Page 1 of

2013 AUG - 7 PH 2: 03

Period covered: January 1, 2013

2014

For use by candidates and new employees

FORM B

Name:

lames & Mowrel

Daytime Telephone:

6/3/2014

FINANCIAL DISCLOSURE STATEMENT

UNITED STATES HOUSE OF REPRESENTATIVES

ESTREET SERVICE ANTE

(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

In all sections, please type or print clearly in blue or black ink

Filer Status

House of Representatives

State: __ District:

24

Date of Election:

Check if Amendment

Employing Office:

Candidate for the

New officer or

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ANSWER EACH OF THESE QUESTIONS

Each question in this part must be answered and the appropriate sched	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.	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.	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.
answered	Yes	Yes	Yes 🛚
and the a	№	No No	N _O
appropriate schedule attached for each "Yes" response.	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.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	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.
response.	Yes	Yes 🔲	Yes 🗌
	No] No] N

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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. **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? Yes Yes <u>₹</u> š M

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.

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 of Reserve pay), lederal retirement programs, and t	ment programs, and penents in	Derients leceived under the Social Security Act.	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	
	. 345-	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	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
Defortment of the ALMY- DEFESE Finance's Acts for Solury	Salury	55,000	108, 908

ror rental or orner real property need for investment, provide a complete address or a description, e.g., "rental property," and the city and state. 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. 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. TALL GAINS EPTED/BIED TRALE GAINS EPTED/BIED TALL GAINS EPTED/BIED TALL GAINS EPTED/BIED TOTAL TEAL GAINS TOTAL TEAL GAINS EPTED/BIED TOTAL TEAL GAINS	BLOCK A Asset and/or Income Source 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). 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 of Asset 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 it generated income, the value should be "None."
S	nt plans (such as 401(k) such asset held in the ling thresholds. ty held for investment, or a description, e.g., of state.	it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.
\$1,000 01 - \$15,000 001 - \$50,000 001 - \$100,000 001 - \$250,000 001 - \$500,000 001 - \$500,000 0001 - \$5,000,000 00,001 - \$5,000,000 00,001 - \$5,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000 \$50,000,000	n a privately-held business tate the name of the busi- ivities, and its geographic	8 C D E F G H
\$1,000 01 - \$15,000 101 - \$50,000 101 - \$50,000 101 - \$250,000 101 - \$250,000 1001 - \$500,000 100,001 - \$5,000,000 100,001 - \$5,000,000 100,001 - \$50,000,000 100,001 - \$50,000,000	Your personal residence, including second of vacation homes (unless there was rental ring the reporting period); any deposits total-or less in personal checking or savings and any financial interest in, or income in, a federal retirement program, including avings Plan.	
\$1,000 \$1,000 11 - \$15,00 101 - \$50,60 101 - \$50,60 101 - \$50,00 100 - \$50,00 100,001 - \$50,00	u so choose, you may indicate that an asset or ne source is that of your spouse (SP) or depen- child (DC) or is jointly held with your spouse (JT), e optional column on the far left.	000 ,000 0,000 0,000
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SP Mega Corp. Stock Examples: Simon & Schuster Indefinite 1st Bank of Paducah, KY accounts X	12050 - Und Survey High	
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SP Mega Corp. Stock Simon & Schuster Ist Bank of Paducah, KY accounts Thrift Swing Plun — LZOSO RENTA I Property - DOS MOINS, IA Bank of America Accounts American Funds Noth IRA American Funds Noth IRA American Funds Noth IRA X	R. Mest Matual whole lite langles	Д

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None	Continuation Sheet (if needed)	ed)	•	Name	Pageof
None	BLOCK A	вгоск в	BLOCK C	BLOCK D	-
None Si - \$1,000 Or Si -	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	
None	SP,	B C D E F G H J K L	ѓу: ө.g.,	Current Year	
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\$1-\$1,000 \$1,001 - \$15,01 \$15,001 - \$16,01 \$15,001 - \$16,01 \$15,00,001 - \$2 \$25,000,001 - \$1 \$15,000,001 - \$2 \$25,000,001 - \$1 \$15,000,001 - \$2 \$25,000,001 - \$1 \$25,000,001 - \$1 \$25,000,001 - \$1 \$25,000,001 - \$1 \$25,000,001 - \$1 \$25,000,001 - \$1 \$25,000,001 - \$1 \$25,000,001 - \$1 \$25,000,001 - \$1 \$25,000,001 - \$1 \$25,000,001 - \$1 \$25,000,001 - \$1 \$25,001 - \$15,000 \$25,001 - \$10,000 \$25,00	C	,000 0,000 50,000 00,000 ,000,00 \$5,000 \$50,00	NS LIND T ED f Incom	0 00 000 000,000 ,000,000 0	0 00 000 00,000
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SCHEDULE III — LIABILITIES

Name James & Mowier

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

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Citibank	b6'01 1	Ally Auto	Suntrust bank	wells Fargo	Example: First Bank of Wilmington, DE	Creditor	
MALTOIL	Aparon	165,931	ARRINS	AM2 2007	May 1998	Liability Incurred mo/year	1
MALDON CASH / Revolving	Appropriate Auto logan.	Auto loan	APRING Mostgare 313 crawford St	APRICOT MOSTGAGE 4500 CONFUSE AVE	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
X	×	X				\$10,001 \$15,000	
						\$15,001— \$50,000	
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						Over \$50,000,000	
		-		-		Spouse/DC Liability over ス	

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.

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 nonorary flature.	aule.
Position	Name of Organization
Special Assistant + + Warson	Special Assistant "Howaran Under Secretary of the Army, US Army
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SCHEDULE V — AGREEMENTS

Name	_
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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;	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employ
	ernment; or continuing participation in an employee welfare or ben-	e employment; a leave of absence during the period of government

City City	City proper interior was and an extensive window of the contract of the contra		
Date	Parties To	Terms	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 1.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services