N V	Yes 🔲	ependent child	ilities of a spouse or dependent child Committee on Ethics.	_ ≃. ⊦	arned" incom ss you have fi	y other assets, "une ot answer "yes" unle	from this report ar	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabecause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	EXEMPTION because they
N S	Yes 🔲	ot be	xcepted trusts" need not be int child?	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	nittee on Ethic	proved by the Comr of such a trust benef	ed Blind Trusts" ap	ails regarding "Qualifice you excluded from t	TRUSTS—De disclosed. Hav
S	QUESTION	OF THESE	SWER EACH OF THESE QUESTIONS	– AN	TINFOR	NT, OR TRUS	E, DEPENDE	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIC
	response.	each "Yes"	dule attached for each "Yes" response	and the appropriate schedu	and the	ist be answered	in this part mu	Each question in this part must be answered	
S S	Yes	\$5,000 from	ompensation of more than two prior years? attach Schedule VI.	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.	No D	Yes 1	nt child have any reporting period?	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, you able liability (mo
S N	Yes	rangement	portable agreement or arrangement ttach Schedule V.	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V	No No	riod?	t child receive "unear ng period or hold any at the end of the pe 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 assertif yes, complet
2 0	Yes 🔽	pefore the date or two years?	ortable positions on or bendar year or in the price tach Schedule IV.	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.	No	s or Yes	income (e.g., salarie n the reporting period l.	L Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	L Did you or yo fees) of \$200 or If yes, complete
				SE QUESTIONS	OF THESE	ER EACH	1 6	In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSW	In all sections, PRELIMIN
		more than				Employing Office:	Emp	New officer or employee	Status
assessed	A <i>\$200 penalty</i> shall be assessed	A \$200 per	Check if Amendment	Date of NAME 3, 2014	Date of Election	ct: ANN A	e State: sentatives District:	Candidate for the House of Representatives	Filer
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age 1 of 7	LEGISLATIVE RESOURCE CENTER 1 of 7	LEGISLATIVI	MB	FORM		ENTATIVES	OF REPRESE STATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED S

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

SWATE A. DANDEKAR

Page 2_ of 7

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

	Timo	Amount	unt
Source (include date of receipt for nonoraria):	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
7	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
STATE OF LOWA	SALARY	\$ 65,016	\$ 113,000
STATE OF WHA	PENSION	\$ 2,250	
STATE OF WHAT	INCOMPANCE - YROGHAM	\$ 2,140	1
FASTER INTERNATIONAL TID (FASTER), LOWA	syonist salary	27	27
PACKWELL COLLINS, LOWA	share henson	2/2	27
JOHN HANCOCK 401-K	SYUNGE 401-K	27	27
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	-		Fr. W. St. Target and
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SK A A	2 1861	De Banks	OT BOZKER	L COLLINS	ST KARAGE	JT	Examples:	SP	nomes and vacation in nomes and vacation in mome during the reporting \$5,000 or less in accounts; and any fit derived from, a federa the Thrift Savings Plan. If you so choose, you income source is that dent child (DC) or is joi in the optional column or the optional column o	Exclude: Your pa	For an ownership i that is not publicly ness, the nature of the public in Rick A	For rental or othe provide a comple "rental property," a	For all IRAs and o plans) provide the account that exce	Provide complete names of (do not use ticker symbols).	Identify (a) each a of income with a fi the end of the reportable asset o more than \$200 in	Asset ar	
0	ACCURACY TOPP	2 ,	ACCOUNTY	6 6	SCON SAN	st Benk of Paducal	Simon & Schuster	SP Mega Corp. Stock	normes and vacation normes (unless interes was remain 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.	Exclude: Your personal residence, including second	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 Plock 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 (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	BLOCK A
									None \$1 - \$1,000		> B	*This 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.		
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			<u> </u>	-			-		EXCEPTED/BLIND TRUST TAX-DEFERRED			during the reporting period.	ed on Che	may	that s that sen gen	Type of Income	ဂ
					-	\vdash	8	_	Other Type of Income			8	If reinvested, must be disclosed as income. Check "None" if the asset generated no income	Mide National	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate taydeferred income (such as 401(k))	щe	
	s į		1.00	1			Royalties		(Specify: e.g., Partnership Income or Farm Inc	come)		-	dis-	nds,	S To		
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			1	-	-	╀	1	-	Over \$5,000,000 Spouse/DC Income over \$1,000,000*	×			Jeri'	income. Check "None" if no income was earned or generated	all c	Amount of Income	E
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				ļ					\$1,000,001 - \$5,000,000	×			This column is for income derived from assets solely held by your couse or dependent child.		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. Dividends, interest , and capital gains, even if reinvested, must be disclosed as		
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name SWATZ

Continuation officer (in freeded)			
BLOCK A	BLOCK B	BLOCK C	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
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<u>.</u>	100	ST (Specify	
DC -	000 0,000 60,000 00,000 000,000 5,000,000 \$50,000,00	S IND TRUS ED Income(0 00 000 000,000 00,000 00 00 00 00 00 0
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Continuation Sheet (if needed)

SCHEDULE III - LIABILITIES

Name SWATI A. GANGEKAR Page & of I

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-

000 >	Type of Liability 201- A 200- B 201- C 200- C 2001- C	Type of Liability A B C D Amount of Liability 001- 000- 001- 000- 001- 000- 001- 000- 001- 000- 001- 000- 001- 000- 001- 000
Type of Liability \$10,001— \$15,000 \$15,000	\$10,001— \$15,000 A \$15,000 B \$50,001— \$100,000 C \$100,001— \$250,000 D	Type of Liability \$10,001— \$15,000 B \$15,001— \$50,000 C \$100,001— \$250,000 FI \$500,000 FI \$5,000,000 H \$5,000,000 H \$25,000,000 H \$25,000,000 — \$25,000,000 — \$0,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,000,000 — \$0,0
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\$500,001— TO Liabilit	\$5,000,000 Ω Liab \$5,000,001— ± Ty	

SCHRONE 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.

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.	nature,
Position	Name of Organization
DIRECTOR	BANKERS TAINST OF CEBAR RAPPUS, IA. (Resigned exterior 01/01/2012)
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The Administrative Locality of the Control of the C	

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SCHEDULE III - LIABILITIES

Name SWALL P. DANDEKAK

Page 7 of 7

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. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 a spouse, or the child, parent, or sib-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

		7	77	77		J D S.P.	
		PAR FINANCIAL SHUGES DEC. CREDIT CARBONALY LABOR	CAKITALONE	CHASE	Example: First Bank of Wilmington, DE	Creditor	
		2882.	2008	33002	May 1998	Date Liability Incurred mo/year	
		CREDIT CARD FOX FACTOR	2008 WYE SEEMANICH CHOCE	CREDIT CARD FOR FRUEN	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
						\$10,001— \$15,000	
		1	<	<	L	\$15,001 \$50,000 co	
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						\$25,000,001— \$50,000,000	
						Over \$50,000,000	
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SCHOOLE 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.

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 hature.	lature.			
Position		Name c	Name of Organization	
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