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UNITED STATES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	ENTATIVES F	<u></u>	FORM B	D31	LEGISLATIVE RESOURCE CENTER	E	Page 1 of 6
Period covered: January 1, 2013	'	06/30/2014		For use by candidates and new employees 20 4 JUL -9 PM 1:28	and new employees 20	H9 6-701	l: 28	
					U.S.	OFFICE OF THE CLERK OUSE OF REPRESENTATIVES	TATIVES	
Name: PEDRO CELIS	LIS		Daytime	Daytime Telephone	1) ·		
						(Office	(Office Use Only)	
Filer X Ca	Candidate for the State: House of Representatives District:	9: WA 1ct:1	Date of Election:	n:	Check if Amendment	A \$200 penalty shall be assessed	/ shall be	essesed
Status Ne	New officer or Emp	Employing Office:				more than 30 days late.		WITO THUS
in all sections, piease type	in all sections, please type or print clearly in blue or black ink	k ink.	***					
PRELIMINARY INFORMATION	1	ANSWER EACH OF THESE QUESTION)F THES	SE QUESTIONS				
Did you or your spouse fees) of \$200 or more from if yes, complete and attas	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. 	** Yes	S S	IV. Did you hold any rep of filing in the current ca If yes, complete and at	reportable positions on or before the date calendar year or in the prior two years? attach Schedule IV.		Yes X	<u>\$</u>
II. Did you, your spouse, c income of more than \$200 reportable asset worth more fif yes, complete and attentions.	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.	arlod? Yes	S S	V. Did you have any rep with an outside entity? If yes, complete and at	reportable agreement or arrangement ? I attach Schedule V.		88	N ⊠
III. Did you, your spouse, able liability (more than \$1: If yes, complete and atta	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.	Yes X	<u>₹</u>	VI. Did you receive com a single source in the the if yes, complete and at	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.		Y ₉₈	No X
Each	Each question in this part must be answered	ıst be answered	and the	the appropriate sched	edule attached for each "Yes" response.	each "Yes" resp	oonse.	
EXCLUSION OF	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	NT, OR TRUST	NFOR	≥	NSWER EACH OF THESE QUESTIONS	OF THESE QU	ESTION	<u>i</u>
TRUSTS Details rega	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependence of the committee of the c	proved by the Commit of such a trust benefitir	tee on Ethi	cs and certain other "ex r spouse, or a depender	"excepted trusts" need not be dent child?		Yes	NoX
EXEMPTION — Have y because they meet all t	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obscause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ny other assets, "unear ot answer "yes" unless	ned" incom	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	ities of a spouse or de committee on Ethics.			₹ ×

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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

PEDRO CELIS

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 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.

Course (include date of receipt for honorarie)	T	Amount	unt
Control (include date of technical including)	ijpo	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Fyamples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA.	NA
Plaza Bank, Seattle, WA	Director's Fee	3000	18000
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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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Name

PEDRO CELIS

RA RA **VANGUARD INT. TERM T/E** TIAA CREF VANGUARD INFLATION PRO PIMCO UNCONSTRAINED **HEALTH SAVINGS ACCOUNT** PIMCO HIGH YIELD INSTL **TUDECIDES MEDIA TRUST SHERRON ASSOCIATES** Asset and/or Income Source **BLOCK A** × × × None 8 1 - 1,000O \$1,001 - \$15,000 × × O × \$15,001 -- \$50,000 Value of Asset m × X \$50,001 - \$100,000 BLOCK B TI \$100,001 - \$250,000 Q \$250,001 - \$500,000 I \$500,001 -- \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000* NONE × × **DIVIDENDS** Type of Income RENT **INTEREST** BLOCK C **CAPITAL GAINS EXCEPTED/BLIND TRUST** × × × × TAX-DEFERRED Other Type of Income-(Specify: e.g., Partnership Income or Farm Income) × × × × × None \$1 - \$200 × × XI III A A AI III \$201 - \$1,000 \$1,001 - \$2,500 Current Year \$2,501 -- \$5,000 \$5,001 -- \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 -- \$5,000,000 × × Over \$5,000,000 BLOCK D ĭ Spouse/DC income over \$1,000,000* × × None × × \$1 - \$200 × \$201 - \$1,000 \times × Preceding Year \$1,001 - \$2,500 \$2,501 -- \$5,000 × \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*

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SCHEDULE III — LIABILITIES

Name PEDRO CELIS Page 6 of 6

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

	ı			J D SR	
		Key Bank	Example: First Bank of Wilmington, DE	Creditor	
		Feb. '04	May 1998	Date Liability incurred mo/year	
		Home Equity Line of Credit	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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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-

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

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	Position	Name of Organization
	Director	Plaza Bank
	Director	Stronger Families
	Director	Washington News Council