| | | DEC 1 1 2013 | ` |
|--|--|---------------------------------------|--------------|
| UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT | FORM B | Page 1 of LEGISLATIVE RESOURCE CENTER | Page 1 of 6 |
| Period covered: January 1, 2012 - November 30, 2013 | For use by candidates and new employees | 2013 DEC 23 PM 12: 15 | ဟ |
| | | OFFICE OF THE CLERK | IVES |
| Name: Thomas Moll Day | Daytime Telephone: | · • | |
| | | (Office Use Only) | |
| Filer Candidate for the State: Arkanses State: Arkanses | Date of 11/4/14 Check if Election: 11/4/14 Amendment | A \$200 penalty shall be assessed | assessed las |
| Status New officer or Employing Office: | | | |
| In all sections, please type or print clearly in blue or black ink. | | | |
| PRELIMINARY INFORMATION — ANSWER EACH OF T | EACH OF THESE QUESTIONS | | |
| 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 No lf yes, complete and attach Schedule I. | 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. | Yes X | |
| 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. | Yes | ¥ ⊠ |
| 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. | Yes 📗 | ₹ |
| Each question in this part must be answered and the appropriate sched | the appropriate schedule attached for | ule attached for each "Yes" response. | |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION | 1 | ANSWER EACH OF 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? | n Ethics and certain other "excepted trusts" need no | Yes | × |
| 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. | income, transactions, or liabilities of a spouse or de have first consulted with the Committee on Ethics. | Yes | ¥ ⊠ |

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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Thomas Moll

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| exceeding \$1,000. See examples below | more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; li | List the source, type, and amount of earned income from any source (other than the filer's current empty |
|---------------------------------------|--|--|
| ling \$1 | luring t | Source |
| ,000. 8 | the pre | e, type |
| See ex | eding | e, and |
| ample |) calen | amour |
| s belov | dar ye | nt of ea |
| > | ar. Fo | arned i |
| | raspo | income |
| | iuse, li | from |
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| | source | ource (|
| | and a | other t |
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| | of any | e filer's |
| | hono | curre |
| | raria; li | nt emp |
| | st only | oloyme |
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| | ource for | he U.S |
| | or othe | . Gove |
| | r spou | rnmen |
| | ise ear | t) total |
| | only the source for other spouse earned incom | nployment by the U.S. Government) totalling \$200 or |
| | come | 00 or |
| | | |

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) XYZ Corporation, Houston, TX Salary Director's Fee Harris County, Texas Public Schools | | Current Year to Filing Preceding \$28,300 \$28, \$400 \$31,0 \$31 | Preceding Year \$28,450 \$3,200 \$1,000 NA 144,999.92 NA NA NA |
|--|------------------------|--|--|
| Credit Suisse (USA) Inc. | Spause dellerred comp. | ۷A | NA |
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| | see attached form | JT 1st Bank of Paducah, KY accounts | DC, Examples: Simon & Schuster | SP Mega Corp. Stock | Exclude: Your personal residence, including second homes and vacation homes (unless 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 bookleft. | ness, the nature of its activities, and its geographic location in Block A. | For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi- | 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 appoint that appeals the properties therebyles | reportable asset of 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). | 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 | Asset and/or Income Source | BLOCK A |
|--|-------------------|-------------------------------------|--------------------------------|---------------------|--|---|---|--|--|---|--|----------------------------|---------|
| | | × | 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 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000* | | B C D E F G H - J K L M | *This column is for assets solely held by your spouse or dependent child. | it generated income, the value should be "None." | please specify the method used. If an asset was sold during the reporting was 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, | Value of Asset | ВГОСК В |
| | | × | Royalties | × | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income | е) | | if the asset generated no income during the reporting period. | interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" | investments or that generate tax- deferred income (such as 401(k) 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 | Type of Income | BLOCK C |
| | | | X | X | \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$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 \$15,001 - \$5,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 | | Current Year Preceding Year | | * This column is for income derived from assets solely held by your spouse or dependent child. | and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. | | Amount of Income | BLOCK D |

