⊠	Yes 🔲	ependent child	ilities of a spouse or d Committee on Ethics.	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	arned" incom ss you have fi	er assets, "und wer "yes" unle	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obscause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	<b>EXE</b>
No X	Yes 🔲	ot be	xcepted trusts" need n	cs and certain other "e.	nittee on Ethic	d by the Comr	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?	TRU:
S	QUESTION	OF THESE	ISWER EACH OF THESE QUESTIONS	MATION - ANS	TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXC
	response.	each "Yes"	dule attached for each "Yes" response	appropriate schedu	and the a	e answered	Each question in this part must be answered and the appropriate	
N <sub>0</sub>	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.	VI. Did you receive compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI.	<u>₹</u>	ĕs ✓	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. Di able li If yes
No X	68   □	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 reportable agreemer with an outside entity? If yes, complete and attach Schedule V	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	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.	II. Did incom report
No U	Yes X	before the date or two years?	IV. Did you hold any reportable positions on or before the date of tiling 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 confiling in the current confilers, complete and a	8	Yes X	<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>Yes, complete and attach Schedule I.</li> </ol>	l. Did fees) o
				ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	PRELIMINARY INFORMATION — ANSWE	PRE
		more than				Office: ————	employee Employing Office:	
assessed who files	A \$200 penalty shall be assessed against any individual who files	A \$200 pe against ar	Check if Amendment	11-4-14	Date of Election:	عالوا	Candidate for the State: 6A House of Representatives District: 12	——— ¥ =1
	(Office Use Only)	5						
		7		Daytime Telephone:	Daytime	i i	ne: Richard W. Allen	Name:
SENTATIVES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S.H		į				
111:04	2014 APR 23 AM 11: 04	201	and new employees	For use by candidates and new employees		अ, २०१५	Period covered: January 1, 2013 - March 31	Perio
ME-OFWILE	LEGISLATIVE RESOURGEOENTER	LEGH	<b>5</b>	FORM B		TIVES	UNITED STATES HOUSE OF REPRESENTATIVES	

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Richard W. Allen

Page A of 9

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

the second secon			
Source (include date of receipt for honoraria)	Type	Amount	unt
	- 75~	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples:   First Bank & Irust, Houston, TX  XY7 Trade Association Chicago II (Bac'd December 2)	Directors Hee	\$400	\$1,200
Harris County, Texas Public Schools	Spouse Salary	NA.	NA .
R.w. Allen & Assoc, Inc., Augusta, GA	Salary	\$14,567	\$ 58.267
R.W. Allen, LLC, Augusta, GA	Solary	\$27,1S6	\$104,600
Georgia Bank + Trust Co. Augusta, GA	Divectors Fees	\$ 2,800	<b>\$</b> 3,800
R.W. Allen & Assoc., Inc., Alyustu, GA	Spouse Salary	Z/B	N/A
Self-Finoloyed Plano Tracher	ું કુષ્ઠળજી	N/A	N/A
		,	•
		5 5 5 5 5 5 5 5	

