Daytime Telephone: For use by candidates and new employees **FORM B** Amendment Check if A \$200 penalty shall be assessed against any individual who files CENTRE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 2014 MAY -7 PM 1:37 APR 30 2014 (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT

Period covered: January 1, 2017 -

74/

30

2014

Name:

Daniel C Debicelly

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

Filer Status

Candidate for the House of Representatives

State: ____ District: .

Date of Election:

more than 30 days late.

Employing Office:

New officer or employee

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Each question in this part must be answered and the appropriate schedu	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? If 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? If yes, complete and attach Schedule I.
answered	Yes 🎦	Yes 🗸	Yes 🔀
and the	S S	8	N _S
appropriate schedule attached for each "Yes" response.	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.	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.
response.	Yes	Yes	Yes X
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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

No X	Yes	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.
No X	Yes	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?

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Pageof

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: Milliary pay (such as National Guard of Reserve pay), lederal retirement programs, and benefits received under the Social Security Act.	Terrient programs, and benefits r	eceived under the Social S	ecurity Act.
Source (include date of receipt for honoraria)	Туре	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
1	Honorarium	0	\$1,000
Harris County, Texas Public Schools	spouse salary	NA	NA NA
Bridgemater Associates Worket, CT	Salay	\$242,000	8405,000
			,
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Asset and/or Income Source	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income
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.	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 tax-deferred 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 gains, even if reinvested, must be disclosed as
Provide complete names of stocks and mutual funds (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 "Tax-Deferred" column. Dividends, interest and central rains even	Income. Check "None" if no income was earned or generated.
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.	it generated income, the value should be "None."	interest, and capital gains, even if reinvested, must be dis- closed as income. Check "None"	* This column is for income derived from assets solely held by your spouse or dependent child.
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.	*This column is for assets solely held by your spouse or dependent child.	during 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	B C D E F G H - C K K		Current Year Preceding Year
location in Block A.		me)	
Exclude: rour personal residence, including second homes and vacation homes (<i>unless</i> 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	000*	r Farm Incor	
the Thrift Savings Plan.	0 00	ST.	\$1,0
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.	000 0,000 0,000 0,000 000,000 5,000,000 25,000,00	S ND TRU: D	000 000 000 000,000 5,000,000 0 0 0 0 0
For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	\$15,00 - \$50,0 - \$100 - \$25 - \$50 - \$1,0 01 - \$5 01 - \$2 001 - \$	DS GAINS ED/BLI ERRE	\$2,500 \$5,000 \$15,00 - \$50,6 - \$100 - \$1,6 01 - \$5 000,00 0C Inco \$2,500 \$5,000 - \$15,00 - \$100 - \$1,6 01 - \$5
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SpouseIDC Income over \$1,000,000°

None >	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset	BLOCK C Type of Income	Amount of Income	K D K D
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SCHEDULE III — LIABILITIES

Name Daviel C. Debrelly

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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 dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. 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-

							•	Amount of Liability		ability	•		
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٦, Ç	Creditor	Incurred mo/year	Type 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 \$25,000,001 \$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										
	Green Tree Morbage	Ag	Mothge on 12 Adjust be Stellin, CT			~	×						

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 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.	ature.
Position	Name of Organization
Incorporator	Boys and Girls Clib of Lover Unignified Villey
Incorporator	The Blimshan Group