HAND DELIVERED

Name: D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? UNITED STATES HOUSE OF REPRESENTATIVES E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? C. Did you or your spouse have "earned" income (e.g., salaries, honoraris, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction A. Did you, your spause, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS 2013 FINANCIAL DISCLOSURE STATEMENT EXEMPTION - Have you excluded from this report any other assets, "uncerned" 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 that benefits you, your spouse, or dependent child? IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered 'yes' to this question, please contact the Committee on Ethics for further guidance. IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS reporting period? exceeding \$1,000 during the reporting period? end of the reporting period? <u>or</u> b. Make more than \$200 in unserned income from any reportable REPORT FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the asset during the reporting period? Charles W. Dent  $\times$ × 2013 Annual (Due: May 15, 2014) U.S. House of Representatives Member of or Candidate for District State PA 15 ¥ × š ž ž ž Daytime Telephone: 202-225-6411 × × × × Amendmen Z 중 풓 Z O 풓 For Use by Members, Officers, and Employees H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? **ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"** G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single reporting period? Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the source during the reporting period? Employee Officer or Employing Office Termination Date: U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 2014 AUG 11 AM 9: 50 (Office Use Only) ž ž \* ž ž š ž  $\times$ × × × 걓 공 콩 **₹** 중 8 Ş X × ×

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Charles W. Dent

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

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																	Other Type of Income (Specify: e.g., Partnesship Income or Fatte Income)		
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Š	SCHEDULE A - ASSETS & "UNEARNED INCOME"	Qο	Ė	Ē	Ž	m	0	중	ŏ	<u>s</u>	-3					2	<u>.</u>	<u> </u>		ž	Name: Charles W. Dent	<b>.</b> .									70	Page		4	ዴ	3
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	BLOCK A Asset and/or income Source					_	BLOCK B	<b>2</b> 6	BLOCK B	Ä								_	¥ 0	<u> </u>	BLOCK C Type of Income	3					≥	BLOCK D Amount of Income	BLOCK D	ž	iom )	•				BLOCK E Transaction
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														1.000,000	(heather)			_			ST		> (acome or Farm Income)												come over \$1,000,000*	
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-850,000	\$50,001-\$100,000	\$100,001-8260,000	\$250,001-\$500,000	8000,001-\$1,000,000	\$1,000,001-\$5,000,000	95,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,00	NONE	DIVIDENDS		RENT	MTEREST	CAPITAL GANS	EXCEPTEDALINO TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership in	None	\$1-\$200	\$201-\$1,000	\$1,001-92,500	<b>(2,501-46,000</b>	\$5,001-\$15,000	\$18,001-880,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouss/DC Asset with incom	P, S, S(part), or E
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	Vanguard Short-Term Bond ETF (IRA)	+	$\dashv$	×		-	$\dashv$	$\dashv$	$\dashv$	+	$\dashv$		-	-+	-+		<u></u>	+	<u> </u>	4	_	××			×	<u>×</u>	_									
	Venguard Utilities ETF (IRA)	┝		×	H	$\vdash$	-	┝╌		-	Н	-	$\vdash$	┝╾┥	-	H	×	Н		Щ		×			×	_										
	Wells Fargo Securities (Beneficial IRA)	1	-	×	-			-	-		Н		$\vdash$		-		<u> </u>		×			×			×			Ц								
	Walts Fargo Advisors (IRA)	-	×	┝	┢	┢┈	-	┼	-	-	┿┈	╄	├	┡	-	-	┝	<u> </u>	×	<u> </u>	ļ	×			×	Ш			Щ		Ш				لـــا	
C	Wells-Fargo Advisors Cash Sweep	┢	×		<u> </u>	┢	╁	╀┈	╀	$\vdash$	┼-	⊢	<del> </del>	╁	⊢	-	1		×	-	<u> </u>				×			L.		Ш						
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20	Wells-Fargo Advisors Cash Sweep (Roth RA)	15	×	╀	┝	╁	+	+	+	+	╁	├	╄	╀	+	┼		-	×	ļ	├			Щ	×		<u> </u>	L	ļ	Ш						
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### SCHEDULE B - TRANSACTIONS