Name

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	Commercial Revolut Property 100% Ownership	1015 Broad Street, LLC Augustu, GA	Cashiers, NC	Simon & Schuster	SP, SP Mega Corp. Stock	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 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.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental homes during the reporting period); any deposite that	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 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.	Provide complete names of stocks and mutual funds and 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	BLOCK A
						None \$1 \$1,000		> 8	I his column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	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.		
		<del></del> -		2		\$1,001 - \$15,000		C	1 = 8	<u> </u>	ass ear			1
$\neg$	1			Indefinite		\$15,001 - \$50,000		0	1 8 🖺		an é	pe of ye	_	ı
				<b>1</b> —∰`	×	\$50,001 - \$100,000		т	1 ຮຼ∄	. 🚽	was lis	¥¥ ± 5	Value of Asset	
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						\$250,001 - \$500,000		و و	] <del>8</del> 8	<u></u>		mai ou	랓	вгоск в
		X				\$500,001 - \$1,000,000		I	T Person	. =	8 <u>F</u>	r m	À	œ l
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1 1						Spouse/DC Asset over \$1,000,000*					ሞጥ			
					×	NONE			윤	<u> </u>		유파음교다		
				1		DIVIDENDS			ı ş		25	iren ow estr	_	
		×		1		RENT			1 \$	nve las	후	ed you	돟	
				×		INTEREST			ē,	in Se	3 3	L S C S C S C S C S C S C S C S C S C S	Φ.	굗
						CAPITAL GAINS			1 §	\$ <b>9</b> - 6	88		3	8
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	+			1		TAX-DEFERRED			during the reporting period	2 8 -	28	at a that se ene	Type of Income	$^{\circ}$
_	<del></del>			7	_	Other Type of Income			i ë	if reinvested, must be dis- closed as income. Check "None" if the asset generated no income	plans or iRAs), you may check the "Tax-Deferred" column. <b>Dividends</b> , inherest and control rains awar	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)	급	
				Royaties		(Specify: e.g., Partnership Income or Farm	Income	)		die Come	g é	( <del>X</del> X € 3 7		
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						\$201 - \$1,000	7			9 8	5	<b>2</b> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
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		lacksquare		₽		\$50,001 - \$100,000	¥	Preceding Year	1	n <u>e</u>	Income. Check "None" if no income was earned or generated.	<b>8 8</b> 8 0		
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	$\bot$			<u> </u>		\$1,000,001 \$5,000,000	>	_	1	<ul> <li>Inis column is for income derived from assets solely held by your spouse or dependent child.</li> </ul>		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</b>		
	$\perp$					Over \$5,000,000	<u>&gt;</u>		1	Ď		ma y o		
1						Spouse/DC Income over \$1,000,000	* <u>&gt;</u>	5	1	=		m		- 1

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name

Page 4 of 9

Continuation Sheet (if needed)

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					4			Partnership Income or Farm Income)			
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

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SS S 8 Έ SP. CUSTODIAL ACCI F BANK ACCT. - AMENSTA- GA GREEN WAY MEDICAL TRA-SHORT TEKIN georgia bankytkust BANK OF AMERICA Creen Eay TIXED principal financial COMMON MERRILL ENGE TRA FOCUSED CLASS A Asset and/or Income Source HUDREN COLLIMBIA MARSICO THOOME **BLOCK A** STOCK FOUNTY WEDICAL TJ Se FUND  $\overline{\times}$ None > \$1 - \$1,000 Œ \$1,001 - \$15,000 O 200 Ö \$15,001 - \$50,000 Value of Asset O m \$50,001 - \$100,000 'n BLOCK B \$100,001 - \$250,000 ១ \$250,001 - \$500,000 I \$500,0001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 -- \$25,000,000 \$25,000,001 - \$50,000,000 ㅈ Over \$50,000,000 \_ Spouse/DC Asset over \$1,000,000\* Z NONE X **DIVIDENDS** Type of Income RENT 0 BLOCK C **INTEREST CAPITAL GAINS** SAN TO EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) X × None \$1 - \$200 \$201 - \$1,000 ≡ \$1,001 - \$2,500 XI IIIV IIV IV VI **Current Year** \$2,501 - \$5,000 \$5,001 - \$15,000 \$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 = \$201 - \$1,000 = **Preceding Year** < < \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 VI VIIVIII X Page 5 \$15,001 -- \$50,000 \$50,001 - \$100,000 Χ \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × Over \$5,000,000 Spouse/DC income over \$1,000,000\*

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SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Richard W. Allen

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MERKILL EDGE IKA COLUMBIA MAKUSCO FOCUGED EQUITY CLASS A	BANK ACCTS.	OTHER	-SMALL/MID US EQUITY	TRA AS FOLLOWS  SHORT TERM FIXED  INCOME		BLOCK A  Asset and/or income Source
×	*	**	×	*	None	BLOCK B  Value of Asset
×	>	* *	7	<b>X</b>	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income-(Specify: e.g., Partnership Income or Farm Income)	BLOCK C  Type of Income
*	×	× ×	× ×	*	None	BLOCK D  Amount of Income

