| No X | Yes | ependent child | 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. | arned" income, t | any other assets, "une not answer "yes" unles | EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabiliti because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Co | EXEMPTION because they |
|-------------|--|---|--|--------------------|--|---|--|
| ₹ | Yes | ot be | 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? | nittee on Ethics a | approved by the Comn s of such a trust benefi | TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excedisclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent | TRUSTS—Der |
| <u>ល</u> | NOITSAUC | OF THESE (| ATION — ANSWER EACH OF THESE QUESTIONS | T INFORM. | ENT, OR TRUS | XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — | XCLUSIO |
| | esponse. | attached for each "Yes" response | | and the app | nust be answered | Each question in this part must be answered and the appropriate schedu | |
| N | 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. | 8 □ = a < | port- d? Yes | 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, you able liability (moi If yes, complete |
| 8 | Yes | rrangement | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. | No Will | arned" ny period? 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? If yes, complete and attach Schedule II. | il. Did you, your income of more reportable asset If yes, complete |
| × × | 6 € | 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. | No I | ries or Yes | 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, complete and attach Schedule I. | l. Did you or you fees) of \$200 or if yes, complete |
| | | | QUESTIONS | OF THESE | ANSWER EACH OF THESE QUESTIONS | PRELIMINARY INFORMATION — ANSW | n all sections, I |
| | | | | | (C) (C) | cii projece | |
| who files | individual days late. | against any individual more than 30 days late | | Election: | District: | New officer or employee | Status |
| assessed | \$200 penalty shall be a | A \$200 pena | 20/4 | Date of May 20 | 8 | | |
| (| (Office Use Only) | (O | | | 1 | | |
| VES | GFFICE OF THE CLERK | OFFICE OF | elephone: | Daytime Telephone: | | Tootie SMITA | Name: |
| Page 1 of F | Page LEGISLATIVE RESOURCE CENTER 2014 MAR - 6 PM 1: 26 | LEGISLATIVE R | FORM B For use by candidates and new employees | For | SENTATIVES NT 1, 2014 | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - ドルル, 2014 | UNITED STINANCIA Period cove |
| • | i | | | | | | |

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Tootic Smith

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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. | irement programs, and benefits re | ceived under the Social S | Security Act. |
|--|-----------------------------------|---------------------------|----------------|
| Course (include date of receipt for honoraria) | Type | Amount | unt |
| Source (include date of receipt for florioraria) | ype | Current Year to Filing | Preceding Year |
| XYZ Corporation, Houston, TX | Salary | \$6,300 | \$28,450 |
| T | Director's Fee | \$400 | \$3,200 |
| Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2) | Honorarium | 0 | \$1,000 |
| Harris County, Texas Public Schools | Spouse Salary | NA | NA |
| Clackamas County, OREGON | salari | \$ 89,000 | Ma |
| Bonneville Power Administration | spouse salaw | 0 | \$78,000 |
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME DC, Examples: ş please refer to the instruction booklet For a detailed discussion of Schedule II requirements, in the optional column on the far left. dent child (DC) or is jointly held with your spouse (JT), income source is that of your spouse (SP) or depen-If you so choose, you may indicate that an asset or the Thrift Savings Plan. derived from, a federal retirement program, including accounts; and any financial interest in, or income ing \$5,000 or less in personal checking or savings income during the reporting period); any deposits total-Exclude: Your personal residence, including second location in Block A. that is not publicly traded, state the name of the busi-ness, the nature of its activities, and its geographic For rental or other real property held for investment, For **all IRAs** and other retirement plans (such as 401(k) plans) provide the value for each asset held in the (do not use ticker symbols). Provide complete names of stocks and mutual funds the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at homes and vacation homes (unless there was rental For an ownership interest in a privately-held business rental property," and the city and state. provide a complete address or account that exceeds the reporting thresholds. more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated identify (a) each asset held for investment or production Ameriprise Trust Co. Asset and/or Income Source Bed & Breakfust, Mokey Rental House, Malaila Or Meadow prook Columbia State Bank SP Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY accounts BLOCK A a description, 乎!! e g None × by your spouse or dependent child be "None." it generated income, the value should If an asset was sold during the report-*This column is for assets solely held please specify the method used. method other than fair market value, reporting year. If you use a valuation ing year and is included only because Indicate value of asset at close of \$1 - \$1,000 W ₂Z C \$1,001 - \$15,000 Indefinite O 乄 \$15,001 - \$50,000 Value of Asset \$50,001 - \$100,000 ш BLOCK B \$100,001 - \$250,000 'n 7 Ω メ \$250,001 - \$500,000 I Z \$500,001 -- \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 _ ㅈ \$25,000,001 - \$50,000,000 _ Over \$50,000,000 Spouse/DC Asset over \$1,000,000* ζ NONE if the asset generated no income closed as income. Check "None" if reinvested, must be disinterest, and capital gains, even investments or that generate taxallow you to choose specific Check all columns that apply. For retirement accounts that do not plans or IRAs), you may check the deferred income (such as 401(k) "Tax-Deferred" column. Dividends, **DIVIDENDS** X Type of Income RENT INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Royatties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None spouse or dependent child. * This column is for income derived from assets solely held by your and capital gains, even it reinvested, must be disclosed as income by checking the appropriate box below. Dividends, interest, check the "None" column. For all other assets, indicate the category of income. Check "None" if no income was earned or generated. For assets for which you checked "Tax-Deferred" in Block C, you may \$1 - \$200 = \$201 - \$1,000 # \$1,001 - \$2,500 7 灭 Current Year < × \$2,501 - \$5,000 × ≤ \$5,001 - \$15,000 ¥ VII XX \$15,001 - \$50,000 \$50,001 - \$100,000 × \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 × × Over \$5,000,000 BLOCK D ¥ Spouse/DC Income over \$1,000,000* None \$1 - \$200 =

