UNITED STATES HOUSE OF REPRESENTATIVES FORM B Period covered: January 1,For use by candidates and new employees		Page 1 of
Name: Margie Wakeld Daytime Telephone:	2013 683 15 AT 16: 35	3
	(Office Use Only)	(
Filer Candidate for the State: KNN335 Date of Check if House of Representatives District: 2 Election: Amendment Amendment Employee Employing Office:	A \$200 penalty shall be against any individual versione than 30 days late.	assessed who files
In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
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 Ves, complete and attach Schedule I.	fore the date two years? Yes	™
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 V. Did you have any reportable agreement or arrangement with an outside entity? With an outside entity? If yes, complete and attach Schedule V.	ngement Yes	No
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes 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.	5,000 from Yes	S S
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	ach "Yes" response.	
XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF	WER EACH OF THESE QUESTIONS	Ø
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?	t be	No V
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.	endent child Yes	No C

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Margie Wakefield

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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 henefits received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and	rement programs, and benefits re	benefits received under the Social Security Act.	ecurity Act.
Source (include date of receipt for honoraria)	Type	Amount	
Course (include date of receipt for includants)	- 7 00	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	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
Margic Walufield Law Offices, PA	Salary	53, 333. 36	68,276
Margie Walchild Law Other PA	Distribution	28,000.00	510 19
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Amer hunds (spirts) World & & II		Amer Funds Browth Fund of An	Amer. Funds Morea Market	April Funds Smalleap World	First Eagle Blobal Fund		Examples:	SP Mega Corp. Stock	ness, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless 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 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.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi-	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. 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.	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 (do not use ticker symbols).	BLOCK A Asset and/or income Source
X	<u> </u>	X	×	×	×	×	Indefinite	X	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 \$25,000,001 - \$50,000,000 Cver \$50,000,000 Spouse/DC Asset over \$1,000,000*	ABCDEFGHIJKLM	it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.	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. If an asset was sold during the reporting year and is included only because	BLOCK B Value of Asset
	×	×	×	×	×	×	Royaltes	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments at that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends,	BLOCK C Type of Income
						×	X	×	None	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. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK D Amount of Income

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Margie Wake Field

Page 4 of Le

Asset and/or Income Source Value of Asset			 <u> </u>											р С	SP,		
None											<u> </u>		Margie Walcheld Law Offices 7			Asset and/or Income Source	BLOCK A
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SCHEDULE III — LIABILITIES

Name Margil Walufield

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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); toans 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 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-

SP,		Date Liability		A	- □	0	0	Amount of Liab	- 큐		_ = ₹	_	ے	*
JT DC,	Creditor	Incurred mo/year	Type of Liability	\$10,001— \$15,000	\$15,001— \$50,000	\$50,001 \$100,000	\$100,001— \$250,000 \$2 50,001 —	\$500,000 \$500,001—	\$1,000,000 \$1,000,001—	\$5,000,000 \$5,000,001—	\$25,000,001— \$25,000,001—	\$50,000,000	Over \$50,000,000 Spouse/DC	iability over
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE								1	- 1	1	k
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	Capital City Bank		Morteger on 300 University Lewers	X									1	
				X										

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 origin an inchionary materior	IAWI C.
Position	Name of Organization
Prisident	Margie Wakefield Law Offices PA
Member at Large	Board - Bia Brothers and Big Sisters of Douglas Court

SCHEDULE V — AGREEMENTS

Name Margie Walkfield Page 6 of 6

efit plan maintained by a former employer.
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 ben-
ent; a l

ent plan mainta	ent 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