APR - 3 2014

UNITED STATES HOUSE OF REPRESENTATIVES		Folso ATIVE occounts Page 1 of
Period covered: January 1,2013 - Jupiul 3,2014	For use by candidates and new employees	2014 APR -7 PM 2: 08
	Davrimo Telephono:	OFFICE OF RIE CLERK
I CAN I TOWN LEWISON TO I TOWN HAVE I		(Office Use Only)
	Election: May 4,3014 Amendment	A <i>\$200 penalty</i> shall be assessed against any individual who files
Status New officer or Employing Office:		
In all sections, please type or print clearly in blue or black ink.	EVON DE TRESE DI IESTIONS	
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 Vo	O 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.	efore the date r two years? Yes Mo
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 if yes, complete and attach Schedule II.	v. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	angement 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 more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	55,000 from Yes W No
Each question in this part must be answered and the appropriate schedule		attached for each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	NFORMATION — ANSWER EACH O	F THESE QUESTIONS
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?	on Ethics and certain other "excepted trusts" need no out, your spouse, or a dependent child?	nt be Yes Π NoΠ
EXEMPTION —Have you excluded from this report any other assets, "unearned because they meet all three tests for exemption? Do not answer "yes" unless you	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	pendent child Yes No

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name DMES
s Edward Mutchell Th
Page A of V

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.

Examples: XYZ Corporation, Houston, TX SPIRITED ASSOCIATION, Chicago, IL (Rec'd December 2) Harris County, Texas Public Schools No. 11 (Manual Laboratory) No. 12 (Manual Laboratory) No. 13 (Manual Laboratory) No. 14 (Manual Laboratory) No. 15 (Manu	Type Salary	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX First Bank & Trust, Houston, TX XYZ Trade Association, Chicago, IL (Rec'd December 2) Harris Caunty, Texas Public Schools	alary		
First Bank & Trust, Houston, TX XYZ Trade Association, Chicago, IL (Rec'd December 2) Harris Cgunty, Texas Public Schools ()		\$6,300	\$28,450
(Hecd December 2)	Director's Fee	\$400	\$3,200
	Honorarium Spouse Salary	0	\$1,000
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name James Mitchell

Page 3 of X

\$1,000,001 – \$5,000,000 \$5,000,001 – \$25,000,000 \$25,000,001 – \$50,000,000 \$25,000,000	FIAR Thind Bank nects	ROTH IRA + Black Back	JOMPRC-457	Myranica Ceneturossial	OF Sock	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	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 depen- dent 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 includes and version homes durings there was rental.	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 benefits 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.	Asset and/or Income Source	BLOCK A
DIVIDENDS RENT RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership (ncome or Farm (ncome)) DIVIDENDS RENT CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership (ncome or Farm (ncome))	/		/	2	· ×	×	Indefinite	X	\$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 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000		B C D E F G H - J K L	*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 reporting year and is included only because	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.	Value of Asset	BLOCK B
None	2	*	7	×	×	×	Royalties		DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	come)		if the asset generated no income during the reporting period.	if reinvested, must be dis- closed 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 or that generate tax-deferred income (such as 401(k)	Type of Income	BLOCK C
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name

Continuation Sheet (if needed)

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SCHEDULE III — LIABILITIES

Name James Folyand Moledal Page I

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-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.

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			₹(} }	morphop rapidly page	Example: First Bank of Wilmington, DE	Creditor		
			7/20/2	2/2011	May 1998	Incurred mo/year	Date	
			7/2013 1-tome 1_0au	Car Loan	Mortgage on 123 Main Street, Dover, DE	Type of Liability		
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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);

Position	Name of Organization
Pullic Official	Color J (Wardelle)
Miniagua Director	With Alba Capital Strategias

SCHEDULE V — AGREEMENTS

) among blund Molecular Property

Date	Parties To	Terms of Agreement
MIM	H) N	MIM

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 pulse 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, Homestown, Homestate	Accounting services
City of Charlette (Nowbette, alc	Rubbic Official
Wholeston Capital Shratages (Madroble, Mc	Mariaguia Director

QPC: 2013

78-995 (mac)