Thomas Moll 11/30/2013

Block D Amount of Income Black B Block C Type of Income Block A Value of Asset Current Year Preceding Year Sylvania ... M. N. Company ouse/DC Income over \$1,000,000 EKCEPTED/BLIND TRUST 000.44.34 . L001 - \$2,500 Asset and/or Income Source Ambac Financial Group Warrants (AMBCW) x Twenty-First Century Fox Inc Common Stock (FOXA) Bank of the Ozarks, Inc Common Stock (OZRK) 4 Non-Dividend Cohen & Steers Infrastructure (UTF) Distributions 1 Wal*Mart Common Stock (WMT) بالإيارة 1 Apple Inc. (AAPL) X 404 X X 報 Conoco Phillips (COP) y X Murphy Oil (MUR) is: W. ∕ × ή.A. 200 Pitney Bowes Inc (PBI) Energy Transfer Equity (ETE) **第一个公司** * 2 4 X - 78 19 Occidental Petroleum (OXY) Slackrock MuniYield 70 DWS Core Equity Fund 14 Stone Container Corp 7,375% 2014 (cusip: 861594A85) 20 1000 **3** 1 í N 100 1 Huntsville AL Student Housing Bands 6.05% 2020 (cusip: 447156AL4) 10 2.0 X X 2.00 **1944** Mississippi Home Corp 5.2% 2023 (cusip: 60535RAG3) ¥ × Santa Rosa Bay Bridge Bonds 5.25% 2028 (cusip: 802576AX6) 982 盔 3 Detroit Michigan G/O Bonds 4.96% 2020 (cusip: 251093858) 強性 Detroit Michigan G/O Bonds 5.15% 2025 (cusip: 251093866) E N Cash at E*Trade ġ, Cash in E*Trade IRA Account X X X 8 3 100 Cash at Fidelity 10 Cash at Citibank <u>G</u> X S 77 CH Si Cash at Arvest 4.00 Paradigm Value Fund (PVFAX) 25 100 Royce 100 (RYDHX) - 6 - 200 100 Vanguard Mid-Cap Index **A** ŹŹ X À 900 1 3 ¥ . Vanguard Value Index 標 Vanguard Small-Cap Index 200 333 Vanguard Total Sond Market II Index Fund 7 × ·通 波 Web. . 14.8 46.1 344 100 10 -Vanguard Inflation-Protected Securities Fund 3.6 Vanguard Short-Term Reserves Account 4 . Alger Capital Appreciation Institutional Fund 1 **M** American Century Heritage Fund ÇEÇ. X.) W Parkins Small Cap Value Fund 93 1 X 1 Oppenheimer Developing Markets Fund . 3 F. Loomis Sayles Value Fund (LSGIX) Candlewood Special Situations Fund LP

SCHEDULE III — LIABILITIES

Name Thomas Moll

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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-

| | | self, sP | Selfi | self, | | SP, DC, JT | |
|---|---|-------------------------|---------------|---------------|--|--|-------------------|
| | | U.S. Dept. of Education | Wells Fago | Chase Bank | Example: First Bank of Wilmington, DE | Creditor | |
| | | Aug 2008 | Aug 2008 | Sept 2010 | May 1998 | Date Liability Incurred mo/year | ! |
| | | student loans | student loans | Student loons | Mortgage on 123 Main Street, Dover, DE | Type of Liability | |
| | | | | | | \$10,001— \$15,000 | |
| | | | X | | | \$15,001— \$50,000 D | |
| | | × | | | | \$50,001— \$100,000 | |
| | | | | | × | \$100,001— \$250,000 | |
| | , | | | × | | \$250,001 \$500,000 m | Α̈́ |
| | | | | | | \$500,001— \$1,000,000 | unt o |
| | | | | | | \$1,000,001 \$5,000,000 | Amount of Liabili |
| ļ | | ļ | | | _ | \$5,000,001— \$25,000,000 エ | ₹ |
| | | | | | L | \$25,000,001 | |
| | | | | | | Over \$50,000,000 — Spouse/DC | |
| | | | | | | Liability over 🛪 | |

SCHEDULE IV — POSITIONS

cer, 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. 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-

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 partire

| and positions solely of an nonorary nature. | nature. |
|---|------------------------------|
| Position | Name of Organization |
| Principal | Arkansas Energy Partners LLC |
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SCHEDULE V — AGREEMENTS

Name Thomas Moll

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| : | | Α | Date | Identify the date, parties to, and general to service; continuation or deferral of paymer efft plan maintained by a former employer. |
|---|--|------|--------------------|---|
| | | none | 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 | 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. |

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.

| Guillian and the second | |
|--|-----------------------------|
| Source (Name and Address) | Brief Description of Duties |
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting services |
| Mone | |
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U.S. HOUSE OF REPRESENTATIVES COMMUTEE ON ETHICS

CANDIDATE FINANCIAL DISCLOSURE EXTENSION REQUEST FORM

| Name of Candidate: | Thomas Moll | Date: | 8/28/13 | |
|---|--|------------------------------------|--|-------|
| Date of Special/Primary I | Please type or print legibly Election: 134 20 | ,2014 | | |
| State/District of Election: | Ackgasas, 4th | District | | |
| Financial Disclosure State Report due in 2013 | | | Other | |
| The length of time for wi | days odays | od (check one): Other Spec | ify number of days or specific date | |
| For Ethics Committe | ce Use Only | | | |
| Your request for an extereferenced above is hocember 12, 2013 may not, in the aggregate | ereby granted. Your The Ethics Committee | report must be se may grant add | filed on or before itional requests, which | |
| | r sanifer de dependent | Date: | | |
| K Miss | & Comy | Land Add | 2. Jú | nde 7 |
| K. Michael Conaway, | Chairman M.C. | Linda T. Sánch | ez, Ranking Member | |
| Copy to: Legislative Res | source Center, B-106 CH | OB | | |

(This page will be publicly disclosed)