× ⊠	ves	ependent ch	ilities of a spouse or de Committee on Ethics.	ransactions, or liabilities consulted with the Comr	rned" income, t s you have first	er assets, "unea wer "yes" unles	his report any othe ption? Do not ans	<b>EXEMPTION</b> —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.	because they me
S ⊠	Yes 🗌	ot be	ted trusts" need n าild?	and certain other "excepted to ouse, or a dependent child?	ittee on Ethics a	d by the Comm a trust benefiti	nd Trusts" approved port details of such	<b>TRUSTS</b> —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?	TRUSTS - Detai
ัง	- ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH O	ATION — ANSW	I INFORM	OR TRUS	EPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION
	s" response.	each "Ye	attached for each "Yes" response	propriate schedule	and the app	answered	s part must be	Each question in this part must be answered and the appropriate schedule	
Š	Yes 🔀	\$5,000 from	ompensation of more than \$5,000 from two prior years?	VI. Did you receive compens a single source in the two pri If yes, complete and attach	No III	eg ⊠	have any report- orting period?	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.	III. Did you, your s able liability (more If yes, complete a
8	Yes	rangement	eportable agreement or an attach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	<b>8</b>	Yes	eceive "unearned" or hold any end of the period?	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.	II. Did you, your spincome of more that reportable asset work fives, complete as
N <sub>O</sub>	Yes X	pefore the date	ble positions on or tar year or in the price. Schedule IV.	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.	No Od	Yes X	e (e.g., salaries or porting period?	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>	i. Did you or your tees) of \$200 or mo
				- ANSWER EACH OF THESE QUESTIONS	OF THESE	R EACH (		In all sections, please type or print clearly in blue or black ink  PRELIMINARY INFORMATION — ANSW	PRELIMINA
assessed who files	A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	A \$200 against more th	Check if Amendment	5/06/2014	Date of Election	Thice:	es District:	Candidate for the House of Representatives  New officer or employee	Filer
TäAl	Δ.	U.S. Höül		Telephone:	Daytime To		okeale	David S. Stockbale	Name:
Page 1 of 7	Page LEGISLATIVE RESOURCE CENTCO 2013 JUN -3 AM 11: 53	1.EGISL&	IM B s and new employees	<b>FORM B</b> For use by candidates and r	For	TATIVES		UNITED STATES HOUSE OF REPRESE FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - MAY	UNITED STA
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### SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Davids, Stockdale

Page A of 9

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

nore 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
xceeding \$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.

<b>Exclude:</b> Military pay (such as National Guard of Heserve pay), federal retirement programs, and benefits received under the Social Security Act.	irement programs, and benefits	received under the Social 3	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Course (include date of seculot for individually)	- ype	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
DANEY S. STOCKWALE + ASSOC, INC	SALARY	NONE	26,447
DANTO S. STOCK BALE & ASSOC. INC.	K-1 Earnantys	85,000	188, 373

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-		$\sim$	50		₽	DC, Examples:	.0	ing \$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 nomes and vacation homes (unless there was rental noome during the reporting period); any deposits total-	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 location in Block A.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental 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 account that exceeds 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.	<b>&gt;</b>	
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Continuation Sheet (if needed)	SCHEDULE II — ASSETS AND "UNEARNED" II
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Name Dowid S. Stockdale

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Spouse/DC Income over \$1,000,000\*

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			-									1		\$15,001 - \$50,000 <b>≤</b>	로			ı
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														\$1,000,001 - \$5,000,000 ×		퓛		ı
							2.7							Over \$5,000,000 🔀		Š	<u>B</u>	ı
														Spouse/DC Income over \$1,000,000° ≚		to	þ	l
	X	<b>&gt;</b>	$\geq$	$\geq \leq$	X	<u> </u>	$\times$	×	<u> </u>	$\geq$	×	X	$\times$	None -		Amount of Income	BLOCK D	ı
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				<u> </u>						*				\$201 - \$1,000 =	ט	Ĭ		ı
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		<u> </u>	<u> </u>	ļ		<u> </u>		S. A.			<u> </u>		9 0	\$2,501 - \$5,000 < \$5,001 - \$15,000 ≤	ĕ			ĺ
			<b></b>	<del> </del>	-	<del> </del>	<del>                                     </del>	; <i>i</i> ë					- 1 <sub>9</sub> .W	\$15,001 - \$15,000 \(\leq\$	5			١
			<u> </u>		<del> </del>	<del>                                     </del>		v.		<u> </u>	<del> </del>	<u> </u>		\$15,001 - \$50,000 \(\leq\) \(\frac{5}{2}\) \(\frac{5}\) \(\frac{5}{2}\) \(\frac{5}{2}\) \(\frac{5}{2}\) \(\frac{5}{2}\) \(\fra	9			ı
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								-					3.1	Over \$5,000,000 ×				ı
		·····	· · · · · · · · · · · · · · · · · · ·	<u> </u>	ř	·		· · · · · · · · · · · · · · · · · · ·			T			Spouse/DC Income over \$1,000,000*				ı

