₹ X 	Yes	ependent child	lies of a spouse or de ommittee on Ethics.	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.	arned" income	er "ves" untes	eport any othe	excluded from this a e tests for exemptio	ON - Have you ev meet all three	EXEMPTION Decause the
\ <u>§</u>	Yes 🔲	ot be	cepted trusts" need not	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?	ittee on Ethicing you, your	d by the Comn	usts" approved	ng "Qualified Blind T ded from this report	Details regardin	TRUSTS- disclosed.
S	QUESTION	OF THESE (ANSWER EACH OF THESE QUESTIONS	1	T INFOR	OR TRUS	ENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	ION OF SI	XCLUS
	esponse.	each "Yes" r	ule attached for	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	and the a	e answered	art must be	estion in this p	Each qu	
§	Yes [\$5,000 from	pensation of more than opinor years? tach 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.	N _S	Yes	any report- y period?	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.	your spouse, or a more than \$10,00 lete and attach	III. Did you, able liability If yes, comp
§ ⊠	Yes	rrangement	ortable agreement or ar	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	N _o	Yes	/e "unearned" hold any of the period?	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.	our spouse, or a ore than \$200 in the set worth more the lete and attach to the set worth more the set worth more the set worth more than the set worth more than the set worth more than the set worth more set worth more than the set worth more th	II. Did you, income of m reportable a h yes, com
<u>\$</u>	Yes	before the date or two years?	ortable positions on or the price tach 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.		Yes 🔀	,, salaries or ng period?	 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. 	your spouse have or more from an	l. Did you o fees) of \$200 If yes, com
				ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	- ANSWE	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW	NARY INF	n all section
assessed who files	· - e	A <i>\$200 penalty</i> shall be against any individua more than 30 days late	Check if Amendment	3/4/14	Date of Election:	TEXAS	State: TEXA: District: 11 Employing Office:	Candidate for the House of Representatives New officer or employee	Candidate House of New office employee	Filer Status
:	(Office Use Only)	W. «		·						:
ATIVES	CLS. LIDUSE OF REPRESENTATIVES	C.S. (1908)		Daytime Telephone:	Daytime		,	Marven Nade Brown	Marven	Name:
Page 1 of T	Page 1 of LEGISLATIVE RESOURCE CENTER 2014 MAR -4 PM 1:52	2014 H	Ͷ B and new employees	FORM B		TIVES	RESENTA	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 -	STATES HIAL DISCLO	UNITED FINANC
	POSTIKARK ILLEGIBLE	POSTK								

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name MARVEN WARE BROWN

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						browdwood BULLETIN	TOP-KUT LLC, MAY, TX	Harris County, Texas Public Schools	XYZ Trade Association, Chicago, IL (Rec'd December 2)	-	XYZ Corporation, Houston, TX	Care (include date of recorpt to Frontialia)	Source (include date of receipt for honoraria)	Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and l	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 according \$1,000. See a symples below	
						SPOUSE WAGES	SALARY + FEES	Spouse Salary	Honorarium	Director's Fee	Salary	1900	Type	tirement programs, and benefits r	r than the filer's current employm d amount of any honoraria; list onl	
							4,000.00	NA	0	\$400	\$6,300	Current Year to Filing	Amount	benefits received under the Social Security Act	ent by the U.S. Governme ly the source for other spo	
							66,750.	NA	\$1,000	\$3,200	\$28,450	Preceding Year	ount	Security Act.	ent) totalling \$200 or ouse earned income	

<u> </u>	TOO KUT LILC - HAY FARK	lest estate vates head costit	teal extens Deeds has been been	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	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 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.	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., thental 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.		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
×	×	×	×	×	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 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 - \$50,000,000	00	A 88 C D E E E E E E E E E E E E E E E E E E	*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	BLOCK B
X	I Have	X		×	Royaties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUE TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Inc)	during the reporting period.	If reinvested, must be dis- closed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Deferred" column. Dividends, Interest, and capital gains, even	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k))	Type of Income	BLOCK C
×	X	×			X	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 \$1 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$1,000,000 \$15,001 - \$5,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over	\$1,000,000* \(\frac{2}{2}\) \(\frac{2}\) \(\frac{2}{2}\) \(\frac{2}2\) \(\frac{2}\) \(\frac{2}\) \(\frac{2}\)	Current Year Preceding Year		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	Amount of Income	BLOCK D

SCHEDULE III — LIABILITIES

Name MARVEY LANDE BROWN

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

_				_	,	_
					SP, DC, JT	
	PLIVING INVADOR	MFCU	USAA	Example: First Bank of Wilmington, DE	Creditor	
	3/1	19/04	9/09	May 1998	Liability Incurred mo/year)
	3/11 PRIVATE LOAN	EQUITY ON 123 LI RACH OR	REVOLUING CHIMES ACK	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
			X		\$10,001 \$15,000	
	X	X			\$15,001— \$50,000 w	
					\$50,001— \$100,000 O	
				×	\$100,001— \$250,000	
					\$250,001 \$500,000 m	Š
					\$500,001— \$1,000,000	
					\$1,000,001 \$5,000,000 D	Amount of Liability
					\$5,000,001— \$25,000,000 工	
					\$25,000,001— \$50,000,000	
					Over \$50,000,000	
	ļ	↓		┺	Spouse/DC	1

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 nature.	ature.
Position	Name of Organization
PROPRIETOR	SELF (REAL ESTATE INVESTMENTS DONE IN OWN NAME)
PALTAR	BROWN PONNE RICH INNUSTIMENTS LLC
PRESINER	7019-KUT LLC
COMMISSIONED OFFICER	UNITED STOTES MARINE COLPS RESULVE