B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction **EXEMPTION** – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. **IPO** – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exceeding \$1,000 during the reporting period? A. Did you, your spouse, or your dependent child: **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. this report details of such a trust that benefits you, your spouse, or your dependent child? IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS reporting period? PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS 2014 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** Name: Cynthio REPORT TYPE FILER STATUS Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or Σ, X U.S. House of Representatives 2014 Annual (Due: May 15, 2015) Member of or Candidate for Signary State: District: Myoming **S**8 × 88 <u>§</u> Yes Yes Daytime Telephone: 202. 225. 2311 Amendment 8 중 <u>z</u> Ş Š For Use by Members, Officers, and Employees F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any source during the reporting period? **G.** Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Form A **Employee** Officer or **Employing Office** Date of Termination: Termination Have you excluded from 8.8. 1255. LEGISLATIVE RECOURSE CENTER 2015 JUN 24 PK I2: 11 DELIVERED age 1 of 1 HAND (Office Use Only) Yes Yes Yes Yes ĕ Yes Yes Z Ş 중 8 S <u>z</u> Š Z 口 7 7 7 Z

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* exchanged ranchland in Wyo. for ranchland and commercial property in Wyo. of equal value.

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. SP DC JT SP SP a portion of an asset is sold, please choose "partial sale" as the type of transaction. Column K is for assets solely held by your spouse or dependent child 왐 Janah Bunk Sunings Capital West Bankshares ArphHammerd Hardware Ca 1112 Dum Aue, Cheyenne, Wyo. Mega Corp. Stock Asset acet Purchase Type of Transaction × × Sale × Pertial Sak 4.00 Exchange P Check Box if Capital Gain Exceeded \$200 (MO/DAYR) or Quarterly, Monthly, or Bi-weekly, if applicable Excho Excho Sold Date 3/5/14 40 Joe To \$1.001-> \$15,000 of equal value ommercuo. 1088. \$15,001-B \$50,000 Myomano Randoll 5/031 \$50,001-O \$100,000 ransferred 90 \$100,001 o \$250,000 Amount of Transaction Ave property Chey enne July to Drape 7 B \$250,001-Transferred to Estate 173 \$500,000 Sucres or STOPLES \$500,001-Tanch \$1,000,000 ŧ \$1,000,001 0 \$5,000,000 Estate of 2 \$5,000,001-I \$25,000,000 \$100K-250K \$25,000,001-\$50,000,000 4 Over \$50,000,000 5 F Over \$1,000,000* * (Spouse/DC Asset)

SCHEDULE C - EARNED INCOME

Name: Cynthia M. Lummis Page 6 or 11

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. 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

INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

types or income (notably nonorana, director's tees, and payments for professional services involving a fiduciary relationship) were	totally profibiled.	
Source (include date of receipt for honoraria)	Type	Amount
	Approved Teaching Fee	\$6,000
Examples: Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
Chiano County Expans of Education	Spuise Saidly	
Alvin Wiederspahn, J.D. P.C. was wound down after he died an	10,24,14.	0
Liability for office space rent transferred to Estate of		
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SCHEDULE D - LIABILITIES

Name:
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period. Numbers: 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 automobiles, 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, parent, 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. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting Column K is for liabilities held solely by your spouse or dependent child.

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4	SP/5	SP/51		se, лт		
R 4.75		SP/JT Pinnack Bank, Wyoming	Example First Bank of Wilmington, DE	creditor transferred to Estate after spouse died an 10.24.14		
1/09	10/13	1/14	5/98	Date Liability Incurred MO/YR		
Mashington, D.C.	Mis on O Real State Rope	Mta on Commercial Property Wyo.	Mortgage on Rental Property, Dover, DE	Type of Liability		
	ope	بههر		\$10,001- \$15,000	>	
	₹`	Z		\$15,001- \$50,000	Φ	
				\$50,001- \$100,000	G	
			×	\$100,001- \$250,000	U	
×				\$250,001- \$500,000	m	Amount of Liability
	×			\$500,001- \$1,000,000	п	of
		×		\$1,000,001- \$5,000,000	G	ability
				\$5,000,001- \$25,000,000	=	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000		1
				Over \$50,000,000		

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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 held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. Officer, Director (uncompensated) **Position** Arp+ Hammond Hardware Co., Cheyenne, Wyo. Ca. Wyo. for profit carp. Name of Organization

SCHEDULE F - AGREEMENTS

Name: Cyn	
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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 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
		N/A	Parties to Agreement
			Terms of Agreement

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. **Exclude**: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. **Note**: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

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Name: (
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

	Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	Υ	۲	¥
nxampes:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	۲	Υ	٧
	none_					

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Cynthia M. Lummis
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					- none -	Examples: Association of American Associations, Washington, DC XYZ Magazine	Source	ist the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A eparate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	
						Speech Article	Activity	ponsor of an event to a charitable organ	Name: Cynthia M. Lummis
						Feb, 2, 2014 Aug. 13, 2014	Date	nization in lieu of paying a	
						\$2,000 \$500	Amount	n honorarium to you. A	Page 10 of 1

FILER NOTES (Optional)

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