

| INITED STATES HOUSE OF REPRESENTATIVES   | Form A  | Page 1 of 0  |
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| E ST.  | For Use by Members, Officers, and Employees   | LEGISLATIVE RESOURCE CENTER  |
| is all will part of the stranger and   |   | 1/ 2014 AUG 12 AM 10: 12   |
| Name: Day  | Daytime Telephone: 202-225 - 1901   | U.S. HOUSE OF REPRESENTATIVES  |
|  |   | (Office Use Only)  |
| FILER STATUS  Member of or Candidate for State: 44  U.S. House of Representatives District: 23   | Officer or Employing Office:  | 9.   |
| REPORT 2013 Annual (Due: May 15, 2014)   | Amendment Termination Date:   | Date:  |
| PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS   | JESTIONS  |  |
| 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 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?                        | r arrangement with an Yes No No  |
| 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?  | No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?                              | your dependent child receive any re then \$350 in value from a single Yes No Seriod?                               |
| 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 \$350 in value from a single source during the reporting period? | your dependent child receive any ements for travel totaling more than Yes No No ource during the reporting period? |
| 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?  | or article during the Yes No   |
| E. Did you hold any reportable positions during the reporting period or in Yes the current calendar year up through the date of filing?  | E CORR  | ESPONDING SCHEDULE IF YOU ANSWER "YES"   |
| IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUS   | OR TRUST INFORMATION - ANSWER EACH OF THESE   | HESE QUESTIONS   |
| 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 the Committee on Ethics for further guidance.  | ring during the reporting period? If you answered "yes" to this qu  | uestion, please-contact Yes No 💹   |
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not this report details of such a trust that benefits you, your spouse, or dependent child?   |   | be disclosed. Have you excluded from Yes No X  |
| 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. | s, transactions, or liabilities of a spouse or dependent child becau<br>mittee on Ethics.   | use they meet all three Yes No X   |

|               |             | Q              |                |             |            | _                     | 5                          | 문흥                     | a e  | SEE.  | box e  | 2 2 7 6   |  | वे वंदेव   | 3 5 5 F  | 7 to 17   | 88  | 7718   | 2 2   |                            | 7        |
|---------------|-------------|----------------|----------------|-------------|------------|-----------------------|----------------------------|------------------------|--|---|--|---|--|--|--|---|---|--|---|----------------------------|----------|
| REA ESMIE CO. | 69-507 awer | GLEXCADIVE DEV | FIDELATI NIT'L | GROWTH FUND | IRA-FIDEUT | ABC Hedge Fund X      | Examples: Simon & Schuster | SP Mega Corp. Stock BF | 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<br>income source is that of your spouse (SP) or<br>dependent child (DC), or jointly held with anyone<br>(JT), in the optional column on the far left. | If you have a privately-traded fund that is an<br>Excepted Investment Fund, please check the "EIF"<br>box. | nomes and vectors nomes (unese frete was remise<br>nome during the reporting period); and any financial<br>nierast in, or income derived from, a federal<br>retrement program, including the Thrift Cavings Plan. | hast is not publicly traded, state the name of the<br>business, the nature of its activities, and its<br>geographic location in Block A.  Exclude: Your personal residence, including second | ony need not arressom<br>is for description, or<br>nd state. | For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every ferencial institution where there is more than \$1,000 in interest bearing accounts. | For all IRAs and other retirement plans (such as 401(ti) 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).               | med (b) any other majoritable asset or source of<br>ncome that generated more than \$200 in 'unearned'<br>ncome during the year.   | identify (a) each esset held for investment or production of income and with a fair market value  | Asset and/or Income Source | BLOCK A  |
|               |             |                | X              | X           |            |                       | indefinite                 | X See See              | None<br>\$1,001-\$15<br>\$50,001-\$1   | 00,000  |  |   |  |  |  |   | you have no interest.   | We asset was sold during the reporting period and is<br>because it generated income, the value should be "None."<br>"Column M is for assets held by your spouse or dependent or  | Indicate value of asset at close of the reporting period. If traduction method other than fair market value, please specify   | Jie.                       |          |
| X             |             |                |                |             |            | ×                     |                            |                        | No.  | 500,000<br>\$45,000,000   |  |   |  |  | -  |   |   | The asset was sold during the reporting period and is included only security the reporting period and is included only security the relate should be "None."  Column At is for assets head by your spouse or dependent child in which                                    |   | Value of Asset             | в соск в |
|               |             |                |                |             |            |                       |                            | X                      | DIVIDEND   |   |  |   |  |  |  |   |   | only column. Dividends, interest, and capital gains, only column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income the for asset held in taxable accounts. Check "None" if the asset generated no income during the reporting the | <u> </u>  | Type of income             | BLOCK C  |
| INCOMP        | JHS.        | PR-            |                |             |            | Partnership<br>Income | Royaltea                   |                        | Other Type<br>(Speally: e  | of Income<br>g., Partnership  | Singome or F   | am income)  |  |  |  |   |   |  |   |                            | , i      |
| X             |             |                |                |             |            |                       |                            | X 23                   | \$1-\$200<br>\$1,001-\$2,<br>\$5,001-\$1   | 5,000   |  |   |  |  |  |   | *Column XII is for assets held by your spouse or dependen<br>child in which you have no interest. | Divisionite, interest, and capital gains, even if insust be disclosed as income for assets held accounts. Check "None" if no income was generated.   | For essets for which you checked "Tax-Deferred" in Block C, tys.<br>may check the "None" column. For all other assets indicate the<br>referency of income to checking the assemblation below. | Amount of Income           | BLOCK D  |
|               |             |                |                |             |            |                       |                            |                        | Spouse/D0  |   | come over \$1  | J.000,000°  |  |  | ,  |   |   | reinvested,<br>in texable<br>earned or   | indicate the  |                            |          |
|               |             |                |                |             |            |                       |                            | S(part)                | P, S, S(pert), or E  |   |  | i   |  |  | blank if there are<br>no transactions<br>that exceeded<br>\$1,000.   | please indicate as<br>follows: (5 (pert)).  | period.<br>If only a portion of   | sales (5), or<br>exchanges (5)<br>exceeding \$1,000<br>in the reporting  | Indicate if the seet had purchases (P)  | Transaction                | BLOCK E  |