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#### SCHEDULE III — LIABILITIES

Name Richard W. Allen

Page 7 of 9

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 furniling 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. 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

				JT DC.	
	AFFAIRS - AUGUSTA, GA	AUGUSTA, GA.	Example: First Bank of Wilmington, DE	Creditor	
	Soos Nov.	Nov.	May 1998	Date Liability Incurred mo/year	
	mortage on commercial Rental-1015 Broadst, August	ABOY RENTAL - 1015 BROAD ST, HUGUST	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
				\$10,001— \$15,000	
				\$15,001— \$50,000	
				\$50,001— \$100,000 O \$100,001— _	
<u> </u>	<del> </del>	×	×	\$250,000 <b>5</b>	,
				\$500,000 <b>m</b> \$500,001— \$1,000,000 <b>m</b>	Amount of Liability
	+ +			\$1,000,001	t of Li
				\$5,000,000 \$5,000,001— \$25,000,000	ability
				\$25,000,001— \$50,000,000	
				Over \$50,000,000	
-			П	Spouse/DC	l

#### SCHEDULE IV - POSITIONS

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, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

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

The production country of the months of the factor	TANKI C.
Position	Name of Organization
DIRECTOR	ASSOCIATED GENERAL CONTRACTORS OF AMERICA, ATLANTA, 64.
DIRECTOR	DOWNTOWN DEVELOPMENT AUTHORITY, AUGUSTA, GA
DIRECTOR	FORE! AUGUSTA FOUNDATION, INC
DIRECTOR	FIRST TEE OF AUGUSTA, AUGUSTA, 6A
director/officer	DIRECTOR/OFFICER ALBUSTA HARRISBURG FULLER CENTER FOR HOUSING, INC.

Use additional sheets if more space is required.

#### SCHEDULE III — LIABILITIES

Name Page 8 of 9

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 furniling 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-

Date   Liability   Date   Liability   Type of Liability			,		
Date   Liability   Incurred   Type of Liability   Incurred   Type of Liability   Incurred   Type of Liability   Amount of Liabilit	JT C.S.P.				
Mortgage on 123 Main Street, Dover, DE   S10,001—  S15,000   S50,001—  S10,000   S250,001—  S10,000,000   S10,000,000   S10,000,000   S50,000,000   S50,00	Creditor	Example: First Bank of Wilmington, DE			
\$10,001— \$15,000 B \$15,001— \$50,000 C \$50,001— \$100,000 C \$250,001— \$500,000 M \$500,000 M \$500,000 M \$500,000 M \$1,000,000 M \$1,000,000 M \$5,000,000 M \$25,000,000 M \$25,000 M \$25	Date Liability Incurred mo/year	May 1998			
\$15,001— B \$50,000 C \$50,000 C \$50,000 C \$250,000 C \$250,000 C \$250,000 C \$1,000,000 C \$1,000,000 C \$50,000,000 C \$250,000,000	Type of Liability	Mortgage on 123 Main Street, Dover, DE			
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\$50,000,000	\$25,000,001	Н	 		
Spouse/DC					
Liability over ス \$1,000,000	Spouse/DC Liability over ス \$1,000,000				

#### SCHEDULE IV — POSITIONS

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, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

and positions solely of an honorary nature **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 all tronolary flatale.	iature.
 Position	Name of Organization
CHAIRMAN	TOCQUEVILLE SOCIETY, UNITED WAY OF CENTRAL SAVANNAH AREA (CSRA) AUGUSTA, GA
DIRECTOR	AUGUSTA TOMORROW, AUGUSTA, GA

### SCHEDULE V — AGREEMENTS

Name Richard W. Allen

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Date Parties To Terms of Agreement  N/A
N/A

# 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
N/A	