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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF T	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes 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 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? Yes No V. Did you have any reportable agreement or arrangement with an outside entity? With an outside entity? If yes, complete and attach Schedule V.	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.	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS) Office:	the State: TX Date of UNDV 2014 Check if Election: UNDV 2014 Amendment		Name: Eddie Zamora Daytime Telephone:	UNITED STATES HOUSE OF REPRESENTATIVES FORM B FORM B Period covered: January 1, 2019 - 「外のアナー For use by candidates and new employees
nt child Yes	Yes 🔲	NER EACH OF THESE QUESTIONS	"Yes" response.	from Yes	ent Yes	e date ears? Yes		more than 30 days late.	A \$200 penalty shall be assessed against any individual who files	(Office Use Only)	U.S. HOUSE OF REPRESENTATIVES	LEGISLATIVE RESOURCE CENTER 6 2014 MAY -2 PM 1: 18 OFFICE OF THE CLERK
No	No I	S		N S	S S	<u>\$</u>			assessed who files		TATIVES	EX :- 8

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

ĺ	Name
	Eddie
	Zamora

Page 2 of 0

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 delicits received under the Social Security Act.	ement programs, and benefits re	celved under the oucidi o	security Act.
Source (include date of receipt for homograph)	Type	Amount	unt
Source (include date of receipt to Holiotatia)	· y p c	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: Hirst Bank & Irust, Houston, IX	Director's ree	\$400	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA °	NA
O. E. Investments Ltd., McAlley TX (Eddie)	Salary	12,800.	41600.
ECISD, Edinburg, TX (Soraya)	Salary	17000.	51,000,
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			>			SP, SP Mega Corp. Stock DC, Examples: Simon & Schuster Itst Bank of Paducah, KY accounts	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the faporfing 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 tioker 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 thrasbekts. For rental or other real property held 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.	Asset and/or Income Source	BLOCK A
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						×	Check all columns that apply. For refirement accounts that do not a low you to choose specific investments or that control investments or that generate tax-deferred income (such as 401(k)) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if the asset generated no income. Check "None" EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of	вгоск с
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SCH Continu	SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	D "UNE	ARNED'	"INCOM	m		- 1	Name 2	dhe	Zamora	Ž		Page 4	9 to 1	
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SCHEDULE III — LIABILITIES

Name Eddie Zamora

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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.

JT DC	Creditor	Date Liability Incurred mo/year	Type of Liability	\$15,001— \$15,000 × 1 × 2 × 5 \$15,001— \$50,000	\$100,001— \$100,000	5 AMELES IN	\$500,000 m \$500,001 m \$1,000,000 m \$5,000,000 m \$5,000,000 m \$5,000,000 m	\$25,000,001— \$50,000,000	\$50,000,000 C Spoulse/DC Liability over:
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	100		2001/35-48 1001/35-48		00000 H	
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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 honorary nature.	ature.
Position	Name of Organization
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Name Eddie Zamora

Page 6 of 6

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				Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employm service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or efit 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.

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
N/H/	
GPO;2013 78-895 (mac)	