S N	ld Yes	pendent chil	ties of a spouse or dependent child ommittee on Ethics.	s, transactions, or liabilities to consulted with the Co	arned" income ss you have fir	er assets, "une swer "yes" unle	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilit because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the C	N - Have you exclud y meet all three tests	EXEMPTIC because the
N _o	Yes 🔲	ot be	epted trusts" need not child?	upproved by the Committee on Ethics and certain other "excepted to such a trust benefiting you, your spouse, or a dependent child?	nittee on Ethic ting you, your	ed by the Comn	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?	Details regarding "Qu lave you excluded fro	TRUSTS-I
S	E QUESTION:)F THESI	- ANSWER EACH OF THESE QUESTIONS	MATION - ANS	TINFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	ON OF SPOU	EXCLUS
	s" response.	each "Yes	ule attached for each "Yes" response.	ppropriate schedu	and the a	e answered	Each question in this part must be answered and the appropriate schedu	Each questic	
No D	Yes	\$5,000 from	bensation of more than ξ prior years? ach Schedule VI.	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.	<u>8</u>	Yes V	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.	our spouse, or a depen nore than \$10,000) dur ete and attach Schedu	III. Did you, y able liability (i If yes, compl
Z	Yes	rangement	ortable agreement or arrangement tach Schedule V.	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V	<u>8</u>	New Color	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 spouse, or a dependent income of more than \$200 in the reporting reportable asset worth more than \$1,000 if yes, complete and attach Schedule II.	II. Did you, yo income of mo reportable as if yes, compl
Š	Yes 🔲	pefore the date	ortable positions on or bendar year or in the prionach Schedule IV.	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.	<u>8</u>	Yes 🖸	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?	I. Did you or your spouse have "earned" in fees) of \$200 or more from any source in if yes, complete and attach Schedule I.	I. Did you or fees) of \$200 if yes, compl
				EACH OF THESE QUESTIONS	OF THES		In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER	In all sections, please type or print clearly in blue of PRELIMINARY INFORMATION —	tn all section PRELIMI
		more tha				Office:	or Employing Office:	New officer or employee	Status
assessed who files	A <i>\$200 penalty</i> shall be assessed	A \$200 t	Check if Amendment	Hoknows 1	Date of Election:	ام	Candidate for the State:	Candidate for the House of Represe	Filer
	(Office Use Only)	U.							
		`		Daytime Telephone:	Daytime		Traham	Makolm	Name:
ERK	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S.				:		>	
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age 1 of E CENTER	LEGISLATIVE RESOURCE CENTER	LEC	œ	FORM		ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	STATES HOUS	UNITED

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name HALLOW GRAHAM

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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
ist 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

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act

Exclude: Military pay (such as National Guard or Heserve pay), tederal retirement programs, and benefits received under the Social Security Actuals.	ement programs, and benefits re	ceived under the Social	Security Act.
Course (include date of receipt for hoperarie)	Type	Amount	unt
Source (licitate date of receipt for nonoralia)	·ype	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
A JOHNSON CISMITA UNIVERSITY, CHAPLE	Solony	\$ 86,627	# 95, 285 71
NORTH CAROLINA GENERE! Assembly	Salary	36,238	A3, 399 55
CAROLINAS HERITA CLAS Systems CHAN CONSUltant	Consultant PEE	17,500	17,50000
Commutate ONE BONK CHAN, NO	Spouse Splay	N/a	Na
	Spous Sclary		
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Fibilty	NEILS FAGO	NO STATE POTING	TIAL CREF	1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	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.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental	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 location in Block A.	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.	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	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.	Asset and/or Income Source	BLOCK A
*	<u></u>	>	×	×	Indefinite	×	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 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000		A BB C D E F G H - L K F	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	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.	Value of Asset	вгоск в
	×	*	<i>></i> ∼	×	Royalties	×	Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm In	ncome)	during the reporting period.	if reinvested, must be dis- closed as income. Check "None"	plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate taxdeferred income (such as 401(k)	Type of Income	BLOCK C
	>- -	×	X X		×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000	>	Current Year		* This column is for income derived from assets solely held by your spouse or dependent child.	income. Check "None" if no income was earned or generated	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	Amount of Income	BLOCK D
							\$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	5	∏ ₹		s solely held by your	or generated.	in Block C, you may licate the category of Dividends, Interest, st be disclosed as		

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SCT	SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	Ā	ć	Ž	Ę		ĩ	Ē	Q	_	Z	R	Ž	而											z	Name	Φ				1 1		1			1	1	1	1	1	1		Page	ge	1	 <u> </u>	ا آ			
	BLOCK A					_	вгоск в	8	6										BLOCK C	Š	ô										ļ	ļ	ļ		_	35	вгоск	ô	•			ŀ	j		ļ				_ 1	
	Asset and/or Income Source				<	al	Value of Asset	으	×	Š	*					_	7	þe	0	₹	ನ್ನ	Type of Income	Φ										>	Ę	2	2	Amount of Income	3	င္ပ	₹	W									
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		None	\$1 - \$1,000	\$1,001 – \$15,000	\$15,001 \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,00	\$250,001 - \$500,00	\$500,001 - \$1,000,	\$1,000,001 - \$5,00	\$5,000,001 - \$25,0	\$25,000,001 - \$50,	Over \$50,000,000	Spouse/DC Asset ov	NONE	DIVIDENDS	RENT		INTEREST	CAPITAL GAINS	EXCEPTED/BLIND	TAX-DEFERRED	Other Type of Inco	Partnership Income	None	\$1 – \$200	\$201 \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,00	\$1,000,001 - \$5,000,	Over \$5,000,000	Spouse/DC Income over \$1,		None	\$1 - \$200	\$201 \$1,000	\$1,001 - \$2,500	\$2,501 \$5,000	\$5,001 - \$15,000	\$15,001 \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,00	\$1,000,001 - \$5,000,	Over \$5,000,000	Spause/DC Income over \$1,	
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SCHEDULE III — LIABILITIES

Name HALBOUM GRAHAM

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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. 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

							АПІ	ount o	Amount of Liability	Шту			
SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	\$10,001— \$15,000 >	\$50,000 00	\$100,000 · · · · · · · · · · · · · · · · ·	\$250,001— \$500,000 m	\$500,001— \$1,000,000	\$1,000,001— \$5,000,000	\$5,000,001— \$25,000,000 ±	\$25,000,001— \$50,000,000 Over	\$50,000,000 C Spouse/DC	Liability over ス \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE			\Box							
95	WEILS Fugo Beak	61/01	FUSTAII MENT LOON								×		
70	AMEMON Express	1/91	caedit cord	×									
	BBST	6/00	count cond	×									
	Spans Rinner	6/10	REV. LORN	×									

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

and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

alla positiono sololy of an honorary materio.	I MANUAL C.
Position	Name of Organization
Bond HEYBER	North Corolina Housing Assing
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SCHEDULE V — AGREEMENTS

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Oin pice.	Cite president repair of a restrict original ori	
Date	Parties To	Terms of Agreement
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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