		EDICI ATIVE STATE
UNITED STATES HOUSE OF REPRESENTATIVES For New Members	FORM B For New Members, Candidates, and New Employees	2014 JUL 22 PM 1:22
Name: Cory R. George Daytime Telephone:	one:	U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: WE  U.S. House of Representatives District: 4  Candidates - Date of Election: 8   12   14   14   14   14   14   14   14	Check if Amendment	(Office Use Only)
New Officer or Employee  Employing Office:	Period Covered: January 1,to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	TIONS	
A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearmed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	F. Do you have any reportable agreements or arrangements with an outside entity?	r arrangements with Yes No No
D. Did you, your spouse, or your dependent child have any reportable  Yes  No  No  No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRE		"YES" D TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF TH		ESE 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 that benefits you, your spouse, or dependent child?	er "excepted trusts" need not be disclosed. H	ave you excluded from Yes No No
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.		because they meet all three Yes No No

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 2

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		3	7			D		If you so choose, you may indicate that an esset or income source is that of your spouse (SP) or dependent child (DC), or jointly had with amyone (JT), in the optional column on the fair left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booket.	If you have a privately-traded fund that is an Excepte hyestment Fund, please check the "EIF" box.	Excitules: Your personal residence, including second homes and vacation homes (wales there was tenta income during the reporting period); and any financial interest in, or income derived from, a federa retirement program, including the Trafft Sevinge Plan.	For an ownership interest in a privately-held busin that is not publicly traded, state the name of business, the nature of its activities, and geographic tocation in Block A.	For rental and other real property hald for investment provide a complete address or description, e.g. "nextal property," and a city and state.	For bank and other cash accounts, total the amount in all interset-bearing accounts. If the ball is now \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols).  For all WAs and other retrement plans (such as	Identify (a) each asset held for investment or production of income and with a fair market value accepting \$1,000 at the end of the reporting period, and (b) any other reportable seek or source of and (c) any other reportable seek or source of income which generated more than \$200 in 'unearmed' income during the year.	Assets and/or Income Sources	
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┢		$\cap$	+	╁	+-	+		\$50,001-\$100,000		<del></del>			_	ĭ₹İ		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of recome by checking the appropriate box below. Dividencia, leterest, and capital gather, even if instructed, must be disclosed as income for seases held in touche accounts. Check "None" if no income was eened or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.		
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### SCHEDULE C - EARNED INCOME

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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filler's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filler and filler's spouse, list the source and amount of any hororaria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.  Amount	mbers and employees compensatessional services involving a fidu	ed at or above the "senior staff" ra kary relationship) are totally prohibit	te was \$26,955. It is unchanged in ed for Members and senior staff.
Source (include date of receipt for honoraria)	Туре	Am Current Year to Filing	Amount Preceding Year
ABC Trade Association, Baltimore, MD (Auty 15) Strike of Manuard	Honorarium Salery	\$0 \$20,000	\$500 \$78,000
EXEITIDIES: Cyfl War Roundiable, Richmond, VA (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	% N/A	\$1,000 NA
Democrats for Educational Reform	Consultura	. 101	\$ 13,500
Practice of Law	legal Sorvices 450,	\$50,000 (gress)	\$100,000 (gress)
WRS Pension (reported on Sch. A)	-		
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#### SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by sutomobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

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Type of Liability	\$18,001- \$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	Over \$1,000,000* (Spouse/DC Liability)
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	Type of Liability  Mortgage on Rental Property, Doner, DE  Creedict cand  personal  personal	S. D.	\$10,001- \$15,000 >	\$18,001- \$15,000 > \$15,000 @	\$10,001- \$15,000 > \$15,001- \$50,000 @ \$60,001- \$100,000 0	\$18,001- \$15,000 > \$15,001- \$50,000 @ \$50,001- \$100,000 0 \$250,000 0	\$19,001- \$15,000 > \$15,001- \$50,000 @ \$50,001- \$100,000 C \$250,000 @ \$250,001- \$500,000 m	\$18,001- \$15,000 > \$15,001- \$50,000 @ \$60,001- \$100,001- \$250,000 @ \$250,001- \$1,000,000 @ \$1,000,001-	\$10,001- \$15,000  \$15,001- \$50,000  \$50,001- \$100,000  \$250,001- \$250,000  \$250,001- \$1,000,000  \$1,000,000  \$1,000,000  \$5,000,001- \$5,000,000	\$18,001- \$15,000  \$15,001- \$50,000  \$50,001- \$100,001- \$250,000  \$250,001- \$1,000,000  \$1,000,001- \$1,000,000  \$5,000,001- \$25,000,000  \$25,000,001- \$25,000,000  \$25,000,001-	\$15,001- \$15,000  \$15,001- \$50,000  \$50,001- \$100,001- \$250,000  \$250,001- \$500,000  \$1,000,001- \$1,000,000  \$1,000,001- \$5,000,000  \$25,000,001- \$25,000,000  \$25,000,001- \$25,000,000  \$25,000,000-

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report

positions held in the reporting period and the current calends	positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.
Position	Name of Organization

#### SCHEDULE F - AGREEMENTS

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R. George	
Page 5 of 5	

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or defearal of navments by a former or current employer other than the U.S. covernment; or continuing participation in an employee welfare or benefit plan maintained by a former or current employer.

CONTINUED	or deterration payments by a former or current employer outer than the cl.s. gove	сопшпивиот от сенета! от раутнется су в тоттее от сители етроует отнет изв то су сустатели; от сотильную распоравил на етроуее меняте от сенети распоравил на етроует.
Date	Parties to Agreement	Terms of Agreement

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

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Source (Name and City/State)	Brief Description of Duties
Doe Jones & Smith, Hometown, Homestate	Accounting Services
Practice of Law, wis.	Legal Services
Democrats for Education laform	Cov
New York City	
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