# SCHEDU

| HEDULE A - ASSETS & "UNEARNED INCOME" | Q           | "UNEAF   | RNED IN                | COME"                                |                                       | Kame: ( | cyn                    | Hame: (CYM) Acts of Westernance           | desm  | Specen                           | Page                      | <b>S</b>                     | 8                   |
|---------------------------------------|-------------|--|------------------------|--------------------------------------|---------------------------------------|---------|------------------------|---|---|----------------------------------|---------------------------|------------------------------|---------------------|
| BLOCK A Asset and/or Income Source    |             |  | BLOCK B                | K B                                  |                                       |         | BLOCK C                | ome C                                     |   | BLO<br>Amount                    | BLOCK D  Amount of Income |                              | BLOCK E             |
|                                       |             |  |                        |                                      | !                                     |         |                        |   |   |                                  |                           |                              | ,                   |
|                                       | >           | € - 21<br>- 33<br>- 0  | Е                      | 6<br>                                | ×                                     |         | - 1.4 <u>4</u>         |   | -   | N<br>N                           | S.                        | ×                            | ,                   |
|                                       | <del></del> |  |                        |                                      |                                       | sir (A  |                        | erm income)                               |   |                                  |                           | .00,000                      |                     |
|                                       |             |  |                        | w                                    |                                       |         | TRUST                  | ne<br>ership Income or Fa                 |   |                                  |                           | 000<br>ath Income over \$1,0 | - ,                 |
|                                       | ,           | 01-\$15,000  | 001-\$100,000          | 0,001-\$500,000<br>00,001-\$5,000,00 | 000,001-\$50,000,<br>use/DC Assot ove | DENOS   | PREST<br>EPTED/BUND TO | or Type of income<br>ocily: e.g., Partner | 200   | 01- <b>82</b> ,500<br>01-815,000 | 001-\$100,000             | 00,001-85,000,00             |                     |
|                                       | ٦,          |  |                        |                                      |                                       |         |                        |   |   | <b>7</b> /2                      |                           |                              | P. S. Siparti, or E |
| ASSET NAME                            | _           |  |                        |                                      |                                       |         |                        |   |   |                                  |                           | 16                           |                     |
| 17 123418418591                       | ٩           |  |                        |                                      |                                       |         |                        |   | i de  |                                  |                           |                              |                     |
| BUCKL 10 AL                           |             |  |                        |                                      |                                       |         |                        | XX  |   |                                  |                           |                              |                     |
| 20% ONNER                             |             |  |                        |                                      |                                       |         |                        | Q145                                      |   |                                  |                           |                              |                     |
| Reac Estable Co                       |             |  |                        |                                      |                                       |         |                        | ///DM                                     |   | 24                               | X                         |                              |                     |
| M. MITCHELL                           |             |  |                        |                                      |                                       |         | 3                      |   |   | 1.                               |                           |                              |                     |
| PARTICES, UC                          | -           |  |                        |                                      |                                       |         |                        |   |   |                                  |                           |                              |                     |
| RUSIECL 6, AL                         |             | e.   |                        |                                      |                                       |         |                        | PM-                                       |   |                                  |                           |                              |                     |
| 102                                   |             |  |                        | i ka                                 |                                       |         |                        | 0110                                      |   |                                  |                           |                              |                     |
| REAL EXAME G                          |             | 衰乏   |                        |                                      |                                       |         |                        | Made                                      | CONTRACTOR OF THE PARTY OF THE |                                  | X                         |                              |                     |
| the to select                         |             |  |                        |                                      |                                       |         |                        | RETAL                                     |   |                                  | 2                         |                              |                     |
| AETREMENT FUND                        |             |  | X                      |                                      | 95                                    | ais     |                        | MOST                                      |   | X                                |                           |                              |                     |
| ı                                     |             | A STATE OF THE PARTY OF THE PAR | TARREST OF THE PERSON. | The second second                    |                                       |         | NAME OF TAXABLE PARTY. |   |   | 20                               |                           | A 400                        |                     |

