D STATES HOUSE OF REPRESENTATIVES CIAL DISCLOSURE STATEMENT covered: January 1, 2013 - June 1 lb 2014	>	_
	6 2014 Pa ESOURCE CEI	age 1 of <u>C</u> NTER
Name: (3 (a. (). (brive)   11   Daytime leiephone:	Office Use Only)	. IVES
Date of Check if Election: Amendment		assessed who files
In all sections, please type or print clearly in blue or black ink.	ays late.	
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
t. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes  No  If yes, complete and attach Schedule IV.  If yes, complete and attach Schedule IV.	Yes X	<u>\$</u>
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?  Yes No V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.  If yes, complete and attach Schedule V.	Yes	<b>S</b>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No III Did you receive compensation of more than \$5,000 from a single source in the two prior years?  Yes, complete and attach Schedule III.	Yes	§ Ç
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	onse.	-
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	ESTION	S
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	<del>₹</del>
<b>EXEMPTION</b> —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.  Yes	<u>ر</u> ا	<u>*</u>

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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.

Source (include date of receipt for honoraria)	Type	Amount	unt
	1,900	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
T	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
State of U.U. Hudstos Office,	Selary	-40,413.56	B. 175
State at D.O Dept. all Motor Odnicles	Sparse Salory	NA	NIA
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Alliance GTORT	Imosco Laving	Fible Value	106 457	IT Williams Town Bank	IT United Bank		Examples:	SP, SP Mega Corp. Stock	ing so, utu or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal refirement 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 income during the reporting period); any deposits totaling the reporting period); any deposits totaling the reporting period);	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
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 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000	*	B C D E F G H - J K L M	*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 reporting 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.	Value of Asset	вгоск в
×	×	×		メ	*	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Fart	m Income		during the reporting period.	if reinvested, must be dis- closed as income. Check "None"	plans or IRAs), you may check the "Tax-Deferred" column. <b>Dividends</b> ,	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))	Type of Income	BLOCK C
X	× × ×	X		× ×	×	X	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 Cover \$5,000,000 Spouse/DC Income over \$1,000,000 \$1,001 - \$1,000,000 \$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 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Spouse/DC Income over \$1,000,000 Spouse/DC Income over \$1,000,000	= = = = = = = = = = = = = = = = = = =	Current Year Preceding Year		* This column is for income derived from assets solely held by your spouse 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. <b>Dividends, interest,</b> and capital gains, even if reinvested, must be disclosed as	Amount of Income	BLOCK D

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed) Asset and/or income Source **BLOCK A** None  $\overline{m{v}}$ \$1 - \$1,000 В C  $\times$ \$1,001 - \$15,000 ō \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 TI BLOCK B \$100,001 - \$250,000 G \$250,001 - \$500,000 Ξ -\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 Ζ Spouse/DC Asset over \$1,000,000\* NONE **DIVIDENDS** Type of Income RENT BLOCK C INTEREST **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED  $\overline{\chi}$ Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) 75 X None \$1 - \$200 \$201 - \$1,000 ≡ \$1,001 - \$2,500 7 Current Year <u><</u> \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 -- \$50,000 XIVIIV \$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\* ¥  $\times$ \$1 - \$200 \$201 - \$1,000 = Preceding Year \$1,001 - \$2,500 \$2,501 - \$5,000 V VI VIIVIII IX \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$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 III — LIABILITIES

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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-

								Amou	nt of	Amount of Liability	ity			
SP,	Oraditor	Date Liability		<b>A</b>	8	င				္အ	о <u>т</u>			ᇎᆽᅵ
JT	Creditor	Incurred mo/year	lype of Liability	\$10,001 \$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 \$5,000,001-	\$25,000,000 \$25,000,000	\$50,000,000	Over \$50,000,000 Spouse/DC	Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE									Ц	. :	
DC	Rederat Shadent A.d	$\gamma_b$	Shot wh Loans	×										
	(	. ,												

#### 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.

Exclude: Positions listed on Schedule 1; 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

and positions solely of an incliniary nature.	altie.
Position	Name of Organization
Chorana	Notinal Unite Coller Crimo Conter
Dissid with	(SI) (Tump Start
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### SCHEDULE V - AGREEMENTS

Name Slea B. Gaiver III

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		 Upshol 1597	Date	identify the date service; continue efit plan maintain
		West mot State 4 WU	Parties To _	Identify the date, parties to, and general terms of any agreement or arrangement with service; continuation or deferral of payments by a former or current employer other the efft plan maintained by a former employer.
		Cension on Participation	Terms of Agreement	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.

# 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.

	Exar					
Source (Name and Address)	Example: Doe Jones & Smith, Hometown, Homestate	M/W				
	Accounting services	,				
Brief Description of Dutles				•		
			,			

GPO: 2013

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