

<b>§</b> ⊠	Yes	ependent child	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	arned" income	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liat because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the
N <sub>N</sub>	Yes 🔲	ot be	s and certain other "excepted trusts" need not be spouse, or a dependent child?	nittee on Ethics ling you, your	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted to disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?
Ø	QUESTION	OF THESE (	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	esponse.	each "Yes" r	ppropriate schedule attached for	and the a	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response
N <sub>O</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.	<u>8</u>	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes complete and attach Schedule III.
N <sub>o</sub>	Yes	rangement	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	<b>№</b>	-3 -
<b>8</b>	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.	No No	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. \$6 (III) \$(1111) 4 (1111)
			E QUESTIONS	EACH OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
	0 days late.	more than 30 days late			
assessed who files		A <i>\$200 penalty</i> shall be against any individual	4 May 2014 Check if Amendment	Date of Election:	Filer Candidate for the State: TX 45 House of Representatives District:
	(Office Use Only)				O CONTRACTOR OF THE CONTRACTOR
TIVES .	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE C	Davtime Telephone:	Davtime .	Name: Shipling To Notta Metalia
Page 1 of 6 ENTER 27	Page 1 LEGISLATIVE RESOURCE CENTER 2014 MAY 23 PM 1: 27	LEGISLATIV 2014 MAY	<b>FORM B</b> For use by candidates and new employees	<u>11</u>	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT  Period covered: January 1, 2014 - 10, 3014

## 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.

Examples:    XYZ Corporation, Houston, TX   First Bank & Trust, Houston, TX   XYZ Trade Association, Chicago, IL. (Rec'd December 2)   Harris County, Texas Public Schools   \( \frac{\partial P}{\partial P} \)	Solido: Innina	Amount	Tellielit programa, and benens in	Amount Amount	unt
	ú	Source (include date of receipt for nonoraria)	Type	Current Year to Filing	Preceding Year
	XYZ Corp	poration, Houston, TX	Salary	\$6,300	\$28,450
	1	k & Trust, Houston, TX	Director's Fee	\$400	\$3,200
Harris County, Texas Public Schools  WA		le Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
	Harris Co	ນunty, Texas Public Schools	Spouse Salary	NA	NA
		NA			
			200		
			50 50 50		

#### SCHEDULE II — ASSETS AND "UNEARNED" INCOME 8 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. ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income If you so choose, you may indicate that an asset or the Thrift Savings Plan. that is not publicly traded, state the name of the busithe end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at please refer to the instruction booklet For a detailed discussion of Schedule II requirements derived from, a federal retirement program, including income during the reporting period); any deposits totalhomes and vacation homes (unless there was rental Exclude: Your personal residence, including second location in Block A. ness, the nature of its activities, and its geographic For an ownership interest in a privately-held business provide a complete address or a description, For rental or other real property held for investment, account that exceeds the reporting thresholds. For **all IRAs** and other retirement plans (such as 401(k) plans) provide the value for each asset held in the (do not use ticker symbols) Provide complete names of stocks and mutual funds more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated Identify (a) each asset held for investment or production "rental property," and the city and state. Examples: Asset and/or Income Source Simon & Schuster Mega Corp. Stock 1st Bank of Paducah, KY accounts **BLOCK A** it generated income, the value should be "None." by your spouse or dependent child. please specify the method used None If an asset was sold during the reportmethod other than fair market value, reporting year. If you use a valuation ing year and is included only because Indicate value of asset at close of This column is for assets solely held w \$1 - \$1,000 C Indefinite \$1,001 - \$15,000 \$15,001 - \$50,000 o Value of Asset Ш \$50,001 - \$100,000 BLOCK B ন × \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ۲. \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 ٦ Over \$50,000,000 Ζ Spouse/DC Asset over \$1,000,000\* × NONE if the asset generated no income Check all columns that apply. For closed as income. Check "None" if reinvested, must be disinterest, and capital gains, even "Tax-Deferred" column. Dividends plans or IRAs), you may check the deferred income (such as 401(k) investments or that generate taxallow you to choose specific retirement accounts that **DIVIDENDS** Type of Income RENT BLOCK C INTEREST **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED do not Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200= ≡ \$201 - \$1,000 \$1,001 - \$2,500 7 Current Year < × × \$2,501 - \$5,000 ≤

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X VIIVIII IX

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Preceding Year

\$5,001 - \$15,000

\$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000

Over \$5,000,000

\$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

None \$1 - \$200

××

\$1,000,001 - \$5,000,000

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

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

BLOCK D

#### Amount of Income

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

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

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation

DC

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SP,

None   >	inuation Sheet (if needed)  BLOCK A  BLOCK B	BLOCK B	вгоск с	Name hindrey 30 Noth Make I
\$1-\$1,000	Asset and/or Income Source	e Value of Asset	Type of Income	Amount o
\$1 - \$1,000		8 C D E F G H I J K L	ify: e.g.,	Current
		\$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 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Spec	None
	NA			

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### SCHEDULE III — LIABILITIES

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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 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 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.

								nom	Amount of Liability	_iabili	ty			
DC SP	Creditor	Date Liability Incurred	Type of Liability	>		ဂ			1	0 <b>1</b>	00 <del>-</del>	00 -	С	/er ス
JT		mo/year		\$10,001 \$15,000	\$15,001— \$50,000	\$50,001 \$100,000	\$100,001— \$250,000 <b>\$250,001</b> —	\$500,000 \$500,001—	\$1,000,000 <b>\$1,000,001</b>	\$5,000,000 \$5,000,001	\$25,000,00 <b>\$25,000,0</b> 0	<b>\$50,000,0</b> 0 Over	\$50,000,00 <b>Spouse/DC</b>	Liability ove \$1.000.000
	Example:   First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE								Н	Н		H
	NA													

### **SCHEDULE IV — POSITIONS**

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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.	ature.
Position	Name of Organization
NA	

## SCHEDULE V - AGREEMENTS

Name

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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.

Date	Parties To	Terms of Agreement
	HN	

# 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
MA	