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	LEGISLATIVE RESOURCE CENTER	CENTER 5
Period covered: January 1, 2013 - August 31, 2014 For use by candidates and new employees	2014 SEP 24 PM 1: 15	:
Namo: John Wesley Casteen, Jr. Davrima Talanhona	OFFICE OF THE CLERK U.S. KOUSE OF REPRESENTATIVES	ATIVES
	S.	
	(Office Use Only)	
Filer Candidate for the State: NC Date of Check if Election: Amendment	A \$200 penalty shall be assessed	assessed
Status New officer or Employing Office:	more than 30 days late.	THE CO
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? Yes XXX No If yes, complete and attach Schedule I.	efore the date r two years? Yes	<u>8</u>
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 XXX No With an outside entity? Wes, complete and attach Schedule V. If yes, complete and attach Schedule V.	angement Yes	NO XX
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes IXX 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 VI.	\$5,000 from Yes XXX	₹
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH C	ANSWER EACH OF THESE QUESTIONS	SS
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?	ot be Yes	Now
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.	pendent child Yes	NOXXX

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name John Wesley Casteen, Jr.

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st only the U.S. Government) tota		exceeding \$1,000. See examples below.
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	ear. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income	nore during the preceding calendar year. For a spouse, list the source and a
	arned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or	List the source, type, and amount of earned income from any source (other t

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Course find the date of resolution by the formula of the formula o	onion programs, and ponons is	Amount	unt
Course (include date of receipt to inclinatia)	lype	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
J. Wesley Casteen, P.C. d/b/a Carolina Legal Counsel	Salary	\$27,000.00	\$36,000.00
Wilmington, North Carolina University of North Carolina - Wilmington (UNC-W)	Salary	\$ 4,000.00	\$ 3,500.00
Wilmington, North Carolina			

		(Rental Casteen, LLC Wilmington)	J. Wesley Casteen, P.C.	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	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	For rental or other real property held for investment, provide a complete address or a description, e.g., "ental 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 propriet that accords 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.	BLOCK A Asset and/or Income Source
		M	X	×	Indefinite	X	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 \$25,000,001 \$25,000,000 \$25,000,001 \$50,000,000 \$25,000,001 \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		> BB C C D FE FE G S FE	*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-	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.	BLOCK B Value of Asset
		×	X	IX I	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	ome)		if the asset generated no income during the reporting period.	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None"	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 <u>or</u> that generate taxdeferred income (such as 401(k))	BLOCK C Type of Income
		X	X	×		X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$150,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Cver \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$1,001 - \$5,000 \$1,001 - \$1,000 \$1,001 - \$5,000 \$50,001 - \$100,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Cver \$5,000,000 Spouse/DC Income over \$1,000,000°		Current Year Preceding Year		 * This column is for income derived from assets solely held by your * 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 pains. even if reinvested, must be disclosed as	BLOCK D Amount of Income

SCHEDULE III — LIABILITIES

Name John Wesley Casteen, Jr.

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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 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. 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

		Br	Sa	Exa	SP, DC, JT	
		Branch Banking & Trust (BB&T)	Sallie Mae	Example: First Bank of Wilmington, DE	Creditor	
		Dec 109	96, Bny	May 1998	Date Liability Incurred mo/year	
		Dec '09 Mortgage - Rental-Wilmington	Aug 194 Student Loan	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
,					\$10,001— \$15,000	
			X		\$15,001— \$50,000 W	
		×			\$50,001— \$100,000 O	
				×	\$100,001— \$250,000	
				L	\$500,000 M \$500,001	
					\$1,000,000 T	
					\$5,000,001— ± \$25,000,000	
					\$25,000,001 \$50,000,000	
					Over \$50,000,000 —	
					Spouse/DC Liability over ス \$1,000,000	

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);

and positions solely of an inclinion of inclinion	Service 4.
Position	Name of Organization
Employee/Officer/Director	J. Wesley Casteen, P.C.
Manager	Casteen, LLC
Director	North Carolina CPA Foundation, Inc. (Non-Profit) Also - N.C. Association of CPAs, Inc. (N/P)
Director	Calabash Volunteer Emergency Medical Services, Inc. (Non-Profit)
Employee	

SCHEDULE V — AGREEMENTS

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John
Wesley
Casteen,
Jr.

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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.

on plan mama	on plan manual of a rolling on project	
Date	Parties To	Terms of Agreement
NONE		
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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
Saffo Law Firm, P.C Wilmington, NC	Legal Servcies

GPO: 2013

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