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≚ ¥ Preceding Year

\$201 - \$1,000

 $\times \times$

\$1,001 - \$2,500

\$2,501 - \$5,000

\$5,001 - \$15,000

Over \$5,000,000

\$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

Spouse/DC Income over \$1,000,000*

SCHEDUL兵 II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Toothe Smith

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| None | | | | _ | | | | | | JТ, | ŞP, | | |
|--|--|--|--|---|---|-----------------|------------------|------------|------------------|--|--------------------------|----------------------------|---------|
| Since Sinc | | | | | • | PERS-Retirement | State of Overgon | Retriement | Cluckemas County | | | Asset and/or Income Source | BLOCK A |
| 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 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000, | BCDEFGHIJKL | Value of Asset | вгоск в |
| None | | | | | | X | | | X | DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Spec | | Type of Income | BLOCK C |
| \$100,001 - \$1,000,000 × 0 | | | | | | | | X | | None | Current Year Preceding Y | Amount of Income | BLOCK D |

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SCHEDULE III — LIABILITIES

Name Toote Smith

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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 turni-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.

| | - | | | | |
|--|----------|--|---------------------------------|---------------------------------------|-----------|
| * | | Student Loan | 2009 | Student Loans - Daughter | |
| / | | Fam. Muuno, oreg. | 23 St. | Columbia Bank | |
| * | | Mortgage on B+B | 2004 | Bayview Loan Servicing | |
| * | | Horry Length House | Jan 2005 | Chase Bank | |
| | | Mortgage on 123 Main Street, Dover, DE | May 1998 | Example: First Bank of Wilmington, DE | |
| \$15,001— \$50,000 \$50,001— \$100,000 \$100,000 \$100,000 \$250,000 \$5500,000 \$1,000,001— \$1,000,001— \$25,000,000 \$5,000,000 \$5,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 | \$10,001 | Type of Liability | Date Liability Incurred mo/year | Creditor | ъ, SP, |
| Amount of Liability | | | | | |

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-

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 parties

| and positions solely of an honorary nature. | ature. |
|---|----------------------|
| Position | Name of Organization |
| N/N | |
| 5 | |
| | |
| | |
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SCHEDULE V — AGREEMENTS

Name Toothe Smith

Page of to

| | | Na | Date Parties To | service; continuation or deferral of payments by a former or current employer other than the U.S. Government; effit plan maintained by a former employer. |
|--|--|----|--------------------|---|
| | | | Terms of Agreement | oloyer other than the U.S. Government; or continuing participation in an employee welfare or ben- |

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 |
| Ma | |
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