<u>₹</u>	Yes	ependent child	oilities of a spouse or dependent child Committee on Ethics.	"unearned" income, transactions, or liab unless you have first consulted with the	arned" income ss you have fir	er assets, "une wer "yes" unle	n this report any othermotion? Do not ans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	because they r
No No	Yes	not be	excepted trusts" need n	s and certain other "spouse, or a depend	nittee on Ethic ting you, your	d by the Comr	Blind Trusts" approve report details of sucl	<b>TRUSTS</b> —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?	TRUSTS—Det disclosed. Have
<u> </u>	QUESTION	OF THESE	NSWER EACH OF THESE QUESTIONS	MATION — AN	TINFOR	OR TRUS	DEPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIO
	response.	each "Yes"	answered and the appropriate schedule attached for each "Yes" response	ppropriate sche	d and the a	e answere	this part must be	Each question in this	
S D	Yes	\$5,000 from	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.	VI. Did you receive on a single source in the If yes, complete and	§ ⊠	Yes	ild have any report- reporting 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.	III. Did you, your able liability (mor if yes, complete
S ⊠	Yes	rrangement	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	V. Did you have any re with an outside entity? If yes, complete and	Š	Yes	ld receive "unearned" eriod or hold any the 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.	II. Did you, your income of more t reportable asset If yes, complete
No U	Yes 🔀	before the date or two years?	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.	IV. Did you hold any not filing in the current of filing in the current of files, complete and	N <sub>S</sub>	Yes X	me (e.g., salaries or reporting period?	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>	l. Did you or you fees) of \$200 or a
			S	ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	١ و	PRELIMINARY INFORMATION — ANSW	PRELIMINA
assessed who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 per against an more than	Check if Amendment	NoV	Date of Election:/	Office:	State: District: Employing	Candidate for the House of Representatives New officer or employee	Filer Status
E CENTER  1:21  ERK NIATIVES	2014 MAY - I PM 1:21  OFFICE OF THE CLERK U.S. HOLOGING UNERGONE ENTATIVES	7.EGISI 7.014 0.00 0.00 0.00 0.00 0.00 0.00 0.00		Telephone:	Daytime		WART	Pous Em	Name:
	POSTMARK ILLEGIDLE &	3	IM B s and new employees	FORI		TOLY	OF REPRESENTAT STATEMENT 13 - April 15	ATES HOUSE C DISCLOSURE d: January 1, 29	UNITED STA

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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	2000
	Easther

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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.

						 CARLENVILLE GUE MONTHAY SCHOOL	CLEARLY ATTIL TO REST CONSULTANTS, LLC BUSINESS INCOME	Harris County, Texas Public Schools		First Bank & Trust, Houston, TX	XYZ Corporation, Houston, TX	(monde date of receipt for nonlocard)	Source (include date of receipt for honoraria)	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
						Spouge SHAALY	BUSINGSS INCOME	Spouse Salary	Honorarium	Director's Fee	Salary	·ype	Type	
						 n/A	,60	. NA	0	\$400	\$6,300	Current Year to Filing	Amount	
						 1/2	\$16,068,52	NA	\$1,000	\$3,200	\$28,450	Preceding Year	ūnt	·

PROPLE'S COMM. BANK,	CONSCIENTION (S.C.INO)	OFFICE BULDING	SP ATOGRAPHISE-PUTWAM	S AMERIPASIC	AMERIARISE	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	provide a complete address.  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 location in Block A.  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 tar left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	account and its value at the end of the reporting period.  For rental or other real property held for investment,	BLOCK 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) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed.
	× ,	<	<b>&gt;</b>		><	×	Indefinite	×	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 - \$5,000,000 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	ABCDEFGHIJKL	BLOCK B  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."
						×	Royaties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income  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) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
							×	×	None       -         \$1 - \$200       =         \$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       ∑         None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$2,501 - \$5,000       ≥         \$2,501 - \$5,000       ≤         \$5,001 - \$15,000       ≦         \$50,001 - \$100,000       ≦         \$100,001 - \$1,000,000       ∑         \$1,000,001 - \$5,000,000       ∑         \$1,000,001 - \$5,000,000       ∑	Current Year Preceding Year	Amount of Income  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 income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

						Sp	SP, DC		
						 WILL SCHOOL WAY WO		Asset and/or Income Source	BLOCK A
						×	\$1 - \$1,000	Valu	ВГОСК В
								Type of Income	BLOCK C
							None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ₹ \$2,501 - \$5,000 ₹ \$5,001 - \$15,000 ≦ \$15,001 - \$100,000 ≡ \$100,001 - \$1,000,000 ⋉ \$1,000,001 - \$5,000,000 ⋉ Over \$5,000,000 ⋈	Amount	ВГО
							None	Amount of Income	BLOCK D

This page may be copled if more space is required.

#### SCHEDULE III — LIABILITIES

Name Paus ENTART

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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 furniture, 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 sibling 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. 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

				SP, DC, JT	
			Example: First Bank of Wilmington, DE	Creditor	
			May 1998	Date Liability Incurred mo/year	
			Mortgage on 123 Main Street, Dover, DE	Type of Liability	
				\$10,001— \$15,000	
	_			\$15,001— <b>b</b>	
				\$50,001— \$100,000	
			×	\$100,001— \$250,000	Amo
		 		\$250,001— \$500,000 m	unt of
			 	\$500,001— \$1,000,000	Amount of Liability
				00,000,000	Η̈́τ
				\$5,000,001— \$25,000,000 <b>=</b>	
ł				\$25,000,001—_ \$50,000,000	
				Over	

#### SCHEDULE IV — POSITIONS

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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

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);

 MESIBERT TRIVITY UNITED MEMORIST MEN	CHAIR STAY CONSTITUTION PARTY OF
	ict Mesipin
	PRESIDENT

### **SCHEDULE V — AGREEMENTS**

Name LOUG ENYART

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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.

Date	Parties To	Terms of Agreement
·		

# 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
WILLIAMS FAMILY LIMITED PARMIESSHIP, COREY, OF FORESTRY SER	FORESTRY SERVICES
RICHTAD CONE, AUSTIN, TX	FORESTRY SERVICES
CLANDE WHITENER, HACTI, MO	FOREST MGT. PLAN