					300	,	5 000 000 000 000 000 000 000 000 000 0		
ه ع	Yes 🔲	ependent child	bilities of a spouse or dependent child	<b>EXEMPTION</b> — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or the because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	nearned" incom	other assets, "un	from this report any	<b>EXEMPTION</b> —Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"	EXEMPTION  because they
No	Yes 🔲	not be	<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?	<b>RUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exisclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a depende	mittee on Ethi	oved by the Corruch a trust bene	fied Blind Trusts" appr this report details of s	etails regarding "Qualif we you excluded from	TRUSTS - D
S	QUESTION	OF THESE (	NSWER EACH OF THESE QUESTIONS	RMATION - ANS	ST INFOR	T, OR TRU	E, DEPENDEN	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSI
	esponse.	each "Yes" r	dule attached for each "Yes" response.	appropriate sched	ed and the	be answere	Each question in this part must be answered and the appropriate	Each question	
S S	Yes 🔲	\$5,000 from	ompensation of more than \$5,000 from two prior years?	VI. Did you receive compensation of n a single source in the two prior years? If yes, complete and attach Schedule	No.	Yes	nt child have any report- the reporting period? III.	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, yo able liability (m If yes, comple
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 rep with an outside entity? If yes, complete and a	S S	y Yes	t child receive "unearned or hold any of period or hold any of the period at the end of the period II.	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, you income of more reportable assuring the second of the se
Š S	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 re of filing in the current of filing in the current of the yes, complete and a	S C	Yes	income (e.g., salaries on the 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>	i. Did you or y fees) of \$200 c If yes, comple
			S	ANSWER EACH OF THESE QUESTIONS	OF THES	VER EACH	l e	In all sections, please type or print clearly in blue or black ink  PRELIMINARY INFORMATION — ANSW	In all sections PRELIMIN
assessed who files	· - •	A \$200 penalty shall be against any individual more than 30 days late	Amendment	m Nov 4, 2014	Election:	District:		House of Representatives  New officer or employee	Filer Status
	(Office Use Only)		:			0718±			
isi	OFFICE OF THE CLERK	OFFICE OF LS. HOUSE OF RE	_	Daytime Telephone	Daytime		Tayon	STEONEN P. TRYON	Name: 5
Page 1 of	EGISLATIVE RESOURCE CENTER  2014 JUN -4 AM 10: 58	EGISLATIVE RESOURCE CENTI	I <b>M B</b> s and new employees	FORM For use by candidates		PRESENTATIVES MENT الاهم كل إكداك		UNITED STATES HOUSE OF FINANCIAL DISCLOSURE STATES Period covered: January 1, 2013	FINANCIA Period cov
3	° 2014	. MAV 0 0 2014						:	

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name STEPHEN P. TRYON

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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) tederal retirement programs, and benefits received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and	ement programs, and benefits re	benefits received under the Social Security Act.	Security Act.
Source (include date of receipt for benegratio)	Type	Amount	unt
Cource (ilicinae date of fecelot for floriogalia)	iype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Overstock.com, Inc., Salt Like City, UT	Salary	<b>\$63,653.85</b>	\$300,000co
Overstock, com, Inc, South Lake City, UT	Bonus / Severence	\$106,757.00	\$15,706.00
Overstack. com Inc Salt Lake City, UT	Restricted Stack	\$651,500.00	# 217,442.77
lowa State Association of Contres	Honorarium 2/13/2014		Cone
XIII Louis Corporation	Royalties		\$\700.4 <sub>0</sub>
	C		
Caleda			
1. Money			
No.			

Oakmark Intl Fund	PIMCO Total Return	Fried Huidens Granth	Institutional Fund	Money Market Fund	Fidelity 401K	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	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 far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	For an ownership interest in a privately-held business	(do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.  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.	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	BLOCK A  Asset and/or Income Source
<b>X</b>	×	X	×	×	×	×	Indefinite	l 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 - \$5,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*	ABCDEFGHIJKLM		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 report-	BLOCK B Value of Asset
X	X	X	<b>×</b>	×	×	×	Royaties	X	NONE  DIVIDENDS  RENT INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of income (Specify: e.g., Partnership Income or Farm Income)		nax-beierred countin. <b>Dividents,</b> Interest, and capital gains, even if reinvested, must be dis- closed as income. Check "None" if the asset generated no income during the reporting period.	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	BLOCK C
							X	X	\$1,000,001 - \$5,000,000 ×  Over \$5,000,000 ×  Spouse/DC Income over \$1,000,000* ×  None \$1 - \$200 =	Current Year Preceding Year		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. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check "None" if no income was earned or generated.	BLOCK D  Amount of Income

**SCHEDULE II — ASSETS AND "UNEARNED" INCOME** 

Continuation Sheet (if needed)

Name STEPHEN P. TRYON

Page 4 of 7

												р, т,	ĄŞ		
Stack Clean Energy Inc. Stack Costco, Inc.	TD Ameritade kells	Stock Floring Inc.	Stock Health, Inc.		Stock Electric Inc.	Stack Com, Inc.	Stack, AT&T Corp	TD Ameritrade IRA	Overstack.com, Inc.	-	Fide lity Stradesuc			Asset and/or Income Source	BLOCK A
×	×	× >	< X	X	×	×	×	X	×	×	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 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000	A B C D E F G H I J K L M	Value of Asset	BLOCK B
××	X	XX	X	<b>X</b>	X	Х	X	X	X	X	*	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Spec		Type of Income	BLOCK C
												None - \$1 - \$200 = \$201 - \$1,000	Current Year	Amount of Income	BLOCK D

