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UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT Period covered: January 1,みつし 18年ほほより まつします For use by candidates and new employees	LEGISLATIVE RESOURCE CENTED	ZENTE:
	2013 FEB 27 AM 10: 34	: 34
Name: /moths E. Larkin Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES	ATIVEL
C	(Office Use Only)	
Filer Candidate for the State: S< Date of The Check if A Amendment Amendment Amendment	-	assessed
	more than 30 days late.	1110
In all sections, please type or print clearly in blue or black ink.		
FRECIONARY INTORNATION - ANSWER FACTOR OF THESE GOESTIONS		
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? Yes No IV. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	he date Yes X	S D
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? Yes No No With an outside entity? If yes, complete and attach Schedule V.	vent Yes	₹
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No 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 III.	from Yes	≥
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	"Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF 1	ER EACH OF THESE QUESTIONS	<u></u>
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 🔲	№
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.	ent child Yes	× E

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Timothy E. Laskin

Page of L

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	han the filer's current employme mount of any honoraria; list only	ant by the U.S. Governme y the source for other spo	nt) totalling \$200 or use earned income
exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits	ement programs, and benefits re	received under the Social Security Act	Security Act.
College (include date of execute the bosonia)	Turns	Amount	unt
Source (include date of receipt for nonoralia)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
Xampies: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
ation Atlanta 57	Salary	4,3/2,00	106,300.17
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						<u>ज</u>		8	provide a complete address. For an ownership interest in a privately-hold business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); any deposits lotal-income during the reporting period); any deposits lotal-ing \$5,000 or less in personal checking or exvings accounts; and sary 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.	account and its value at the end of the reporting person. For rental or other reat property held for investment.	BLOCK A Asset and/or income Source 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 (t) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use licker symbols). For all IRAs and other retirement plans (such as 401(k) For all IRAs and other retirement exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting firesholds. For retirement accounts which are not self-directed, for retirement accounts which are not self-directed, for retirement accounts which are not self-directed, for entirement accounts which are not self-directed.
	Ţ	١٦	ひさ	244 Brokshire	4		Ехатою:		provide a complete address. For an ownership interest in a privately-hold business fast an ownership interest in a privately-hold business fast is not publicly traded, state the name of the business, the nature of its activities, and its geographic ocation in Block A. Exclude: Your personal residence, including second tomes and vacation homes (unless there was rental income during the reporting period); any deposite total-income during the reporting period); any deposite total-ing \$5,000 or less in personal interest in, or income accounts; and single financial interest in, or income accounts; and single financial interest in, or income source is that of your spouse (SP) or dependent cliff (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.		BLOCK A Asset and/or income Source Asset and/or income Source income with a fair market value exceeding \$1,000 at the end of the reporting period, and (t) any other portable asset or sources of income which generated nore than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). Tor all IRAs and other retrement plans (such as 401(k)) lame) that are self-directed (i.e., plans in which you have the power, even if not exercised to select the spe- citie invosaments), provide the value for each asset held offic invosaments), provide the resporting fresholds. Tor retirement accounts which are not self-directed, or retirement accounts which are not self-directed, rowthe only the name of the institution holding the
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					1	ı	Royalties		(Specify: e.g., Partnership income or Farm Income)		BLOCK C Type of Income 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) plans or IRAs), you may check the plans or IRAs). You may check the plans or IRAs, you may check the plans or IRAs, you may check the plans or IRAs, you may check the fax-Deferred, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
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SCHEDULE III — LIABILITIES

same Timothy E-Lastin

Page Y or

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ling 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-

				SP, J⊤	T
		Chase	Example: First Bank of Wilmington, DE	Creditor	
		Oslos	May 1998	Date Liability Incurred mo/year	
		Ot 2006 Mortgage and My Brook Stile Rd.	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
				\$10,001— \$15,000	
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	 			\$25,000,001— \$50,000,000	
				Over \$50,000,000	

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

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);

Position	Name of Organization
Vice Resident	Charleston Chapter of ISCL www.isca.org
Volunteer	6
Project Marages	Scientific Research Corporation
(inch)	Alumn: of BSA Troop 459