## SCHEDULE C - EARNED INCOME

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|---|-----------|
|   | Name:     |
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|---|--|---|
| OOATS   | RETIRENEM NOME   | STATE OF GEORGIA RETIREMENT PLAN  |
| NW.   | Spouse Salary  | Ontario County Board of Education   |
| \$18,000<br>\$1,000   | Legisletive Pension<br>Spouse Speech   | Examples: State of Manyland Ct. 2)  |
| \$6,000   | Approved Teaching Fee  | Keene State   |
| Amount  | Туре   | Source (include date of receipt for honoraria)  |
| saling \$200 or more during the reporting period. For a spouse, list curity Act. or above the "senior staff" rate was \$26,955. In addition, certain orhibited. | rnment) totaling \$200 or more during the n<br>below.  Social Security Act.  snsated at or above the "senior staff" rate totally prohibited. | 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 spouse, list the source and amount of any honorarie; 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 2013 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. |
|   |  |   |

#### SCHEDULE D - LIABILITIES

Name: Page 5 of 8

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 liabile); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a révolving 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.

| 3                         |  |                    |                       | J5                       |  | s <sub>P</sub> ,<br>Dc, <sub>अ</sub> म | 0000   |
|---------------------------|--|--------------------|-----------------------|--------------------------|--|--|--|
| MANK                      |  |                    | \$                    | STRAKTS                  | Example                                |  | 7 10 101   |
| WARREST & HORSE           |  |                    | K                     | CHARTER BINC, LA CAPAISC | First Bank of Wilmington, DE           | Creditor                               | Contain to be interested transferred by Jose spowers of substituting transferred by Jose spowers of substituting transferred |
| 1-05                      | :                                      |                    | 1-05                  |                          | 5/96                                   | Date<br>Liability<br>Incurred<br>MO/YR | Oraco II Contract  |
| 1-05 MORTAGE ON 165 PARTY | 620468 CA (A+507)                      | LAKES SURGINION LA | DEV, MIC LOTS IN HOME | agrang to secured        | Mortgage on Rental Property, Dover, DE | Type of Liability                      |  |
|                           |  |                    |                       |                          |  | a tour survey at the same stands       |  |
|                           |  |                    |                       | 2000                     | 3.20                                   | \$15,001-<br>\$50,000                  |  |
|                           |  |                    |                       |                          |  | \$100,001-                             |  |
|                           | \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |                    |                       | - A 4 7 2 2              | ×                                      | \$250,000                              | 1  |
|                           |  |                    |                       |                          |  | \$500,001-<br>\$1,000,000              |  |
|                           |  |                    |                       |                          | 3. 4<br>3. 4<br>3. 4<br>3. 4<br>3. 4   | Labelly 1                              |  |
|                           |  |                    |                       |                          |  | \$5,000,001-<br>\$25,000,000 ±         | ı  |
|                           | 4                                      |                    |                       |                          |  |  |  |
|                           |  | - Respect          |                       |                          |  | Over \$50,000,000 -                    | ı  |

