डू द्	Yes 🔲	pendent child	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	"unearned" income, transactions, or liabilities of a spouse or unless you have first consulted with the Committee on Ethics	arned" income	her assets, "une nswer "yes" unle	this report any of imption? Do not a	<b>EXEMPTION</b> —Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"	EXEMPTION - because they n
<b>8</b>	Yes 🔲	ot be	cepted trusts" need nont child?	s and certain other "ex spouse, or a depender	ittee on Ethic ing you, your	ved by the Comn	lind Trusts" appro-	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?	TRUSTS—Deta
S	QUESTION	OF THESE	ANSWER EACH OF THESE QUESTIONS	1	T INFOR	r, or trus	DEPENDENT	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIO
	esponse.	each "Yes" r	dule attached for each "Yes" response	ppropriate sched	and the a	be answered	nis part must	Each question in this part must be answered and the appropriate schedule	
N <sub>S</sub>	Yes	\$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 compensation of n a single source in the two prior years? If yes, complete and attach Schedul	S D	Yes 🗹	d have any report- sporting 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 able liability (mon if yes, complete
No S	Yes 🔲	rangement	portable agreement or arrangement ttach Schedule V.	V. Did you have any reportable with an outside entity? If yes, complete and attach	Š	ig []	I receive "unearmed" riod or hold any le end of the period'	II. Did you, your spouse, or a dependent child receive "unearmed" 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 income of more the reportable asset of the state of
No ON	Yes 🏹	pefore the date or two years?	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.	IV. Did you hold any reportable of filing in the current calendar if yes, complete and attach to the c	No ON	Yes 🔽	ne (e.g., salaries or reporting 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.	I. Did you or you fees) of \$200 or r
				ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH		PRELIMINARY INFORMATION — ANSW	PRELIMINA
assessed who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 penalty shall be against any individual more than 30 days late	Check if Amendment	11/4/14	Date of Election:	Ing Office:	State: District:	Candidate for the House of Representatives New officer or employee	Filer Status
	(Office Use Only)	(m		-					
		\ \ \ \		Daytime Telephone:	Daytime	Ä	EN ECDET	TRUCK ANDREW	Name:
	U.S. SPOUSE OF REPRESENDANCE	ามระหม่าได้ได้ได้							
102	ZOI311AY 31 AN II: 02	1.50:51.ATIVE	I B and new employees	FORM B For use by candidates and no		ATIVES	REPRESENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - MAY (5, 2013	UNITED ST FINANCIAL Period cover

## SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

Name	
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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.

Excitute: militally pay (such as inational cutate of tressive pay), receilal territorium programs, airo perter		is received under the operat security Act.	Security Act.
Course (include date of repoint for honoraria)	Type	Amount	unt
Course (include date of texeth for includents)	- ypa	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
7	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
CLTY OF STAUNTON, VA	SALARY	3150-	10,000
ANTIQUE + CLASSIC AUTOMOBILES, STAUNTONIN	GROSS	15,000	32,30a
AUGUSTA HEACTH, FISHERS VILLE, VA	SPOUSE SALARY	7	NA
		•	
			•
	:	:	

