<u>₹</u>	Yes	ependent child	ilities of a spouse or de Committee on Ethics.	transactions, or liabilit st consulted with the Co	arned" income, ss you have firs	other assets, "une answer "yes" unle	this report any o	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.	EXEMPTION- because they m	
No No	Yes	ot be	epted trusts" need not	and certain other "exc spouse, or a dependen	nittee on Ethics	oved by the Compuch a trust benef	nd Trusts" approport details of s	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?	TRUSTS—Deta	
S	QUESTIONS	OF THESE	ANSWER EACH OF THESE QUESTIONS	1	T INFORM	T, OR TRUS	EPENDEN	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIO	ı <u> </u>
	esponse.	each "Yes" r	dule attached for each "Yes" response	and the appropriate schedu	d and the ap	part must be answered		Each question in this		
× ×	Yes	\$5,000 from	ompensation of more than \$5,000 from two prior years?	VI. Did you receive comp a single source in the two If yes, complete and att	§	Yes	have any report- orting 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.	III. Did you, your able liability (more if yes, complete	
8	Yes	rangement	eportable agreement or an attach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	S S	y Yes	eceive "unearner od or hold any end of the perior	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 s income of more the reportable asset w If yes, complete	
No U	Yes X	pefore the date or two years?	eportable positions on or before the dat calendar year or in the prior two years? attach 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.	N _S	Yes X	e (e.g., salaries o porting period?	 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. 	I. Did you or your fees) of \$200 or n If yes, complete	
				ANSWER EACH OF THESE QUESTIONS	OF THESI	NER EACH	1 6	In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSW	In all sections, pl	_
assessed who files	A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	A \$200 pen against any more than 3	Check if Amendment	100 ra	Date of Election:	State: CG \ To CD \ Q \ District:		Candidate for the House of Representatives New officer or employee	Filer Status	
TATIVES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES C (Office Use Only)	U.S. HOUS		Telephon	Daytime		ier id Ar	Timothy J. Sheridan	Name: \\	
CENTER 5	LEGISLATIVE RESOURCE CENTER 2014 JAN 23 PM 2: 49	LEGISLA:	B nd new employees	FORM B For use by candidates and new employees		RESENTATIVES MENT DECEMBER 31,2013	▎▗░⋒ॱӛ╽	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - \Decorber 31	UNITED STA	
•	HAND	7								

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Timothy J. Sheridan

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.	ement programs, and benefits re	eceived under the Social s	Security Act.
Source (include date of receipt for honoraria)	PONT	Amount	unt
Cource (include date of receipt for Horloraria)	·ypa	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
National Treasury Employees Union; Libshington, X"	Salary	162,111	163 381
Southwest Aidines: Dollas Texas	Spruse Scharu	0A	0A
	-		

Varguerd Small Go? Index	Umpraid Magon Growth	Yangurd Intern Grauth	Core Federal Credit Union	Capital are 360 Amonts	Bank of America Atrants	JT 1st Bank of Paducah, KY accounts	, Examples:	SP, SP Mega Corp. Stock	homes and vacation homes (<i>unless</i> there was rental 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., "rental property," and the city and state.	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 ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the 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	JK	XX ×	×	X	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*		A B C D E F G H - J K L M	*This 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
X	×	×	X	X	X	×	Royalfies	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ome)		during the reporting period.	If reinvested, must be disclosed 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	вгоск с
X	X	X	X	X	X	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$1,000,000 \$1,001 - \$1,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$1,000,000 \$5,001 - \$15,000 \$50,001 - \$15,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year		"I his column is for income derived from assets solely held by your s spouse or dependent child.	=	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

Name Timothy J. Sher war

Continuation Sheet (if needed) Ş, Ę 8 Vanquard 1st IX 1st Pls Appropriate Habitation of the Proposition of the Pr DECCE TOUTHA Pimco Total Test Inst Varquare USGawth SuA Stock Harbor Cap App-Inst Dodge & Cox Stack Varquad/small Capitaliza Inte Stible volve Find brayard Hume Mones Asset and/or Income Source BLOCK A 2012 2012 None œ \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset m \$50,001 - \$100,000 Ŧ BLOCK B \$100,001 - \$250,000 Ω \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 M Spouse/DC Asset over \$1,000,000* NONE **DIVIDENDS** Type of Income RENT BLOCK C INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200 \$201 -- \$1,000 <u>≡</u> \$1,001 - \$2,500 **Current Year** XI VII VIII VIII IX \$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 Spouse/DC Income over \$1,000,000* ¥ None \$1 - \$200 = \$201 - \$1,000 XI IIIV IV V VI VIIIVIII IX **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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Name Imothy I Sheridar

Page 5 of 5

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

					SP, DC, JT
				Example: First Bank of Wilmington, DE	Creditor
				May 1998	Date Liability Incurred mo/year
				Mortgage on 123 Main Street, Dover, DE	Type of Liability
					\$10,001— \$15,000
	,				\$15,001— \$50,000 w \$50,001—
			:	L	\$100,000
					\$100,001— \$250,000 □ \$250,001— \$500,000 □
				H	\$500,000 m \$500,001— \$1,000,000 m \$1,000,001— \$5,000,000 G \$5,000,0001— \$5,000,0001— \$5,000,0001— \$5,000,0001—
					\$1,000,001— S \$5,000,000 G
		• • • • • • • • • • • • • • • • • • •			\$5,000,001— 5 \$25,000,000 7
					\$25,000,001— \$50,000,000
					Over \$50,000,000
					Spouse/DC Liability over ス \$1,000,000

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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.	nature.
Position	Name of Organization
OFFICE	Independent Staff Union
OFFICER	Cantry Meadows II Londscope Maintennice Association