office Use Only)
FILER	Member of or Candidate for State:	14	Officer or Employing Office: Employee
REPORT TYPE	X 2013 Annual (Due: May 15, 2014)	Amendment	Termination Date:
PRELIMIN	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	THESE QUESTIONS	
A. Did you, you a. Own any end of the b. Make more asset duri	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 uneamed income from any reportable asset during the reporting period? 	Yes No .	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?
B. Did you, you exchange any exceeding \$1,0	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single Yes No No
C. Did you or you honoraria, or pen reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?
D. Did you, you liability (more t	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?
E. Did you hok the current cal	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Ves No	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO, EXC	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	OR TRUST INFORM	ATION - ANSWER EACH OF THESE QUESTIONS
IPO – Did you the Committee	IPO – Did you purchase any shares that were allocated as a part of an Inithe Committee on Ethics for further guidance.	tial Public Offering during the re	IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact Yes No V
TRUSTS - De this report deta	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on this report details of such a trust that benefits you, your spouse, or dependent child?	nmittee on Ethics and certain of dent 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 Yes No Wisconstruction No Wes No We
EXEMPTION - tests for exem	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, one tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	arned" income, transactions, or with the Committee 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 Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOM

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			S		Maken	×	Indefinite	×	None > \$1-\$1,000 ∞ \$1.001-\$15,000 ∞ \$15,001-\$50,000 m \$50,001-\$100,000 m \$260,001-\$250,000 m \$500,001-\$1,000,000 x \$1.000,001-\$5,000,000 x \$5,000,001-\$25,000,000 x \$5,000,001-\$50,000,000 x \$5,000,001-\$50,000,000 x Spouse/DC Asset over \$1,000,000* x		PLOCKB Value of Asset 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 asset was sold during the reporting period and is included only because it generated income, the value should be None.* *Column M is for assets held by your spouse or dependent child in which you have no interest.
						Partnership Income	Royalies	×	NONE DIMIDENOS RENT NITEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		BLOCK C Type of Income Check all columns that apply. For accounts that generate trax-deferred income (such as 401(k), IRA, not 528 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for asset held in taxable accounts. Check "None" if the asset generated no income during the reporting period.
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								S(part)	Leave this column blank if there are no transactions that exceeded \$1,000.	If only a portion of an asset was sold, please indicate as follows: (S (part)).	Transaction Indicate if the asset had purchases (P), sales (S) or exchanges (E) reacceding \$1,000 in the reporting period.

SCHEDULE A – ASSETS	ASSETS & "UNEARNED INCOME"	Name: DAVID P To	TOUR Page 3 of	19
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Asset and/or income Source	Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A -- ASSETS & "UNEARNED INCOME"

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Name: DAVID P JOYCE Page /2 or 19

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Name: DALIB O JUYCE Page 13 of 19

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the	₹	e of Tra	Type of Transaction	5		Date			l	A	Amount	Of Tra	Transaction	۱	ĺ		
reporting period of any security or real property field by You, your spouts, or your dependent child for investment or the production of income, Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction.							>	Б	n	0	m		6	=	-	_	*
Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sole, please choose 'partial sale' as the type of transaction.					pilal Gain	(MO/DAYR) or Quarterly,										ð 	
Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gains' box, unless it was an asset in a tax-deferred account, and declose the capital gain income on Schedule A.	hase		ai Sale	ange	ak Box if Ca eded \$200	Monthly, or Be- weekly, if applicable	01- 000			.001- .000	,001- ,000	.001- 10.000	0,001- 0,000	0,00†- 000,000	00,001- 00,000	\$50,000.00	\$1,000.000 se/DC Ass
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Name: David P. Joyce Page 14 of 19

or Internal	David P Joyce Trust:	Time Warner V	Palo Alto Networks V	XBR Inc.	Chart Industry	DPU IRA Rollover:	ETFS Pure Metal	SPIDER Index Funds	First National Bank:	Sp Example Mega Corp. Stock	SP, DC, JT Asset	Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose 'partial sale' as the type of transaction. Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gains' box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child. *Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the Type of Transaction reporting period of any security or real property held by you, your spouse, or your
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SCHEDULE C - EARNED INCOME

Name: DAVID P. JOYCE

Page 15 or 19

List the source, type, and amount of eamed 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 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.

					OPERS	RIFA M. Joyce IRA	University Hospital	Ontario County Board of Education	Examples: State of Maryland Cort 2)	Keene State	Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally
					pension	Annual omecut	Spouse Sylan	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре	
				,	100000	10/20	1/20	\$1,000 N/A	\$18,000	\$6,000	Amount	at or above the "senior staff" rate was \$26,955. In addition, certain prohibited.

SCHEDULE D - LIABILITIES

Name:

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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. 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); loans 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 reporting period exceeded \$10,000.

*Column K is for liabilities held solely by your spouse or dependent child.

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рс. Ут		Creditor	Date Liability Incurred MO/YR	Type of Liability	bility	\$10,001- \$15,000	\$10,001- \$15,000	\$10,001- \$15,000 \$15,001- \$50,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,001- \$500,000 \$1,000,001- \$5,000,000	\$10,001- \$15,000 \$15,000 \$50,000 \$50,001- \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,001- \$5,000,001-	\$10,001- \$15,000 \$15,001- \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,001- \$5,000,001- \$5,000,001- \$25,000,001- \$25,000,001-
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE	rty, Dover, DE	rty, Dover, DE	rty, Dover, DE	rty, Dover, DE	rty, Dover, DE x						
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	mide	residence (pd of whom sold) 3/08		Venilson FL	EL (p. ndo H)	EL CondoH)	EL (pardoH)	EL CondoH)	EL (Service)	EL CondoH)	EL Condo H)	EL (CardoH)	EL (and o H)	EL (CardoH)	EL (CardoH)
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2		SCHEDINE E - BOSITIONS													

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

		N/A	Position
			Name of Organization

SCHEDULE F - AGREEMENTS

Name:	
Page 17 of 19	

continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an emplo	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of	
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Date	Parties to Agreement	Terms of Agreement
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SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Exemple: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
K/A		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Name:

identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Privately-spansored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Campaign A	Campaign Act; travel provided to a spouse or dependent child that is totally independent or his or ner relationship to the tiler.	stally independent of his or	ner relationship to the filer,			
	Source	Date(s)	City of Departure - Destination City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECCA)	Aug. 6-11	DC-Bejing, China - DC	γ	γ	Z
examples.	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Υ	٧	٧
W/A						
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Offile P Joyce

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