<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.	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —	Each question in this part must be answered a	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.	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 Yes, complete and attach Schedule II.	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?  Yes, complete and attach Schedule I.	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	New officer or employee	Filer Candidate for the State: Ar Kansas House of Representatives District: 197	Name: Jackie McPherson	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2014 - Apr. 11, 2014
ned" income you have fi	ee on Ethic g you, your	INFOR	ınd the a	S D	Š	<u>₹</u>	FTHES		Date of Election:	Daytime	
e, transactions, or liabilities of a rest consulted with the Committe	s and certain other "excepted t spouse, or a dependent child?	ANSW	and the appropriate schedule att	VI. Did you receive compensation of magnetic a single source in the two prior years? If yes, complete and attach Scheduk	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	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.	E QUESTIONS		11/2/2014	Daytime Telephone:	FORM B For use by candidates and new
spouse or e on Ethics	rusts" need	REACH	lached fo	sation of more tha or years? Schedule VI.	ble agreement or Schedule V.	ositions on o par or in the p redute IV.			Check if Amendment		new employees
dependent child	not be	ER EACH OF THESE QUESTIONS	attached for each "Yes" response.	sation of more than \$5,000 from for years?  Schedule VI.	arrangement	r before the date rior two years?		against any individual more than 30 days late.	A \$200 pen	(C) 13. HOL	LEGISL. 2014.
Yes 🔲	Yes 🔲	QUESTION	esponse.	Yes □	<b>6</b> €	**   <u> </u>		/ individual 0 days late.	A \$200 penaity shall be assessed	NPR 18 2014 (Office Use Only)	LEGISLATIVE RESOURCE CENTER  Page 1 of 1  2014 APR 29 PM 1: 1  OFFICE SETTING CLERK
<b>8</b> ⊠	No 🔀	S		No X	<b>8</b>	<u>§</u>		who files	assessed	2014	CE CENTER  Page 1 of     :

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

McPhesson

Page 2 of 5

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 benefit	rement programs, and benefits re	its received under the Social Security Act.	Security Act.
Source (include date of receipt for honoraria)	Tvna	Amount	unt
Carrier (mondo amo o receipt or nonciaria)	. 7 00	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	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
City of Heber Springs	salary	15,551.82	63,668,75
XTO energy	spour salous	10,500,00	38,899.91
0 0	, ,		•

SCHEDULE II — ASSETS AND "UNEARNED" INCOME	ID "UNEARNED" INCOME		Name Sachic Mc Pherson Page 3 or 5
BLOCK A	вгоск в	вгоск с	BLOCK D'
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
Indicate value of asset at close of of income with a fair market value exceeding \$1,000 at reporting year. If you use a valuation the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearmed" income during the year.	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.	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate taxdeformed income (such as 401(k))	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 cains, even if reinvested, must be disclosed as
Provide complete names of stocks and mutual funds if an asset was sold during the report- (do not use ticker symbols).	If an asset was sold during the report- ing year and is included only because	plans or IRAs), you may check the "fax-Deferred" column. Dividence.	inco
For all IRAs and other retirement plans (such as 401(k) it generated income, the value should plans) provide the value for each asset held in the "Nong"	it generated income, the value should be "None"	Interest, and capital gains, even	Interest, and capital gains, even This column is for income derived from assets solely held by your It relimested, must be dis-
account that exceeds the reporting thresholds.		if the asset generated no income	

			<u> </u>			5	R	SP.		7	a <sup>*</sup> 73, 27
				TRA	3001 K		DC, Examples:		ness, the nature of the bocation in Block A.  Exclude: Your persons homes and vecation he homes and vecation he homes and vecation he homes and vecation he homes and the responsive from a federal from, a federal from, a federal the Thrift Savings Plan.  If you so choose, you home source is that of the toll (DC) or is join in the optional column of the nest a fer a detailed discussion in the optional column of the persons are fer to the instruction of the persons and the persons are fer to the instruction.	r an owners	r rental or o wide a com vital property
				Jukson a	Rental proje	1st Bank of Pa		SP Mega Corp. Stock	ness, the nature of its activities, and its geographic bocation in Block A.  Exclude: Your personal residence, including second fromes and vecation homes (unless there was rental hoome during the reporting period); any deposits totaling on the tess in personal checking or savings secounts; and any financial interest in, or income derived from, a federal refrement program, including the Thriff Savings Plan.  If you so choose, you may indicate that an asset or income sounce 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	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.
			-	ational	Samos Ax	1st Bank of Paducah, KY accounts	ıster	tock	and its geographic and its geographic strictuding second se there was rental strictuding or savings test in, or income program, including te that an asset or use (SP) or depending (SP) or depending (SP) or depending (SP), the control of the contr	rately-held business	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.
									None	>	무극
	ļ	ļ				L	L		\$1 - \$1,000	መ	*This column is for assets solely held by your spouse or dependent child.
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							L		EXCEPTED/BLIND TRUST		2 2
				<u> </u>		L	_		TAX-DEFERRED		during the reporting period.
							Royalties		Other Type of Income		
		-				┝	; <b>3</b>		(Specify: e.g., Partnership Income or Farm Income)		
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For additional assets and unearned income, use next page.

#### SCHEDULE III — LIABILITIES

Name Sachie McPheron

Page of 5

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 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

				SP, DC,	
		Eagle Bank	Example:   First Bank of Wilmington, DE	Creditor	
	-	4/5/08	May 1998	Date Liability Incurred mo/year	
		Manor estates	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
				\$10,001— \$15,000	
		×	_	\$15,001— \$50,000 <b>W</b> \$50,001—	
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	, ,			\$50,000,000 En	
<u></u>				Liability over ス \$1,000,000	

#### SCHEDULE IV — POSITIONS

cer, 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. 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

_	and positions solely of an individity flature.	altie.
	Position	Name of Organization
۸	Board member	Pension Review Board

### SCHEDULE V — AGREEMENTS

Name Sachie McPhusson

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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.

Date			
Parties To			
Terms of Agreement			

# 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

GPO: 2013

78-995 (mac)