Asset and/or income Source  Asset and/or income Source  Asset and/or income Source  Amount of income		35	व	4	ង	g	8	ing acc der the plen	E X	† For	For E	plar Plar	(a P	repu	
None   No	Ago.	SASA SASA	goets	COMMA		T. amples.		res and vace orne during th \$5,000 or le \$5,000 or le \$5,	clude: Your p	an ownership t is not public ts, the nature	rental or oth vide a comp	all IRAs and ns) provide that excel	wide complete	ntify (a) each a ncome with a end of the ortable asset re than \$200 i	Asset a
Over \$50,000,000  Spouse/DC Asset over \$1,000,000*  X NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)  Over \$50,000,000  Check all columns that apply, For relieves and capital gains, even in income. Check "None"  Type of income  Check all columns that apply, For relieves as income (such as 401(k))  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	DEFENDATIONS POLASSICE	WAR RECEIVED FOR	TOWN, NH	BAN NEWSTATA	1st Bank of Paducah, KY accounts	Carrier & Contractor	SP Mega Corp. Stock	subon homes (unless there was rental to the was rental e reporting period); any deposits totaless in personal checking or savings any financial interest in, or income federal retirement program, including s Plan.  Plan.  Plan.  Plan.  Plan.  Plan.  Plan.  Plan.  Source (SP) or dependent of your spouse (SP) or dependent of your spouse (SP) or dependent of the far left.  Source on the far left.  Soussion of Schedule II requirements, se instruction bookdet.	A. bersonal residence, including second	interest in a privately-held business by traded, state the name of the busi- of its activities, and its geographic	3 8	⋾ <b>&amp;</b>	e names of stocks and mutual funds r symbols).	asset held for investment or production fair market value exceeding \$1,000 at reporting period, and (b) any other or sources of income which generated in "unearned" income during the year.	nd/or Income Source
Over \$50,000,000  Spouse/DC Asset over \$1,000,000*  X NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		200				Indefinite	×	\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000		B C D E	*This column is to by your spouse of	it generated inco	If an asset was s	Indicate value of reporting year. If method other that please specify the	Value
Spouse/DC Asset over \$1,000,000*  X NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income  (Specify: e.g., Partnership Income or Farm Income)		A P	×	×	×			\$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000		2 - - -	or assets solely he or dependent child.	me, the value shou	sold during the repo	asset at close of you use a valuatio an fair market value method used.	e of Asset
		*				-	×	Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS			<u></u>		·		
					×	Rovelti		INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	omel		at generated no incom reporting period.	and capital gains, eve sted, must be dis income. Check "None	RAS), you may check th red" column. <b>Dividends</b>	columns that apply. For accounts that do not accounts that do not to choose specific to choose specifies at a come fourth as 4011/1	e of Income
X   \$1,001 - \$2,500   X   X   X   \$2,501 - \$5,000   X   X   X   \$2,501 - \$5,000   X   X   X   \$2,501 - \$50,000   X   X   X   \$1,001 - \$100,000   X   X   X   \$2,001 - \$100,000   X   X   X   \$2,501 - \$100,000   X   X   X   \$2,501 - \$100,000   X   X   X   \$2,501 - \$1,000,000   X   X   X   \$2,501 - \$1,000,000   X   X   X   \$2,501 - \$1,000   X   X   X   \$2,501 - \$1,000   X   X   X   \$2,501 - \$1,000   X   X   X   \$2,501 - \$5,000   X   X   X   \$2,501 - \$5,000   X   X   X   \$2,501 - \$5,000   X   X   X   \$2,501 - \$1,000   X   X   X   X   \$2,501 - \$1,000   X   X   X   \$2,501 - \$1,000   X   X   X   X   \$2,501 - \$1,000   X   X   X   \$2,501 - \$1,000   X   X   X   X   \$2,501 - \$1,000   X   X   X   \$2,501 - \$1,000   X   X   \$2,50	×	*	Κ.	~				None \$1 - \$200	=			rods ut.	inco		
\$100,001 - \$1,000,000					×	×	×	\$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000	<	Current Ye		column is for inc	e. Check "None"	sets for which you he "None" colum by checking the	
S1 - \$200			×	×		- - - -		\$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	×	2		ome derived nild.	if no income	u checked "Tan. For all othe appropriate appropriate	Amount of
\$5,001 - \$15,000 \$\frac{1}{2}\$ ing year be disclose \$50,001 - \$1,000,000 \$\frac{1}{2}\$   \$100,001 - \$5,000 000 \$\frac{1}{2}\$   \$100,001 - \$1,000 000 \$\frac{1}{2}\$   \$100,000 \$\fra					×			\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000	= ~	Preced	į	from assets s	was earned or	ax-Deferred" in assets, indicated box below. Div	Income
			<del> </del>			-		\$15,001 - \$50,000 \$50,001 - \$100,000	VII VIII	ing Year		iolely held by	generated.	Block C, you ate the categor widends, inte	

## SCHEDULE III — LIABILITIES

Name BRUCE A. ECDET

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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 sibling 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. 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 furnitive the reporting period.

4			SP, DC, JT					
DISCOVER	BANK OF PAMERIECA	Example: First Bank of Wilmington, DE	Creditor					
を記	7468 7468	May 1998	Date Liability Incurred mo/year					
CRESSET CARS	the of creats	Mortgage on 123 Main Street, Dover, DE	Type of Liability					
		-	\$10,001— \$15,000					
×	×		\$15,001— \$50,000 <b>0</b>					
	-	<u> </u>	\$50,001— \$100,000 O \$100,001—					
		×	\$250,000 <b>5</b>					
	ļ <u>.</u>	-	\$500,000 m s500,001— s1,000,000 G S5,000,000 H s25,000,000 H s25,000,000 H					
			\$1,000,000 T S \$1,000,001— G S \$5,000,000 G					
			\$5,000,001— ± \$					
			\$25,000,001— \$50,000,000					
		_	Over \$50,000,000					
			Spouse/DC Liability over ス \$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 inchorary riations.	atule:
Position	Name of Organization
TRUSTEE	R.R. SMETH CENTER FOR HISTORY AND ARCT, FOUNDMENDOW, STADWINN, VA
PROPRIETOR	BRUCE A. ELDER ANTIQUE AND CLASSIC ANTOMOSSICES, STAWNW, UA