

POSTMARK ILLEGIBLE

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UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT

FORM B

For use by candidates and new employees

Period covered: January 1, 2014 - April 30, 2014

LEGISLATIVE RESOURCE CENTER  
2014 MAY 22 PM 1:30

Name: Shelley M Kaiss Daytime Telephone:

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

|              |  |                             |                   |   |  |
|--------------|--|-----------------------------|-------------------|---|--|
| Filer Status | <input checked="" type="checkbox"/> Candidate for the House of Representatives | State: ARIZONA District: 02 | Date of Election: | Check if Amendment <input type="checkbox"/> | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
|              | <input type="checkbox"/> New officer or employee                               | Employing Office:           |                   |   |  |

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

|  |   |   |   |
|--|---|---|---|
| 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?<br>If yes, complete and attach Schedule I.   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 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?<br>If yes, complete and attach Schedule IV. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 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?<br>If yes, complete and attach Schedule II. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | V. Did you have any reportable agreement or arrangement with an outside entity?<br>If yes, complete and attach Schedule V.  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?<br>If yes, complete and attach Schedule III.   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?<br>If yes, complete and attach Schedule VI.                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

|  |  |
|--|--|
| 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?                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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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.

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**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 nature.

**Use additional sheets if more space is required.**