

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

For use by candidates and new employees

Period covered: January 1, 2013 - February 19, 2013

**HAND  
DELIVERED**

LEGISLATIVE RESOURCE CENTER

2014 MAY 20 PM 2:10

Name: Jason Thomas Smith Daytime Telephone: \_\_\_\_\_

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>Missouri</u> District: <u>8</u>	Date of Election: <u>6-4-13</u>	Check if Amendment <input checked="" type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office: _____			

In all sections, please type or print clearly in blue or black ink.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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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.

[illegible]

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**For additional assets and unearned income, use next page.**

## Continuation Sheet (if needed)

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**This page may be copied if more space is required.**

## Continuation Sheet (if needed)

JASON THOMAS SMITH

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# **SCHEDULE III — LIABILITIES**

Name JASPER THOMAS SMITH

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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 dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 a spouse, or the child, parent, or sibling 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.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	\$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	\$5,000,001 — \$25,000,000	\$25,000,001 — \$50,000,000	Over \$50,000,000	
	BK OF AMERICA	AUG 2011	CREDIT CARD		X									
	AMERICAN EDUCATION SERVICES	MAY 2001	STUDENT LOAN			X								
	PROGRESSIVE BANK BANK	MAY 2008	MORTGAGE ON 45943 HUYER, SALEM, MO				X							
	PROGRESSIVE BANK BANK	OCT 2008	MORTGAGE ON 402 CECILIA, SALEM, MO		X									
	PROGRESSIVE BANK BANK	NOV 2008	MORTGAGE ON 101 IRON, SALEM, MO		X									

# **SCHEDULE IV — POSITIONS**

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 officer, 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.

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.

Position	Name of Organization
	See Page 8

# **SCHEDULE III — LIABILITIES**

Name JASON THOMAS SMITH

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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 dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 a spouse, or the child, parent, or sibling 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.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	
	PROGRESSIVE CHARGE BANK	OCT 2009	REVOLVING LINE OF CREDIT		X									
	TOWN & COUNTRY BANK	JUL 2010	703 E. THIRTH SALEM, MO		X									
	TOWN & COUNTRY BANK	JULY 2009	MORTGAGE ON 310 N. MAIN, MO			X								
	TOWN & COUNTRY BANK	APRIL 2009	MORTGAGE ON 7304 E. 1ST, MO				X							
			103 E. 10TH, 304 E. CLAYTON, MO											
			103 S. HENDERSON, 200 S. HENDERSON, MO											
			301 S. INDEPENDENCE, 603 S. SLIGO, MO											

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	See Page 8

# SCHEDULE III - LIABILITIES

Name JASD THOMAS SMITH

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SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	\$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	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	
	TOWN & COUNTRY BANK	July 2009	MORTGAGE ON Hwy 111, SALEM, MO		X									
	TOWN & COUNTRY BANK	SEPT 2010	MORTGAGE ON Hwy 194, SALEM, MO		X									
	TOWN & COUNTRY BANK	MAY 2012	MORTGAGE ON Hwy 111, SALEM, MO		X									
	TOWN & COUNTRY BANK	APR 2009	MORTGAGE ON 906 E. 15TH, TWIN OAKS, SALEM, MO			X								

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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.

Position	Name of Organization
BOARD MEMBER	MISSOURI COMMUNITY BETTERMENT ASSOCIATION
BOARD MEMBER	SALEM FFA ALUMNI ASSOCIATION
PARTNER	SMITH & FREEER ENTERPRISES LLC
Real Estate Agent	South Central Board of Realtors

Use additional sheets if more space is required.



# **SCHEDULE V -- AGREEMENTS**

Name JASON SMITH

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Identify the date, parties to, and general terms of any agreement or arrangement 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	Terms of Agreement
6/4/13	Missouri State Retirement 457 plan	Continued participation in 457 plan
6/4/13	Missouri State Retirement 401 plan	Continued participation in 401 plan

# **SCHEDULE VI -- COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
None	