No I) 	a spouse or dependent child lee on Ethics.	ilities of a spouse or de Committee on Ethics.	e, transactions, or liabinst consulted with the	arned" income ss you have fir	er assets, "une wer "yes" unle	report any othen? Do not ans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Commit	EXEMPTION— because they m
No M	Yes □	of be	xcepted trusts" need not be ent child?	s and certain other "e: spouse, or a depende	nittee on Ethic ting you, your	d by the Comr	rusts" approve details of such	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child	TRUSTS—Deta disclosed. Have
S	R EACH OF THESE QUESTIONS	OF THESE	ANSWER EACH O		TINFOR	OR TRUS	ENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —	EXCLUSION
	response.	ttached for each "Yes" response	ຼຸ	and the appropriate schedule		be answered	part must be	Each question in this p	
No M	§	\$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.	VI. Did you receive cor a single source in the to if yes, complete and a	<u>s</u>	Yes	any report- g period?	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.	III. Did you, your s able liability (more if yes, complete s
8 (2)	ğ D	rrangement	portable agreement or arrangement attach Schedule V.	V. Did you have any reportable agreemen with an outside entity? If yes, complete and attach Schedule V.	Š	Yes	ve "unearned" hold any of the period?	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.	II. Did you, your s income of more th reportable asset w
Ş	ýg M	before the date or two years?	stach Schedule IV.	IV. Did you hold any reportable of filing in the current calendar yelf yes, complete and attach Sc	Š	¥ ₈₈	j., salaries or ng period?	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.	l. Did you or your fees) of \$200 or m
			3 ,	- ANSWER EACH OF THESE QUESTIONS	OF THES	R EACH	or black ink	In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSW	in all sections, pk PRELIMINA
who files	against any individual v more than 30 days late.	against an more than :	Amendment	1.	Eection:)ffice:	Employing Office:	New officer or employee	Status
ssessed	A \$200 penalty shall be assessed	A \$200 per	Check if	8-9-2014	- Date of		State:	Candidate for the	
	(Office Use Only)	Z.		Daytime Telephone:	Daytime			MANAHAN	Name: JOEY MANAHAN
TATIVES	U.S. HOUSE OF REPRESENTATIVES	ี บ.ร. หดีบร		-		:			
ECENTER 2:31	LEGISLATIVE RESOURCE CENTER 2014 MAY 21 PM 12: 31	LEGISLA 2014 M	M B and new employees	FORM B For use by candidates and new		TIVES	REPRESENTATIVES FATEMENT April 30, 2014	RE OF	UNITED STATES HOUS FINANCIAL DISCLOSU Period covered: January 1

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.

Course displicate at receipt for benegation	Tymo	Amount	unt
Course (include date of fecelpt for fortionality)	Type	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 Honolulu	Council salary	\$12,123.60	\$45,620.97
State of Hawaii Dept. of Human Services	Spouse salary	NA	NA
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Page 3 of 6

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	_	<u> </u>	ļ	750	┞	<u>5</u>	SP.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling the sess in personal chedding 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.	location in Block A.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business the nature of the section	For rental or other real property held for investment, provide a complete address or a description, e.g., 'tental property,' and the city and state.	For all IRAs and other referent plans (such as 401(k) For all IRAs and other referent plans (such as 401(k) plans) provide the value for each asset held in the accepta the recording thresholds.	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 for not use these rembyles		
				Retirement Account: State of Hawaii	l	Examples:		be at the second of the second	3 5	\$ <u>\$</u> §	± 6 m		the day	Asset and/or Income Source	
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		I	1		1	1	1	Spouse/DC income over \$1,000,000*	≚			_			

SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

Name JOEY MANAHAN

Page 4 of 6

None St., 1000 St., 1000	None >	None >	None >	None	None None
\$1 - \$1,000	\$1 - \$1,000	\$1-\$1,000 \$1,001 - \$15,000 \$0	\$1-\$1,000 \$1,001 - \$15,000 C	\$1-\$1,000	\$1 - \$1,000
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Spouse/DC Asset over \$1,000,000* NONE NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specify: a.g., Partnership Income or Farm Income)	Spouse/DC Asset over \$1,000,000° ≤	Spouse/DC Asset over \$1,000,000* ≤	Spouse/DC Asset over \$1,000,000* ≤	Spouse/DC Asset over \$1,000,000°	Spouse/DC Asset over \$1,000,000° X NONE
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SCHEDULE III - LIABILITIES

Name JOEY MANAHAN Page 5 of 6

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

mig or you or yo	SP,	5 ,5	Example:	Hawaii S		
on apouso, report resoreing onaig	!	Creditor	First Bank of Wilmington, DE	Hawaii State Federal Credit Union		
	Date Liability	Incurred mo/year	May 1998	12-11-11		
mig or you or your abouse, inaport resorring eries ge executine (i.e., oroni vanes) only it the samino in the own		Type of Liability	Mortgage on 123 Main Street, Dover, DE	Personal unsecured loan		
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7 3	_	\$25,000,000 \$25,000,001~	\vdash			
Amount of Liability		\$50,000,000 Over \$50,000,000	-			
1		Spouse/DC Liability over \$1,000,000				

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
Board Member	Hawaii State Museum (7/2013 through 12/2013)

SCHEDULE V — AGREEMENTS

me JOEY MANAHAN	
Page of 6	

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.

efit plan mainta	efit plan maintained by a former employer.	
Date	Parties To	Terms of Agreement
	NONE	

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	