UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	P	Page 1 of 🔑
30, 2014	For use by candidates and new employees	LEGISLATIVE RESOURCE CERTER	
Name: MICHAEL WILDES Daytime	Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES	VES
		(Office Use Only)	
Filer Candidate for the State: 43 House of Representatives District:9 Election: Status Status Remployee Employing Office:	on: Check if Amendment	A <i>\$200 penalty</i> shall be a against any individual w more 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	SE 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 No	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.	pefore the date or two years? Yes	□ S
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.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	rangement Yes	Š.
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No	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 X	S S
Each question in this part must be answered and the appropriate schedule	appropriate schedule attached for	attached for each "Yes" response.	
XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	RMATION — ANSWER EACH O	OF THESE QUESTION	S
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?	ics and certain other "excepted trusts" need no	ot be Yes	8
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obecause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	re, transactions, or liabilities of a spouse or dependent child first consulted with the Committee on Ethics.	ependent child Yes	Š Ž

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name MICHAEL WILDES

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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.

Amount	Tellian programs, and perions in	Amount	unt
Source (include date of receipt for nonoraria)	Туре	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
WILDES + WEINBERG PC	SALARY	450,000	690,500
WILDES + WEINBERG PC	Spouse	24,300	31,162
VESHIVA UNIVERSITY	SALARY	1,400	4300
		,	•

mc 725-07647	ML 725-941270.RET	ML 725-941269 RET	mL 725-19488	mr 725-19486	mL 725-19487	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock		Exclude: Your personal residence, including second	nterest in a privately-held business traded, state the name of the busi- rits activities, and its geographic	astment, on, <i>e.g.</i> ,	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.	value exceeding \$1,000 at value exceeding \$1,000 at value exceeding \$1,000 at value, and (b) any other of income which generated d"income during the year.	
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 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000		A B C D E F G G F F G F F F F F F F F F F F F F	*This column is for assets solely held by your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	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 report-	BLOCK B Value of Asset
XXX	×××	× × ×	XXX	XXX	×××	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ome)		during the reporting period.	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None"	check all columns trial apply, ror retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column, Dividents.	BLOCK C Type of Income
X	×.	*	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 \$1,000,001 - \$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 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		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 MICHAEL

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SCHEDULE III — LIABILITIES

Name MICHAEL WILDES

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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.

								Amou	nt of	Amount of Liability	ity			
7 %	Creditor	Date Liability	Type of Liability	A	В	င		(FI)		Ç,	0 =			i
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	\$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	Spouse/DC Liability over \$1.000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE											
									:					

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.

and positions solely of an honorary nature.	rature.
Position	Name of Organization
AHORNEU	WILDES AND WEINBERG PC
ADTUNCT PROFISER	ADTUNCT PROFIESOR CARDOZOSOMOOL OF LAW

SCHEDULE V — AGREEMENTS

Name MICHAEL WILDES

	Date	identify the date, poservice; continuation efft plan maintained
	Parties To	identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employs service; continuation or deferral of payments by a former or current employer other than the U.S. Government; efft plan maintained by a former employer.
	Terms of Agreement	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.

# F		
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.

			WILDES AND WEINBERG PC	Example: Doe Jones & Smith, Hometown, Homestate	Source (Name and Address)	9
			1. CEM. SERVICES	Accounting services	Brief Description of Duties	

GPO: 2013 78-995 (mac)