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UNITED STATES HOUSE OF REPRESENTATIVES	Form A	Page 1 of 9
2014 FINANCIAL DISCLOSURE STATEMENT	For Use by Members, Officers, and Employees	SECULO 30
Name: 1314 TOSEY Dayti	Daytime Telephone: 2015 APR 30 AM 10: 18 OFFICE OF THE CLERK HOUSE OF REPRESENTATIVES	IO: 18
FILER Member of or Candidate for State: STATUS Member of Representatives District:	Officer or Employing Office: Employee	
REPORT 2014 Annual (Due: May 15, 2015) Arr	Amendment Termination Date of Termination:	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUI	QUESTIONS	
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? b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	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?	Yes No
ident child purchase, sell, or veal estate in a transaction ves period?	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes No
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?	No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	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?	Yes
E. Did you hold any reportable positions during the reporting period or in Yes the current calendar year up through the date of filing?	No ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	OU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	- ANSWER EACH OF THESE	QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Imitial Public Offering during the reporting period? If you answered the Committee on Ethics for further guidance.	g during the reporting period? If you answered "yes" to this question, please contact	Yes No V
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 your dependent child?	and certain other "excepted trusts" need not be disclosed. Have you excluded from	Yes No V
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your differe tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ransactions, or liabilities of a spouse or your dependent child because they meet all ommittee on Ethics.	Yes No V

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Bu Hose

Page 2

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Value of Asset Valu					SOLLAN SELOPITY	STATE OF FL FRS	ABC Hedge Fund X	Examples:	SP Mega Corp. Stock Eff	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly hald with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exchade: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	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 and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retirement plans (such as 401(k) plans) 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 only ticker symbols).				BLOCK A
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COUNTRAL X	STATE OF THE PROPERTY OF THE P		\$1-\$1,000	\$1,001-	\$15,001		\$100,001-8	\$250,00	\$500,001-\$1,00	\$1,000,001-0	\$5,000.001-\$	\$25,000,001-\$50,000,0	Over \$50,000,000	Spouse/DC Asset o	X NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRU	TAX-DEFER							\$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	
Courstand	Control of the contro		\$141,000	\$1,001-	\$15,001		\$100,001-8	\$250,00	\$590,001-\$1,00	\$1,000,001-0	\$5,000,001-\$	\$25,000,001-\$50,000,0	Over \$50,000,000		NONE NONE		RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRU	TAX-DEFER							\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	7 m et 200 200	
	CONCLANT OF STREET OF STRE		\$141,000	\$1,001-	\$15,001		\$100,001-8	\$250,00	\$500,001-\$1,00	\$1,000,001-0	\$5,000,001-\$	\$25,000,001-\$50,000,0	Over \$50,000,000		NONE NONE		RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRU	TAX-DEFER							\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000		, , , , , , , , , , , , , , , , , , ,
	COUNTER COUNTE		\$141,000	\$1,001	\$15,001		\$100,001.8	\$250,00	\$500,001-\$1.00	\$1,000,001-3	\$5,000,001-\$	\$25,000,001-\$50,000,0	Over \$50,000,000] []] [] [] [] [] [] [XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRU	TAX-OFFER							\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000		
	COUNTY TO THE PLANT OF THE PLAN		\$141,000	\$1,001-	\$15.001	 	\$100,001.8	\$250,00	\$500,001-\$1,00	\$1,000,001-0	\$5,000,001-\$	\$25,000,001-\$50,000,0	Over \$50,000,000		NONE		RENT	INTEREST	CAPITAL GAMS	EXCEPTED/BLIND TRU	TAX-ORFER							\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	 	3 [] 1 1 1 1 1
	CONTRACTOR		\$141,000	\$1,001	\$15,001		\$100,001.8	\$250,00	\$500,001-\$1,00	\$1,000,001-	\$5,000,001-\$	\$25,000,001-\$50,000,0	Over \$50,000,000		NONE NONE		RENT	INTEREST	CAPITAL GAMS	EXCEPTED/BLIND TRU	TAX-QEFER							\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000		

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SP, DC, JT Capital Gaine: 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. Report any purchase, sele, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouses, or your dependent chief for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction, exclude transactions between you, your spouse, or dependent criticism, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is said, please choose "partial sale" as the type of transaction. **SCHEDULE B - TRANSACTIONS** * Column K is for assets solely held by your spouse or dependent child. ¥ BOOM STATE BL.D. Example Mega Corp. Stock Asset 20% Purchase Type of Transaction Partial Sale Exchance Name: BUL POSE, Check Box if Capital Gain Exceeded \$200 × 12-31-14 (MO/DAYR) or Quarterly, Monthly, or Bi-weekly, if applicable Date 3514 \$1,001-\$15,000 > \$15,001-\$50,000 œ \$50,001-\$100,000 O. \$100,001-O \$250,000 Amount of Transaction \$250,001-\$500,000 \$500,001-\$1,000,000 71 \$1,000,001-\$5,000,000 6 Page_ \$5,000,001-\$25,000,000 Ŧ 1 \$25,000,001-\$50,000,000 <u>`</u> Over \$50,000,000 ھــا _ Over \$1,000,000* (Spouse/DC Asset) ·*

SCHEDULE C - EARNED INCOME

Name: Page 5 of 9

Name: 15,12 TOSE? Page 53 of 1
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 a source 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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. Now Examples: Source (include date of receipt for honoraria) Approved Teaching Fee Legislative Pension Spouse Speech Type Amount

SCHEDULE D - LIABILITIES

Name: BUL +BSET
Page 6 of 9

Report liabilities of over \$10,000 owed to any one creditor at any time 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 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 the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

Date Liability Incurred MO/YR MO/YR Still Mortgage on Rental Property, Dover, DE MACAN フェル											Amoun	Amount of Li	Amount of Liability	Amount of Liability	Amount of Liability	Amount of Liability
First Bank of Wilmington, DE 548 M みなぐや フェクシ	DC, SP.		Creditor	Date Liability Incurred MO/YR	Type 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- \$5,000,000		\$5,000,000 \$5,000,001-	\$5,000,000 # \$5,000,001- \$25,000,000 # \$25,000,001-
Mysech X		Example	First Bank of Wilmington, DE	86/5	Mortgage on Rental Property, Dover, DE				×							
	_{			North					X							
									•							

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 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. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	Decision Name of Organization
Y00,000	POSEY & Ce. REMINS - A FLORING CERPONATION
一かどうひという	ROCKLENGE REMITY CORP. A FROMIDA COMPONETICAL

SCHEDULE F - AGREEMENTS

Name: R,L Paser Page_ 7 of ۵

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.

Date	Parties to Agreement	Terms of Agreement
	None	
:		

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your 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 \$150 or less need not be added towards the \$375 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
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
None		

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: 13, LL POSEY
Page
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of G

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 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: 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.

·						None	E. derighess		
							Habitat for Humanity (charity fundraiser)	Government of China (MECCEA)	Source
							War. 3-4	Aug. 6-11	Date(s)
					-		DC-Roston-DC	DC-Beijing, China - DC	City of Departure – Destination — City of Return
							¥	٧	Lodging? (Y/N)
							٧	٧	Food? (Y/N)
							۲	z	Family Member Included? (Y/N)

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: 13, LL TOSET Page 9 of 9

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	or of an event to a charitable organ	charitable organization in lieu of paying an honorarium to you. A	honorarium to you. A
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2014 Aug. 13, 2014	\$2,000 \$500
NONE			
		,	