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEPHEN P. TRYON

														DC JT	SP,		
Ray mond Things	USAA Invostment Co	mells Fuso No let Fu	Stock Health, Inc.	Stock Facebook, Inc.	Stock cony Inc	OF THE STATE OF TH	Co, inc Brake investment	Stack om, Inc	Raymond Temes Brokerage Acct	TD Amortizate	Omera Hasta, Inc.	Stock Electric Cop	wells Fago Goop, Inc.	С T	<u></u>	Asset and/or Income Source	ВLОСК А
X.	×	<u>ъ</u>	×	×	×		X	×	×	X	X	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 \$50,000,000 \$25,000,001 \$50,000,000 Qver \$50,000,000	ABCDEFGHIJKL	rce Value of Asset	вгоск в
X	X	×	×				X	X	X	×	×	×	X	Spouse/DC Asset over \$1,000,00 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income-(Specify	/: e.g.,	Type of Income	BLOCK C
X		X	*	×	X		×	×	×					Partnership Income or Farm Incor  None	Current Year	Amount of Income	вгоск в
X	<b>X</b>	<b>X</b>	×					•×	×					None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       ≥         \$2,501 - \$5,000       ≤         \$5,001 - \$15,000       ≤         \$15,001 - \$50,000       ≦         \$50,001 - \$100,000       ≦         \$100,001 - \$1,000,000       ≥         \$1,000,001 - \$5,000,000       ≥         Cover \$5,000,000       ≥         Spouse/DC Income over \$1,000,000*       ≥	Preceding Year	f Income	X D

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name STEPHEN P. TRYON

Page 6 of 7

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

Contin	Continuation Sheet (if needed)			Name U12 8/22 V 17 C 7   rages2 or 1
	BLOCK A	вгоск в	вгоск с	BLOCK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
SP,		00° M	fy: e.g.,	Current Year Preceding Year
Ę		000	ST -(Specif	
R		00 ,000 ,000 ,000 00,000 000,000 5,000,00	ND TRU	0 ,000 10,000 \$1,000,000
		\$15,000 - \$50,00 - \$100,0 - \$250, - \$500, - \$1,00 01 - \$5,0 001 - \$5,0 000,000	DS ST GAINS ED/BLIN	,000 \$2,500 \$5,000 \$15,000 \$100,000 -\$1,000,000 ncome over \$ ,000 \$2,500 \$5,000 \$15,000 \$100,000 -\$1,000,000
		None \$1 - \$1,0 \$1,001 - \$15,001 - \$50,001 \$250,001 \$500,001 \$5,000,00 \$5,000,00 \$25,000,00 \$25,000,00 \$25,000,00 \$25,000,00 \$25,000,00	NONE DIVIDEN RENT INTERES CAPITAL EXCEPTI TAX-DEF Other Ty	None \$1 - \$200 \$201 - \$1,001 - \$ \$2,501 - \$ \$5,001 - \$ \$15,001 - \$ \$100,001 - \$ \$1,000,00  Over \$5,00 \$pouse/DC in None \$1 - \$200 \$201 - \$1 \$1,001 - \$ \$5,001 - \$ \$15,001 - \$ \$15,001 - \$ \$15,001 - \$ \$15,001 - \$ \$15,001 - \$ \$15,001 - \$ \$15,001 - \$ \$15,001 - \$ \$15,001 - \$ \$15,001 - \$ \$15,001 - \$ \$15,001 - \$ \$15,001 - \$ \$15,001 - \$ \$15,001 - \$ \$15,001 - \$ \$100,001
	Stack Facebook, Inc		<b>X</b>	X
	TIAA CREF Educational Savings Act (Grandell)	×	×	
	WIRH Educational	<b>X</b>	×	
	Wells Farzo Bank to	<b>×</b>	×	×
	USAA FERENTSUMSS	×	×	X
	Newy Federal Gredit	×	×	
	ZIONS Bank Acts	<b>&gt;</b>	×	×
	2004 Ford FISO PLUKUPTIVCK (DUMED)	×		X
	Revaltes + Intellectual Property Rosts Approximately	<b>X</b>	Royulties	
	Imestage @ Dungworld	×	<b>×</b>	×
			<b>- 4</b>	
	a) a) there	97		
	\			

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## SCHEDULE III — LIABILITIES

Name STEPHEN P. TRYON

Page 7 of 7

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 owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. 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-

1		,				SP, DC,	
1		HUMBY	Amenia Dypiess	Libel's Faces Bank Ersmal Loan 2011	Example: First Bank of Wilmington, DE	Creditor	
		credit a	Cotato	28 28	May 1998	Date Liability Incurred mo/year	)
		F Credit and (NEW)	Creations (since 1986)	Ressoul Loan	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
						\$10,001— \$15,000	
		X	$\times$			\$15,001— \$50,000 <b>অ</b>	
				X		\$50,001— \$190,000 O \$100,001—	
	 +	-			×	\$250,000 <b>D</b>	
	$\vdash \vdash$					\$500,000 M \$500,001—	Amount of Liability
	 $\dashv$					\$1,000,000 TI \$1,000,001	nt of L
					<u></u>	\$5,000,000 <b>5</b> \$5,000,001— <b>1</b> \$25,000,000 <b>1</b>	ability
						\$25,000,001 \$50,000,000	
						Over \$50,000,000	
						Spouse/DC Liability over ス \$1,000,000	

## **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,

**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.	ature.
	Position	Name of Organization
_		