Status New officer or Employing Office:	Filer X Candidate for the State: Virginia - 10 Date of April 26, 2014 Election: April 26, 2014		Name: Howard R. Lind Daytime Telephone:	FORM B Period covered: January 1, 2013 - February 28, 2014 For use by candidates and	
	Check if Amendment			I B and new employees	
more than 30 days late.	A \$200 penalty shall be assessed	(Office Use Only)	S. HOUSE G. REPRESENTATIVES	LECISLATIVE RESOURCE OF THE STATES OF	HAND

in all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Each question in this part must be answered and the appropriate schedule	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes, complete and attach Schedule III.	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? Yes X If yes, complete and attach Schedule II.	Did you or your spouse have "earned" income (e.g., sataries or fees) of \$200 or more from any source in the reporting period? Yes X If yes, complete and attach Schedule I. **Total Transport of the complete and attach Schedule I.** Total You or your spouse have "earned" income (e.g., sataries or fees) of \$200 or more from any source in the reporting period? Total You or your spouse have "earned" income (e.g., sataries or fees) of \$200 or more from any source in the reporting period? Total You or your spouse have "earned" income (e.g., sataries or fees) of \$200 or more from any source in the reporting period? Total You or your spouse have "earned" income (e.g., sataries or fees) of \$200 or more from any source in the reporting period? Total You or your spouse have "earned" income (e.g., sataries or fees) of \$200 or more from any source in the reporting period?	
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appropriate schedule attached for each "Yes" response.	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.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	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 yee, complete and attach Schedule IV.	
esponse.	Yes X	Yes	Yes X	
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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

No X	¥ ₈₆	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.
No X	Yes	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?

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Howard R. Lind

Page 2__ of 6

exceeding \$1,000. See examples below.	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	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	
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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.

College data of receipt for bosons in	Type	Amount	unt
Godice (moldae date of receipt for frontreatia)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
- 1	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
th Carolina	Salary	0	\$38,713.63
Howard R. Lind Consulting - McLean, Virginia	Consulting Fees	0	\$14,550.00
United Service Organizations, Inc Arlington, Virginia	Salary - Spouse	N/A	N/A

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TD Ameritrade (2) MM Port Inv Cl (subitem. of TDAM Traditional IRA)	Franklin Templeton Inv SHS Fd Cl 2 (subitem. of TDAM Traditional IRA)	T.Rowe Price Small Cap Stock Fund (subitem. of TDAM Traditional IRA)	TD Ameritrade Trad'l IRA	Microsoft Corp. Stock (subitem. of TDAM Roth IRA)	TD Ameritrade Roth IRA		DC, Examples:		income during the reporting period); any deposits total- ing \$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 depen- dent 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.	Exclude: Your personal residence, including second homes and vacation homes funder there was ranted	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.	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.	For all IFIAs and other retirement plans (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 ticker symbols).	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.	Asset and/or Income Source	
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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Howard R. Lind

Page 4 of 6

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SCHEDULE III — LIABILITIES

Name Howard R. Lind

Page 5 of 6

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

D SP.	Creditor	Date Liability		>	>	A B C	A BB CC	A BB CC	A BB CC	A BB CC	A B C D E F G H	A B C D E F G H	A B C D E F G H 1
٦ <u>,</u> 0.	Creditor	Incurred mo/year	Type of Liability	\$10,001— \$15,000 \$15,001—	\$10,001— \$15,000 \$15,001— \$50,000	\$10,001— \$15,000 \$15,001— \$50,000 \$50,001— \$100,000	\$10,001— \$15,000 \$15,001— \$50,000 \$50,001— \$100,000 \$250,000	\$10,001— \$15,000 \$15,001— \$50,000 \$50,001— \$100,000 \$100,001— \$250,000	\$10,001— \$15,000 \$15,001— \$50,001— \$100,000 \$100,001— \$250,000 \$250,001— \$500,000 \$1,000,001—	\$10,001— \$15,000 \$15,001— \$50,000 \$50,001— \$100,001— \$250,000 \$250,001— \$500,001— \$1,000,000 \$1,000,000	\$10,001— \$15,000 \$15,001— \$50,000 \$50,001— \$100,000 \$250,001— \$500,001— \$1,000,001— \$5,000,001— \$5,000,000 \$5,000,0001— \$25,000,000	\$10,001— \$15,000 \$15,001— \$50,000 \$50,001— \$100,001— \$250,001— \$500,001— \$1,000,000 \$1,000,000 \$1,000,000	\$10,001— \$15,000 \$15,001— \$50,000 \$50,001— \$100,001— \$250,000 \$250,001— \$500,001— \$1,000,000 \$5,000,000 \$5,000,000 \$25,000,000 \$25,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				1 ×	X	X	X		X	1 X
	N/A - None												

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-

and positions solely of an honorary nature Exclude: Positions listed on Schedule 1; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely or an itolioidity nature.	aur.
Position	Name of Organization
Senior Director, Sales	Fluor Corporation - Greenville, South Carolina
Board of Directors (Vice-Chair)	International Stability Operations Association

SCHEDULE V — AGREEMENTS

Name Howard R. Lind

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.

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Date	Parties To	Terms of Agreement
	N/A - None	

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
	George Sigalos, LLC - McLean, Virginia	Consulting Services