Š.	Yes 🔲	ependent child	ilities of a spouse or de Committee on Ethics.	- 6 1	arned" income, ss you have firs	her assets, "une nswer "yes" unle	nthis report any of imption? Do not a	EXEMPTION— Have you excluded from this report any other assets, "unearned" income, transactions, or lial because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	XEMPTION—H cause they mee	8 m
	Yes 🔲	ot be	epted trusts" need no	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?	ittee on Ethics ting you, your s	pproved by the Committee on Ethics and certain of such a trust benefiting you, your spouse, or a	ilind Trusts" approver approversity of such that the second such that th	TRUSTS—Details regarding "Qualified Blind Trusts" a disclosed. Have you excluded from this report details	RUSTS—Details sclosed. Have yo	였다
<u>w</u>	QUESTION	OF THESE	NSWER EACH OF THESE QUESTIONS	 <u> </u>	T INFORM	I, OR TRUS	DEPENDENT	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	CLUSION	Į W
	response.	each "Yes"	le attached for	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	and the ap	be answered	nis part must	ach question in t	Ę,	
₹	Yes	\$5,000 from	ompensation of more than two prior years? attach Schedule VI.	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.	S S	Yes 🗸	d have any report- sporting 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.	Did you, your spoke ilability (more the yes, complete and	∓a∷
Š C	Yes	rangement	reportable agreement or arrangement ? I attach Schedule V.	V. Did you have any repor with an outside entity? If yes, complete and atta	Š	Ygs	d receive "unearned" riod or hold any re 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.	Did you, your spo come of more than portable asset wor yes, complete and	∓epino :
§ N	Yes 🔲	periore the date	reportable positions on or before the date calendar year or in the prior two years? lattach Schedule IV.	IV. Did you hold any report of filing in the current cales if yes, complete and atta	No	Yes 🗸	ne (e.g., salaries or reporting period?	 Did you or your spouse have "earned" income (e.g., salaries fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. 	Did you or your sp es) of \$200 or more yes, complete and	∓ ₹-
				E QUESTIONS	EACH OF THESE	ÆR	In blue or black ink. ON — ANSWER	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW	ell sections, pleas RELIMINAR	P =
who files	against any individual we more than 30 days late.	against an more than				g Office:		New officer or employee	Status	
assessed	`P 9	A \$200 per	Check if Amendment	Date of Nov 4th 2014	Date of Election:	17	State: tives District: _	Candidate for the Andreas	Filer	
i i	(Office Use Only)			Daytime Telephone	Daytime		ietz	Matthew D	Name: Ma	z
) age 1 of 5	LEGILATIVE RESIDENCE CONFIGER OF 5	150:01.VIIVE EE	B id new employees	FORM B For use by candidates and new employees	7	FATIVES	REPRESENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - May 20th 201	NITED STATEMENT OF THE PROPERTY OF THE PROPERT	ם בי ק

SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

Name
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Page 2 of 5

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.

Source (include date of receipt for honoraria)	Type	Amount	unt
The state of the s	٠,	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
7	Director's Fee	\$400	\$ 3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA.
LR SELVICES	SALACY	*27,475.60	\$ 63.527.55
DALEY DENTAI	SPOUSE SALARY	*18.242.35	\$47.051.56

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8	ጽ	δÇ	SP	50	<u> </u>	۲	-	SS P.	income during the reporting period); any deposits total income during the reporting period); any deposits total gracounts; 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 of 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.	Ž.		ider repo mon for for plan ecco
\mathcal{Q}	₽G ^C	≨ ნ	Q	🕏	3	1	Examples:		income during the reporting period), any deposits total-income during the reporting period); any deposits total-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 homes and varieties homes (unless there was regis	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 boaton in Riock 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 (b) 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 ticker symbols). 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. 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.
Hegrassive	College Bound Age-Based	CollegeBound Age-	ppenheimer	American Funds Target 40	MES GROWTH ALLOC	l	ap/e		Saving Court	ਰ	2	BLOCK A Asset and/or Income Source iffy (a) each asset held for investment or product come with a fair market value exceeding \$1.00 and of the reporting period, and (b) any of table asset or sources of income which generable asset or sources of income which generable asset or sources of income during the y than \$200 in "unearned" income during the y tide complete names of stocks and mutual to tot use ticker symbols). If IRAs and other retirement plans (such as 44 to) provide the value for each asset held in unt that exceeds the reporting thresholds. Tental or other real property held for investre de a complete address or a description, ai property," and the city and state.
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		<u> </u>							\$250,001 – \$500,000		Q	Walue of Asset Value of Asset 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." "This column is for assets solely held by your spouse or dependent child.
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							П		Spouse/DC Income over \$1,000,000*	<u> </u>	1	

SCHEDULE III — LIABILITIES

Name MATTHEW DIETE

Page 4 of 5

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

	CHASE VISA	Example: First B		
	A	Example: First Bank of Wilmington, DE	Creditor	
		May 1998	Date Liability Incurred mo/year	
	REVOLVING CREDET CARD	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
	×		\$10,001 \$15,000	
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			\$25,000,001— \$50,000,000 —	
			\$50,000,000 - Spouse/DC	

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);

and positions solely of an inclineary haters.	iawie.
Position	Name of Organization

SCHEDULE V — AGREEMENTS

Name MATTHEW DIETE

Page 5 of 5

		Date	Identify the date, parties to, and general to service; continuation or deferral of paymer efit plan maintained by a former employer.
		Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future empservice; continuation or deferral of payments by a former or current employer other than the U.S. Governments of plan maintained by a former employer.
			ngement with respect to: future employn loyer other than the U.S. Government;
		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.
			Parties To

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
LR Services, 60a Hayden Circle Albertoun PA 18091 Aircraft Referra	Aircraft Referral
,	
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