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 that benefits you, your spouse, or dependent child? EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS D. Did you, your spouse, or your dependent child have any reportable liabliky (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 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 lests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. reporting period? A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: BEN FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES end of the reporting period? or b. Make more than \$200 in unearned income from any reportable FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the 区 U.S. House of Representatives Employing Office: New Officer or Employee Candidates - Date of Election: New Member of or Candidate for Lueson THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" District: State: Yes No Yes Yes **Daytime Telephone:** For New Members, Candidates, and New Employees Š 8 J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? F. Do you have any reportable agreements or arrangements with an outside entity? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? FORM B Period Covered: Japuary 1. 2015 A \$200 penalty shall be assessed against any to HR16 30, 2014 individual who files more than 30 days late. Check if Amendment LEGISLATIVE RESOURCE CENTER OFFICE OF THE CLERK S. HOUSE OF REPRESENTATIVES 2014 AUG 13 PM 1:27 IAUG - 4 2014 ... & (Office Use Only) Yes * ¥85 Yes No ĭes

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: BEN HOLDS ON

Page 2 of 6

TRA INESTMENT MO	Ser. I I I I I I I I I I I I I I I I I I I	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, lest every financial institution where there is more than \$1,000 in interest bearing accounts. If the total is over \$5,000, lest every financial institution where there is more than \$1,000 in interest bearing accounts. For rental and other real property and a city and state. 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. Excited: Your personal residence, including second homes and vascillon homes (unfeat there was rental hoomes and vascillon homes (unfeat there was rental homes and vascillon homes (unfeat the EET box. Excited (Typus to choose, your may indicate that an asset or investment forms, please check the TET box. If you to choose, your may indicate that an asset or income source is that of your spouse (§P) or dependent child (CD, or jointly held with anyone (§P) of dependent child (CD, or jointly held with anyone (§P). For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IEAs and other retrement plens (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ficker symbols).	Identify (a) each asset hald for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable seest or acurcia of fraceme which generated more than \$200 in "unearred" income during the year.	Assets and/or income Sources	BLOCK A
		None		Column M is for assets held by your spouse or dependent child in which you have no interest.	indicate value of asset at close of the reporting period. It you use a valuetion method other than fair market value, pheses appeally the method used. If an asset was add during the reporting period and is included only because it generated income, the value should be Thome."	Value of Asset	вгоск в
	X Royaless Patronia	DIVIDENOS INTEREST SATEL GAME EXCEPTED/BLIND TRUST TAK-DGFER/CD Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		None if	Check all columns that apply. For accounts that penerals socialisms discone (such as 40(s)), IPA, 529 accounts), you may check the "fax-Delernd" column. Devidends the "fax-Delernd" column. Devidends, interest, and capital galles, even if interested, must be disclosed as income or assets had in transite accounts.	Type of Income	вгоск с
		\$1,00-\$2,000 = \$ \$1,00-\$2,000	Current Year Preceding Year		for assets for which you chacked "Tax-Defende" in Block C, you may check the "None" column. For a control other assets indicate the category of income by checking the appropriate box before. Dividends, interest of and capital gains, even if reinvested, must be disclosed as income for assets held in taxable, accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of income	BLOCK D

Assets and/or Income Sources Value of Asset 1 1001414000 C	-]	٦	_		_					\neg			প্ৰা			9	ㅋ 뭐 %			_
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Other Type of Income (Specify: a.g., Pertnantic) Income or Farm Income) \$1,4200 = \$1,001-62,500				i de la composición della comp						e e e e e e e e e e e e e e e e e e e	i ka								y inc	OCK C
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Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: BEN **HUDSON** Page 4 of _

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 both the filer and filler's spouse, list the source and amount of any honorania. List only the source for other spouse earned income exceeding \$1,000. See examples below. INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. MNINEUSIED OF VIR MED CENTER CHARLOTTES VILLE SCHOOLS Examples: ALBEMARE COUNTY SCHOOLS Source (include date of receipt for honoraria) Size of Maryland
CM Yes Roundable, Richmond, VA (Oct. 2)
Cotario County Board of Education rade Association, Baltimore, MD (July 15) SALARYUSA SALARY SACACY Honorarium Speech Spouse Speech Type \$15,630 Current Year to Filing 0 Amount ¥ 750. A P 3300 Preceding Year

SCHEDULE D - LIABILITIES

Name:
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Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. New Members: 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 or 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. "Column K is for liabilities held solely by your spouse or dependent child.

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	λA	30J	usn.	BAN	Example		exceeded & to, coo.
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	05/91	07/03	03/07	06//0	5/98	Date Liability Incurred MO/YR	by your operation
	CREAT CARD	EQUITY LOAN	CREOFT CARD	MORTGAGE	Mortgage on Rental Property, Dover, DE	Type of Liability	A department of the
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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 listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
N/N	
	+

SCHEDULE F - AGREEMENTS

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Page 6 of 6
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_	_		 _	_	
				Date	Identify the da
			V/1V	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absection that you have with respect to: future employment; a leave of absection and continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee we
				Terms of Agreement	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.

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

government and any information considered commental as a result of	government and any monitorious construction as a result of a privileged resistability recognised by law. Locality imprimation asset on sometimes.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hornetown, Homestate	Accounting Services
N/A	
•	

Use additional sheets if more space is required.