#### 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, perher, 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 horiorary nature. Position Name of Organization

#### SCHEDULE D - LIABILITIES

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|               |                                      |  |  |  |                  | Amount of Liability                                     | Liability                                    |  |                              |
|---------------|--------------------------------------|--|--|--|------------------|---|--|--|------------------------------|
| SP.<br>OC, JT | Creditor                             | Date<br>Liability<br>Incurred<br>MO/YR | Type of Liability                      | 8001<br>5000 = 5 = 5<br>5,001-<br>50,000 | 0.003<br>00.0007 | 100,001-<br>150,000<br>100,000-<br>100,000-<br>100,001- | ,000,000<br>,000,001<br>,000,001<br>,000,000 | 4.050.000<br>4.050.000<br>ver \$50,000,000 | e Siveraur<br>Disass Classes |
|               | Example First Bank of Wilmington, DE | 5/98                                   | Mortgage on Rental Property, Dover, DE |  |                  | ×   |  |  | Ŧ                            |
| E             | SA BANK OF GA (CONTINUED AS          |  | LIC ACACTOSE WALL                      | <b>.</b>                                 |                  |   |  |  |                              |
|               |                                      | 3                                      | 10, AL 120% INTEREST)                  |  |                  | X   |  |  |                              |
| F             | BANK of GEORGIA                      | 80-08                                  | 10-08 MORTERSE ON FT.                  |  |                  |   |  |  |                              |
|               |                                      |  | LITCHECE MANIERS LA                    |  |                  |   |  |  |                              |
|               |                                      |  | ALKEBSE IN RUSSELL                     |  |                  | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)                 |  |  |                              |
| 2             | SCHEDI II E 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.

| Position | Position Name of Organization |
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#### SCHEDULE D - LIABILITIES

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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 is  |
|--|
| period. Members: Members are required to report all flabilities 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 liability); 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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|--------------|-------------------------------|-------------------------|--|---------------------------------------|------------|-------------|------------------------|---------------------------|---------------------------|-------------|
|              |                               | Date                    |  |                                       |            | 0           |                        | 71                        | 7                         | T T         |
| sp,<br>DC, Л | Creditor                      | Date Liability Incurred | Type of Liability                      |                                       |            |             |                        |                           |                           |             |
|              |                               | į                       |  | \$15,001-<br>\$50,000                 | \$100,001- | \$250,000   |                        | \$500,001-<br>\$1,000,000 | \$500,001-<br>\$1,000,000 | \$1,000,000 |
| Example      | First Bank of Willnington, DE | 5/98                    | Morigage on Rental Property, Dover, DE | e e e e e e e e e e e e e e e e e e e |            | ×           | Mary.                  | a. A                      |                           |             |
| BAN          | BANK of GEORGIAL CONT         | )                       | AL, AT 20% NTERED                      |                                       |            |             | (A) (A)                | X                         | X                         | X           |
| BAN          |                               | 3.06                    | MORTEMON ON FRAM                       | 290 T-1                               |            |             |                        |                           |                           |             |
|              |                               |                         | RESIDENCE                              | #1022                                 |            | <b>1</b> 10 | D- 300                 |                           |                           |             |
|              |                               |                         |  |                                       |            |             |                        |                           |                           |             |
|              | ·                             |                         |  | nede.                                 |            | J. 52       | 2.5                    | (2)                       |                           |             |

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustae 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

| Position | Position Name of Organization |
|----------|-------------------------------|
|          |                               |
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### SCHEDULE F - AGREEMENTS

Name: (LYNN) ACTON WE SMORECHARD 8 of 8

| 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 e | dentify 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; |  |
|--|---|--|
| ed by a former employer.   | nment service;  |  |

| Date  | Parties to Agreement  | Terms of Agreement |
|-------|-----------------------|--------------------|
| 12.07 | HISRUSS TO STATE YOUR | RETIREMENT PLAN    |
|       |                       |                    |
|       |                       |                    |
|       |                       |                    |
|       |                       |                    |
|       |                       |                    |

#### 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 |
|--|--|-------|
| Example: Mr. Joseph Smith, Arlington, VA | Silver Platter (determination of personal friendship received from the Ethics Committee) | \$400 |
|  |  |       |
| A/N                                      |  |       |
|  |  |       |
|  |  |       |
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|  |  |       |