	<u>8</u>	Yes		because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	because they meet all three tests for ex
1	- 1	:] 	pendent child	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child	EXEMPTION — Have you excluded fro
\	No Z	Yes	ot be	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—Details regarding "Qualified disclosed. Have you excluded from this
	S	EACH OF THESE QUESTIONS)F THESE (DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF	EXCLUSION OF SPOUSE,
-		esponse.	each "Yes" re	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	Each question in
1	<u>C</u>	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.	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.
*	No U	Yes CQ	rangement	ild receive "unearned" V. Did you have any reportable agreement or arrangement eriod or hold any with an outside entity? the end of the period? Yes No With an outside entity? If yes, complete and attach Schedule V.	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.
	S S	Yes	refore the date	ome (e.g., salaries or Yes No No No If 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.	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.
-				ON - ANSWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION
•				in blue or black ink.	in all sections, please type or print clearly in blue or black ink.
	assessed who files	, v	A <i>\$200 penalty</i> shall be against any individual more than 30 days late.	State: Date of Check if District: State: Date of District: State: Date of District: State: Date of District: State: Date of District: District: Date of District: District: Date of District: District: Date of District: District	Filer Candidate for the House of Representatives Status New officer or employee
-		(Office Use Only)	B.		
	KATIVES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S. KOUSE	CS N4 (A Daytime Telephone	Name: Alnualo Es
,	Page 1 of 6	Page 1 of LEGISLATIVE RESOURCE CENTER 2014 FEB 27 AM II: 46	LEGISLAT 2014 FE	FORM B (3 (2/3////)3 For use by candidates and new employees	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 (2/3/1)
	2014 /	140 19 2014	-		

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Page 1	

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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 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. 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

					, ,		i	100	' d bu	MUM	_	Examples:				
									Juna State Seville Be SICH	Mumber State Crops ,	Harris County, Texas Public Schools	First Bank & Irust, Houston, TX	XYZ Corporation, Houston, TX	(include date of toolph of foliation)	Source (include date of receipt for honoraria)	
				_							Spouse Salary	Director's Fee	Salary			1
								•	RIMAGRACIA	Jalany.	alary	Fee		.)	Type	9
									\$ 12,305 1	\$21,33222	NA NA	\$400	\$6,300	Current Year, to Filing	Amı	
								4	\$ 10,533	52 095 FBB	NA NA	\$3,200	\$28,450	Preceding Year	Amount	Coccity i to:
:		<u> </u>						 	*	1						L

Asset and/or Income Source **BLOCK A**

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 more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated

(do not use ticker symbols). Provide complete names of stocks and mutual funds

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 a complete address or a description, For rental or other real property held for investment, rental property," and the city and state. e.g.

Spouse/DC Income over \$1,000,000*

≚

BLOCK B

Value of Asset

please specify the method used. method other than fair market value reporting year. If you use a valuation Indicate value of asset at close of

it generated income, the value should be "None." If an asset was sold during the reporting year and is included only because

*This column is for assets solely held

by your spouse or dependent child.

allow you to choose specific if the asset generated no income closed as income. Check "None" if reinvested, must be disdeferred income (such as 401(k) investments or that generate taxplans or IRAs), you may check the interest, and capital gains, even Tax-Deferred" column. Dividends,

Type of Income

BLOCK C

Check all columns that apply. For retirement accounts that do not

Amount of Income

BLOCK D

and capital gains, even if reinvested, must be disclosed as check the "None" column. For all other assets, indicate the category of income. Check "None" if no income was earned or generated. income by checking the appropriate box below. Dividends, interest, For assets for which you checked "Tax-Deferred" in Block C, you may

spouse or dependent child * This column is for income derived from assets solely held by your

							_				
				100101	A > A \ 0	JSt Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	bomes 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.	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 its activities, and its geographic
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Spouse/DC Income over \$1,000,000*

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		Asset and/or Income Source				<	<u>a</u>	ue	<u>o</u>	Value of Asset	SS	œ						J	ਕ੍ਰੋ	Ö	Type of Income	ŭ	3	ō										ъ	Ę	2	⊋	<u>o</u>	Ž	Amount of Income	Te									
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SCHEDULE III — LIABILITIES

Name De MAR IND ESPORTING Page I of 6

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

					SP, DC, JT
	(4.0)		Dissim Maler deceptand rollo	Example: First Bank of Wilmington, DE	Creditor
		-	· 10/6	May 1998	Date Liability Incurred mo/year
			le speed which	Mortgage on 123 Main Street, Dover, DE	Type of Liability
			X		\$10,001 \$15,000
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					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, 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);

n Pysition	Name of Organization
WHOMILL FORMA	1) Koly M Knoto, On
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Accounting services	
Brief Description of Duties	Source (Name and Address)
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.	Report sources of such compensation received by you or your business affiliated clients and customers of any corporation, firm, partnership, or other business a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Gove recognized by law. Do not repest information listed on Schedule I.
,000 PAID BY ONE SOURCE	SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE
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Terms of Agreement, 1	Date / Parties To
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.	Identify the date, parties to, and general terms of any agreement or arrangerrespective; continuation or deferral of payments by a former or current employer effit plan maintained by a former employer.
Name FRUITHUTS/IA(Page 19 of p	SCHEDULE V — AGREEMENTS

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