N _o	Yes	ependent child	e, transactions, or liabilities of a spouse or derst consulted with the Committee on Ethics.	arned" income ss you have fir	ner assets, "une: swer "yes" untes	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.
NoX	Yes 🔲	ot be	s and certain other "excepted trusts" need no spouse, or a dependent child?	nittee on Ethic ting you, your	ed by the Comm h a trust benefit	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?
S	QUESTIONS)F THESE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	, OR TRUS	XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	response.	each "Yes"	appropriate schedule attached for each "Yes" response	and the a	e answered	Each question in this part must be answered and the appropriate schedu
№	Yes X	\$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.	N _o	Yes 🔲	II. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? f yes, complete and attach Schedule III.
× ⊠	Yes	rangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	N _S	Yes	 Did you, your spouse, or a dependent child receive "unearned" ncome of more than \$200 in the reporting period or hold any eportable asset worth more than \$1,000 at the end of the period? yes, complete and attach Schedule II.
N _O	Yes 🔲	pefore the date אי <u>two</u> years?	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 U	Yes X	Did you or your spouse have "earned" income (e.g., salaries or ees) of \$200 or more from any source in the reporting period?
	:		ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	RELIMINARY INFORMATION — ANSWI
			('')			all sections, please type or print clearly in blue or black ink.
ssessed ho files	A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	A \$200 per against an more than	Date of Primary Tone 24 Check if Election: Hand Min 444 Amendment	Date of Election	office:	Filer Candidate for the State: Mary 16 Status New officer or Employing Office:
ERK NIATIVES	U.S. HOURS DESCRIPTIVES	U.S. H				
1:24	, 2014 JUN 25 PM 1: 24	$\lambda h / 20$	Telephone:	Daytime	B	Name: William F. Tilah man
CE CENTER	LEGISLATIVE RESOURCE CENTER	- LEG				
*	JUN 1 8 2014	E	FORM B For use by candidates and new employees	 	5,2014	FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - May 12
Page 1 of 16	Pa				ATIVES	JNITED STATES HOUSE OF REPRESENTATIVES

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

7	Name //lqhma
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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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: Inilitary pay (such as inalighar cuand of ineserve pay), redefantem	ement programs, and benefits rec	ceived diluci nie Oodai Oedaliky	Journy Aut.
Course (include date of special for honoragie)	Typo	Amount	unt
יים ביים (אומימים ממום מו ופיפוף ניסי ווסוסימום)	- 7	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
- !	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
Avendra LCC (Prime Eurolover)	Profit Sharing	919	5430
			-
		70.032 //	
Allegidra ILC (Prior Egyphyer)	Distributions		136,430
	under UAR (in)		•
	Appreciation Rights		
Caprical (French Pension)		6762	16228
and the Contract of the Contra			7

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For additional assets and unearned	TI Bank of America Chickinol Savinas	02,20/4	Ceceivable Heron Fold	TT Bungre Nationalede	Family Fam Centreville MD	HHdiner Mfg, milford		Examples:	SP Mega Corp. Stock	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 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.	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. Exclude: Your personal residence, including second	account and its value at the end of the reporting period. For rental or other real property held for investment,	BLOCK A Asset and/or income Source 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. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the
nd unearned income, use next page	**)	メ	×	X	X	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000		ABCDEFGHIJKL	BLOCK B Value of Asset 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
e.	 		*	×	Thome	X	X	Royalties	×	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 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) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
	X		×	×	× ×	×	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$5,000,000 Over \$5,000,000	-	Current Year Preceding Year	BLOCK D Amount of Income 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 income. Check "None" if no income was earned or generated.

SCHEDULE II.— ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THAKMUM, Willia

Page 7 of 10

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TRY NEWHONZORS	7 TRP Moltap Growth	- Avenchall 401(4) Plan	· TRP NewHorjons	• TRP Egoity Income	TRANE Price Mutual Funds	THA-CREF !	Wellstoppo		BLOCK A Asset and/or Income Source
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M & T Securities
Dividends

CIAIGCING	<	VID Income to	
Investment	Value 12/31/2013	5/15/2014	Income 2013
Aetna inc	n	=	=
Briston Myers Squibb	D	=	=
Chevron Corp	ш	=	₹
Duke Energy Corp	C	=	≡
General Electric	m	<	<
Health Care REIT Inc.	C	=	=
JP Morgan Chase	D	=	=
Spectra Energy Corp	C	=	=
AT&Tinc	B	=	=
Verizon	Ū	=	<
Xcel Energy Inc	D	=	<
Exxon Mobile Corp	D	-	<
Zimmer Hldgs Inc	C	=	=
Vornado Trust	None	None	=
Transamerica Income Shares	None	None	=
Frontier Communications	None	None	=
M & T Securities			
Gains/Losses	Value 5/15/2014	YTD Gain to 5/15/2014	<u>Gain 2013</u>
Vornado Trust	0	None	=
Transamerica Income Shares	0	None	=
Xcel Energy	0	None	₹

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WILMINGTON PRIME MONEY	CATERPILLAR INC	EXXON MOBIL CORP	BP PLC SPONSORED ADR	Family Trust Father	FORD MOTOR CO	WILMINGTON PRIME MONEY	PUBLIC SERVICE ENTERPRISE	VODAFONE GROUP PLC	VERIZON COMMUNICATIONS COM	FRONTIER COMMUNICATIONS	AT&T INC	NEWMONT MINING CORP COMMON	MICROSOFT CORP	INTEL CORP COM	INTERNATIONAL BUSINESS	GENERAL ELECTRIC COMPANY	CATERPILLAR INC	3M CO	CAREFUSION CORPORATION	CARDINAL HEALTH INC OM	BAXTER INTERNATIONAL	CITIGROUP INC	BANK OF AMERICA CORPORATION	SCHLUMBERGER LTD	EXXON MOBIL CORP	ENERPLUS CORPORATION	ANADARKO PETROLEUM CORP	UNILEVER NV NY SHARES			Family Trust Grandmother		
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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 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

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	Creditor	Example: First Bank of Wilmington, DE	Nowe /			
Date	Liability Incurred mo/year	May 1998		- 4 4		
	Type of Liability	Mortgage on 123 Main Street, Dover, DE				
>	\$10,001— \$15,000					
B	\$15,001— \$50,000					
ဂ	\$50,001— \$100,000					
D Am	\$100,001— \$250,000	×				
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Amount of Liability	\$500,001— \$1,000,000					
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=	\$25,000,000 \$25,000,001— \$50,000,000				 	

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-

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

 Position Position
None /

SCHEDULE V — AGREEMENTS

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Name

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.

Avendra UE profit Sharing Plan Tupical profit sharing play. See Shedule I.
helders. See Schedule I for payment amounts.
Entire Legating Avendres U.C. former employer, UAR Typical UAR plan, plus receipt of cash

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
None	

GPO: 2012

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