Name: Charles W. Dent Page 7 of 13

Topola III	Notice of the province of the state of the s	Į,	pe of T	Type of Transaction	2		Date				Αn	Amount c	of Tran	Transaction	3			
dependent resulted in	reporting period or any security or real property ned by you, your source, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction.							>	88	0	0	m	'n	G	Ξ	-	J	*
Exclude t purchase of a portion of	Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated tental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.					apital Galin )	(MO/DAYR) or Quarterly,											
Capital Gr the "capital the capital	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deterred account, and disclose the capital gain income on Schedule A.	chase	1	tial Sale	hange	ock Box if C eeded \$200	weeldy, if applicable	001- i,000	,001- ,000	),001- 10,000	0,001- 0,000	i0,001- i0,000	10,001- 000,000	000,001- 000,000	000,001- i,000,000	i,000,001- ),000,000	er \$50,000,0	er \$1,000,00 cuse/DC Ar
* Column I	* Column K is for assets solely held by your spouse or dependent child.	Pur	Sal	Par	Ex	Chi Exc		\$1, \$16	\$18 \$50							\$5		
SP, DC, JT	Asset													_				
SP	Example Mega Corp. Stock			×		×	3/5/13		×									
	Invesco Bond Fund (IRA)	×					12/30/13	×										
DC	Legg Mason Partners Equity Fund CL O			×		×	04/11/13	×										
JT	Nuveen Municipal Value Fund		×				09/04/13	×										
1	PIMCO FD PAC INV MGMT/All Asset Class C Fund	×					05/23/13	×										
ㅋ	PIMCO FD PAC INV MGMT/All Asset Class C Fund		×				07/29/13	×										
	Van Kempen Govt SEC FD CL A (Beneficial IRA)		×				09/04/13	×							_			
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### SCHEDULE C.

EXCLUDE: Military INCOME LIMITS a types of income (no	EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROMIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	Social Security Act. Social Security Act. sated at or above the "senior staff" rate	ity Act. above the "senior staff" rate was \$26,955. In addition, certain bited.
	Source (include date of receipt for honoraria)	Туре	Amount
Transa la	Keene State State of Maryland	Approved Teaching Fee Legislative Pension	\$1,000
r.valiipies.	Civil War Roundtable (Oct. 2) Onlario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
Commonwealth of	Commonwealth of PA Employees Retirement System (Pension not self-directed)	PA Legislative Pension	\$16,439

#### SCHEDULE D - LIABILITIES

Name: Charles W. Dent

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); 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 own you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000.  "Column K is for liabilities held solely by your spouse or dependent child."
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		圻		SP.		
		Ocwen Los	Example			
		ın Servicing LLC (F	First B	Cre		
		Ocwen Loan Servicing LLC (Formerly GMAC Mortgage)	First Bank of Wilmington, DE	Creditor		
		10/12	5/98	Date Liability Incurred MO/YR		
		Mortgage on: Principal Residence - Allentown, PA; Efficiency - Washington, D.C.	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
 				\$15,001- \$50,000	89	
				\$50,001- \$100,000	c	
		×	×	\$100,001- \$250,000	D	,
				\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	π	of Lia
				\$1,000,001- \$5,000,000	<u>െ</u>	bility
				\$5,000,001- \$25,000,000	Ξ	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	د	
				Over \$1,000,000° (Spouse/DC Liability)	~	

#### **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C: positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

listed in achequie of positions near in any religious, social, i	IISTED IN SCHEDULE C, DOSITIONS NEID IN TELISIONS, SOCIAL, ITAINETIAL, OF POLITICAL ENTRIES CHARLES CH
Position	Name of Organization
Board Member	Crime Victims Council of the Lehigh Valley
Member	Advisory Board of the Minsi Trails Council Boy Scouts of America

#### SCHEDULE F - AGREEMENTS

Name: Charles W. Dent Page 10 of 13

	ı	continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee we		
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	İ		Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of abset	
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Date	Parties to Agreement	Terms of Agreement
2013	Charles W. Dent & Commonwealth of PA	Health Insurance provided by Highmark Blue Shield
2013	Charles W. Dent & Commonwealth of PA	Continued Participation in Pension Plan

#### SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Note. The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Charles W. Dent

identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source	Date(s)	City of Departure — Destination City of Return	Lodging? (YAV)	Food? (Y/N)	Family Member included? (Y/N)
Government of Chica (MECEA)	Aug. 6-11	DG-Beyng, China - DC	٧	*	7
Hinbled for Humanity (sharity functions)	War 34	DC-Bostor-DC	Υ	¥	~<
No Labors / Angles Solvers	Jan. 13-14	Allentown, PA - New York, NY - Allentown, PA	Υ	Υ	۲
US Association of Former Members of Congress, Atlantik-Brueke	Mar. 22-29	Allentown, PA - Germany - Allentown, PA	~	4	4
Aspen Institute Congressional Program	Aug. 12-19	Allentown, PA - Addis Ababa, Ethiopia, Allentown, P.	\ \	Υ	Y
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		And Difficulty Control of the Contro			

## SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Charles W. Dent Page (2 of 13

List the source,	activity (i.e. speech, appearance, or article), date, and amount of any payment made by the spoi	naor of an event to a charitable organ	at privace to the line of paying an	honoradium to voir A
ферилин сонка	soperate confidential list of charties receiving such payments must be neo directly with the Committee on Ethics.			
	Source	Activity	Date	Amount
Examples	Association of American Associations, Washington, DC  XYZ Magazine	Speech Article	Feb. 2, 2013	\$2,000
<u>.</u>				

#### FILER NOTES (Optional)

Name: Charles W. Dent	
Page /3 of /3	

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