SCHEDULE II	
I — ASSETS AND	
"UNEARNED"	
INCOME	

Continuation Sheet (if needed)

Name Dourd S. Stockdale

Page 6 of 9

	BLOCK A	BLOCK B	BLOCK C	BLOCK D	
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	
SP		A B C D E F G H I J K L M	1	Current Year Preceding Y	Year
JT,		000 , <b>000</b> 0,000	e(Spec	×	×
R	,	,000 0,000 50,000 00,000 ,000,000 \$5,000,0 \$50,000	LIND TR ED f Income	0 00 000 000,000 000,000 oer \$1,000,00	000,000
		None \$1\$1,000 \$1,001 - \$15,0 \$15,901 - \$50 \$50,001 - \$10 \$250,001 - \$2 \$500,001 - \$1 \$1,000,001 - \$ \$5,000,001 - \$ \$25,000,001 - \$ \$25,000,001 - \$	NONE DIVIDENDS RENT INTEREST CAPITAL GAIN EXCEPTED/BI TAX-DEFERRE Other Type of Partnership Inc	None: \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,561 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,001 \$100,001 - \$1,00 \$1,000,001 - \$5,000 \$201 - \$1,000 \$201 - \$1,000 \$201 - \$1,000 \$201 - \$1,000 \$5,001 - \$1,000 \$201 - \$1,000 \$5,001 - \$1,000 \$5,001 - \$15,000 \$5,001 - \$15,000 \$5,001 - \$15,000 \$55,001 - \$15,000 \$55,001 - \$15,000	\$1,000,001 - \$1,00 \$1,000,001 - \$5, Over \$5,000,000 Spouse/DC Income ov
	VP. Misco Czpyth	X	<b>×</b>		
	VP-MF5 Volus	<b>&gt;</b>	X X		
					<b>1</b> 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
			5		3

#### SCHEDULE III — LIABILITIES

Name Davids. Stockdale

Page For 2

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-

								Amo	Amount of Liabilit	l Liab	ility			
SP, DC,	Creditor	Date Liability Incurred	Type of Liability	•			_ 0							ver 大
JT		mo/year	•	\$10,001 \$15,000	\$15,001— \$50,000	\$50,001 \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,00	\$1,000,00 \$5,000,00	\$5,000,00 \$25,000,0	\$25,000,0 \$50,000,0	Over \$50,000,0	Spouse/D Liability o \$1,000,00
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×							
SP	Wells FOREGO BONK, N.A.	Augios	STIMENT LOAN	×										
	•	\					=0.							
				,										

#### **SCHEDULE IV — POSITIONS**

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise 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 offi-

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);

	1
DANES S. STOCKBALE & ASSOC. INC.	SHOWAY/ DANNO
Name of Organization	Position

### SCHEDULE V — AGREEMENTS

Name Bouid 5-Stockdale

Page Sot 1

!			Date	Identify the date service; continu efit plan mainta
			Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with service; continuation or deferral of payments by a former or current employer other the efft plan maintained by a former employer.    April 2
			Terms of Agreement	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.  None

# 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 Dutles
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Mutual of Amaha, Omha NE	Insurance Sala Commission
Wettooin & Inc. Thousand Oaks CA	Sales 1
United Health Give Ins. Co. Jhoshum, PM	los wance sales Commission
Actualifelas. Co. Howthord. CT	7 7
GPMLife Omaha, NE	Insurance Sales Commission
Gerber lifelms. Co. Omming NE	Insurance Sales Commissions
Senior Market Siles Grande NE	Į,
GPO: 2013 78-995 (mac)	

#### SCHEDULE V -- AGREEMENTS

Name David S. Stockdale

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•		·	·	Date	identify the date service; continue efit plan maintain
				Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employ service; continuation or deferral of payments by a former or current employer other than the U.S. Government efft plan maintained by a former employer:
				Terms of Agreement	respect to: future employment; a leave of absence during the period of government an the U.S. Government; or continuing participation in an employee welfare or ben-

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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.

Bign

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nted -

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Woodmano & he would / Assured life Omaha NE	Insurance Sales Commission

GPO: 2013

76-995 (mac)