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LEGISLATIVE RESOURCE CENTER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT

Period covered: January 1, 2014 - THORL

80 2014

For use by candidates and new employees

Name:

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Daytime Telephone:

2014 MAY 14 PM 1: 25

U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

A \$200 penalty shall be assessed against any individual who files

more than 30 days late.

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

New officer or employee

Candidate for the House of Representatives

State: \_\_\_ District:

00

Date of June 3, 2014

Check if Amendment

Employing Office:

Filer Status

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

<sub>S</sub> ⊠	Yes 🔲	No XI. 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.	<sub>N</sub>	Yes	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.
N <sub>S</sub>	Yes	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	No No	Yes 🔲	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.
N <sub>0</sub>	Yes	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	Yes X	I. 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.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**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. **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? Yes Yes ₹ |X s X

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name	
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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.
Evolude: Military may fough as National Guard or Deserve may) foderal retirement programs, and henefits received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits r	eceived under the Social S	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Course (include date of lecely, for horizonalia)	1700	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	o	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Los Anacho ca 6mo. Retigement Assoc CA	Rytiem ent	\$ 5,359. 80	21, 422. 28

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	LA Co. Ketietment	JT 1st Bank of Paducah, KY accounts	Examples:	SP, Mega Corp. Stock	For a detailed discussion of Schedule II requirements please refer to the instruction booklet.	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 potional column on the far left.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental 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 tederal retirement program, including the Thrift Savings Plan.	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 (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
	undetvemioed	ounts	Indefinite		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,00 \$50,001 - \$100,0 \$100,001 - \$250, \$250,001 - \$1,00 \$1,000,001 - \$5,0 \$5,000,001 - \$5,0	0 00 000 000 0,000 0,000 ,000,000		ness A B C D E F G H I J K	*This column is for assets solely held e.g., by your spouse or dependent child.		unds If an asset was sold during the report- ing year and is included only because	ction Indicate value of asset at close of 20 at reporting year. If you use a valuation method other than fair market value, rear.	Value of Asset	
	200	×	Royalties	x	\$25,000,001 - \$5 Over \$50,000,000 Spouse/DC Asset NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIN TAX-DEFERRED Other Type of Inc. (Specify: e.g., Partner	t over \$1	,000,000* T	Σ	ā		-	f Check all columns that apply. For tion retirement accounts that do not allow you to choose specific investments <u>or</u> that generate taxdeferred income (such as 401(k))	Type of Income	BLOCK C
			×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,0 \$100,001 - \$1,00 \$1,000,001 - \$5,00 Over \$5,000,000 Spouse/DC Incon	00 00 00,000 0,000	\$1,000,000*	Current Year		<u>s</u> ,	=	For assets for which you che check the "None" column. Fo income by checking the app and capital gains, even	Amount of Income	BLOCK D
		×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,00 \$100,001 - \$1,00 \$1,000,001 - \$5,00 Over \$5,000,000 Spouse/DC Incon	0 00 0,000 000,000		Preceding Year		Inis column is for income derived from assets solely held by your couse or dependent child.	e was earned or generated.	r all other assets, indicate the category of rall other assets, indicate the category of ropriate box below. <b>Dividends, interest,</b> if reinvested, must be disclosed as	of Income	ΧD