SEP 1 2 2013

LEGISLATIVE RESOURCE CENTER

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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 7017-August 71, 7013	FORM B For use by candidates and new emp	loyees	Page 1 of J
Name: PETER J. KAUTOUTIAN Daytin	ne Telephone	<u>-</u>	ffice Use Only)
Filer Candidate for the House of Representatives District: Detrict: Detrict	e of	if A \$200 pens	ity shali be assesse individual who flie
In all sections, please type or print clearly in blue or bleck ink.  PRELIMINARY INFORMATION — ANSWER EACH OF THE			
1. Did you or your spouse have "semed" income (e.g., salarise or fees) of \$200 or more from any source in the reporting period?  If yes, complete and attach Schedule L.  II. Did you, your spouse, or a dependent child receive "unearmed"	IV. Did you hold any reportable position of filing in the current calendar year or if yes, complete and attach Schedule V. Did you have any reportable agreer.	In the prior two years? IV.	Yes No
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 It yes, complete and attach Schedule II.	with an outside entity?  If yes, complete and attach Schedule	V	Yes No
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 n a single source in the two prior years? If yes, complete and attach Schedul		Yes No
Each question in this part must be answered and th	e appropriate schedule attach	ed for each "Yes" re	sponse.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	DRMATION — ANSWER E	ACH OF THESE (	UESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on E disclosed. Have you excluded from this report details of such a trust benefiting you, )	Ethics and certain other "excepted trusts your spouse, or a dependent child?	" need not be	Yes No No
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" ind because they meet all three tests for exemption? Do not answer "yes" unless you have	ome, transactions, or liabilities of a spo we first consulted with the Committee or	use or dependent child to Ethics.	Yes No L

## SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

exceeding \$1,000. See examples below.

Name PETER	J	Kauta	アヤバ	Pege 2 or 6

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. Source (include date of receipt for honoraria) Type **Current Year to Filing** Preceding Year \$28,450 XYZ Corporation, Houston, TX Salary. \$6,300 Director's Fee \$3,200 First Bank & Trust, Houston, TX \$400 XYZ Trade Association, Chicago, IL (Rec'd December 2) \$1,000 Honorarium 0 Spouse Salary NA NA COMMONWEATH OF MA, MEDGOND, MA SALANY
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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

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## SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Hamo PETER J. KONTOUTIAN Page 3 of 6

SCHEDULE II — ASSE 15 AN		_		***	יווח	_	_		_	JN														_							Ψ.		_				
BLOCK A	Γ				BL	OCI	<b>(B</b>					Γ			BL	OC:	C			BLOCK D																	
Asset and/or Income Source				Va	lue	of	As:	set					٦	Typ	<b>e</b> c	of la	100	me	•	Amount of income																	
Identify (a) such asset held for investment or production of income with a fair mariest value exceeding \$1,000 at the and of the reporting period, and (b) any other reportable asset or founded of income which generated more than \$200 in "unearmed" income during the year.	rep	orti tho	ng y d ot	rear her	of a If y than the	ou Tal	use r ma	a va arke	alua It va	tion		re ali in	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 401fk).						check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest,																		
Provide complete names of stocks and mutual funds (4o not use ticker symbols).					s inc							7	ex-C	Defe:	red <sup>*</sup>	ooks	mn. D	ivid	ck the ends,	ľ	con	16.	Che	ck '	"No	ne" i	if no	inc	ome	WE	18 <b>e</b> l	arne	ed or	gen	erat	ed.	
FGr all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	it g	ene "No	rate ne."	id in	con	ne, 1	he v	valu	e si	noul	d	interest, and capital gains, even if reinvested, must be dis- closed as income. Check "None" if the asset generated no income						spouse or dependent child.																			
For rental or other real property held for investment, provide a complete address or a description, e.g., "Tental property," and the city and state.	by :	you	r sp	ous	s fo	de	peni	deni	lely t ch	heliid.	d	dı	ring	the	rep	ortin:	per	iod.																			
For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi- ness, the nature of its activities, and its geographic location in Block A.	A	8	C	E		G	H	1	J	( L	M	18				3 7				20.0		1	k .	_	d miles in	Yes	/ el	kv:		- 71	150	u e	DO. 1	ing '	Yea	ir	KS/T
Exclude: Your personal residence, including second homes and vecation homes (unless there were 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 devived from, a seceral reterment 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 apouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	None	00011-1	\$1,001 – \$15,000	5 (8 (8 ) F. (5 ) (8 ) (8 ) (8 ) (8 ) (8 ) (8 ) (8 )	00.00 - (8.00.00)	250,001 - \$500,000	040(000) 1 - 140/00/	\$1,000,001 \$5,000,000		South - test and the	SpouseDC Asset over \$1,000,000*		DIMDENDS	と アー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	NTEREST	CAPITAL GAINS.	EXCEPTED/BLIND TRUST	Control of Inventor	Specify: e.g., Partnership Income or Farm Income)		000					over \$1,000,000					2 000 000 1000 000 000 000 000 000 000 0	\$50,001 - \$100,000	1(00,001 ± 5,000,000 × × × × × × × × × × × × × × × ×	0000 Income over \$1,000,000*			
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For additional assets and unearned income, use next page.

## SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Name PETER J. KINTONTIAN PAGE OF 6

	BLOCK A Asset and/or Income Source																BLOCK D  Amount of Income														
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SCHEDUL	.E III —	LIABIL	TIES

Name PETER	ブ	KOUTOUTIAN	Pager I of 6
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Report liabilities of over \$10,000 cwed 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.

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SP, DC, JT		Creditor	Date Liability Incurred mo/year	Type of Liability	A 200%	115,001 150,000 150,000	c eggs	H00,001— 250,000 U	生。	F 000,000,11		5,000,001— 25,000,000 H		20,000,000 L	
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	ich in			X	1594 Part 150				-		70
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## 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
BLARD OF DIRECTIAS	KEACH BEYOND DOMESTIC VIOLENCE

Use additional sheets if more space is required.

S	CHEDULE \	/ AGREEMENTS		Name PE	ron 7. 1	Kovery,	AN Page 6 of 6
	service: continu	e, parties to, and general terms of any agreement or arrang lation or deferral of payments by a former or current emplo ined by a former employer.	ement with respec yer other than the	t to: future employ U.S. Government;	ment; a leave of about or continuing partic	sence during the polypation in an empk	eriod of government syee welfare or ben-
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	of clients and c a fee or payme	of such compensation received by you or your business at uatomers of any corporation, firm, partnership, or other bus int of more than \$5,000. Exclude: Payments by the U.S. Gaw. Do not repeat information listed on Schedule I.	siness enterprise,	or any nonprofit or	ganization if you dis	ectly provided the	services generating
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