#### 2013 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: WILLIAM H. BILLY LONG II E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? tests for exemption? Do not answer "yes" unless you have first consulted with the Committee 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 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 that benefits you, your spouse, or dependent child? **IPO** – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. reporting period? IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS REPORT TYPE FILER STATUS b. Make more than \$200 in uneamed income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? $\succ$ U.S. House of Representatives 2013 Annual (Due: May 15, 2014) Member of or Candidate for State: District: 8 Ύes Yes Yes Yes Yes No Daytime Telephone:\_\_ X メ × Amendment Š 8 S 중 For Use by Members, Officers, and Employees $\prec$ F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the \$350 in value from a single source during the reporting period? reportable travel or reimbursements for travel totaling more than Form A Employee Officer or Employing Office: Termination Date: M.S. HOUSE OF KEYKESEM MILIYES LEGISLATIVE RESCURCE CENTER HAND DELIVERED 1 of 15 2014 HAY 15 AM 10: 33 (Office Use Only) Yes Yes ĕs Yes Yes Yes Ύes S S O Z 중 Š Ş 중 X X X X X X ×

			11 - 4 40 5 5		7 PAGES ATI	ABC Hedge Fund	Examples: Simon & Schuster	DC, SP Mega Corp. Stock	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a 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); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "Elifbox."  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction bookiet.	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.	Asset and/or Income Source Asset and/or Income Source identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in 'unearned' income during the year.  Provide complete names of stocks and mutual funds (do not use only toder symbols).
					1	×		#	ount over re is rest.  The is the rest.  The its rain on the rest.  The its rain on the rest.  The its rain on the rest.	5 %	
		<u> </u>			土	L		_	None >	-	Indicat valuati valuati used. If an : becau *Coluri you ha
		Ļ		-	W	<u> </u>			\$1-\$1,000 o	-	e valu on me asset se it gu
					0		Indefinite		\$1,001-\$15,000 c		Indicate value of assistance of assistance of the valuation method oth used.  If an asset was sold because it generated "Column M is for assigned you have no interest.
									\$15,001-\$50,000		Value of Asset  Value period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be 'None.'  *Column M is for assets held by your spouse or dependent child in which you have no interest.
								×	\$50,001-\$100,000	]	Val at cld han fa uring ome, t
									\$100,001-\$250,000	1	bue of the rether and
		L	<u> </u>			×		_	\$250,001-\$500,000	1	BLOCK B  Value of Asset t close of the report an fair market value, an fair make t value, an fair make t value an fair make t value and fair make to the value and fair make t value and fair ma
		Ļ				_		_	\$500,001-\$1,000,000 =		iset reporti ilue, p g peri guld b
L		<u> </u>						_	\$1,000,001-\$6,000,000	-	lease lease od ar e "No
		<u> </u>	<u> </u>						\$5,000,001-\$25,000,000	4	speci speci ne.* dento
		ļ		-					\$25,000,081-\$50,000,000	ł	If your fy the inclucion inclusion inclusions in the inclusion inclusions inclusions inclusions in the inclusion inclusions inclusions inclusions inclusions inclusions inclusions inclusions in the inclusion inclusion inclusions in the inclusion inclus
		<u> </u>		<u> </u>				_	Over \$50,000,000	4	u use meth ded o
		ļ							Spouse/DC Asset over \$1,000,000°	<u> </u>	
		ļ							NONE	Ì	Type of Incc Check all columns that apply, generate tax-deferred income (s. 529 accounts), you may check column. Dividends, interest, even if reinvested, must be d for assets held in taxable account if the asset generated no incomperiod.
$\vdash$		<u> </u>		_				<u>×</u>	DIVIDENDS	1	all c te tax ccoun n. D f rein sets r
									INTEREST	ł	Ticlering column
		-						_	CAPITAL GAINS	1	ype ype med in taxu
⊢		<del>                                     </del>							EXCEPTED/BLIND TRUST	<u>.</u>	elock c
		-		<u> </u>	-				TAX-DEFERRED	-	Type of Income Check all columns that apply. For a generate tax-deferred income (such as 4t 529 accounts), you may check the "I column. Dividends, interest, and ca even if reinvested, must be disclosed for assets held in taxable accounts. C if the asset generated no income during period.
									Tropic Living		For For the stand conditions of the colored conditions of the colored
						Pertnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		tocounts that 01(k), IRA, or ax-Deferred spital gains, as income heak "None" the reporting
									None	함	For assets may check category of Dividends must be ascounts. generated.
									\$1-\$200 =	in which	Ar For assets for which y may check the 'Nome category of income Dividends, interest, must be disclosed accounts. Check generated.
									\$201-\$1,000	ch yo	forwate the "I income the "I i
								×	\$1,001-\$2,500	u havi	Ar nich y None None nest, rest,
Щ									\$2,501-\$5,000	child in which you have no interest.	Amount of In  Amount of In  which you checked "Ta  s' None" column. For s  come by checking th  terest, and capital a  closed as Income to  Check "None" if no  Check "None" is no
									\$5,001-\$15,000	nteres	BLOCK D  nt of In  ecked "Ta  mn. For a  mecking th  capital g  ncome for  e" if no
	<del></del> -								\$15,001-\$50,000 <u>≤</u>	`.≪	Amount of Income nyou checked 'Tax-Defen n' column. For all other ne' column. For all other e by checking the appn st, and capital gains, e d as Income for asset x "None" if no income
<b> </b>									\$50,001-\$100,000	දෙ	come
					Ш				\$100,001-\$1,000,000		red" in B assets assets opriate opriate ven if i
-					<u> </u>				\$1,000,001-\$5,000,000	or de	Bloc sindi box frein din sea
┡─┤									Over \$5,000,000         ≤           Spouse/DC Asset with Income over \$1,000,000*         ≤	your spouse or dependen	Amount of Income  Amount of Income  Amount of Income  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 for assets held in taxable accounts. Check "None" if no income was earned or generated.
								ģ	<u> </u>		···-
								S(part)	Leave this column bank if there are no transactions with a exceeded \$1,000.	If only a portion of an asset was sold, please indicate as follows: (S (part)).	Transaction Indicate if the asset had quichases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.

William H. Long, II United States House of Representatives Financial Disclosure Statement - Form A Calendar Year 2013

## X X X X X X X X X X X X X X X X X X	Waser and on Hooling Journe	Asset and/or Income Source
X   X   X   X   X   X   X   X   X   X		
**  **  **  **  **  **  **  **  **  **	æ	1
**  **  **  **  **  **  **  **  **  **	G	l
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		<u> </u>
**  **  **  **  **  **  **  **  **  **	O ASS	Value of Asset
\$25,000,001-\$50,0000 \$OVER \$50,000,000  NO 11		set
X X X X X X X X X X X X X X X X X X X	<u>ح</u>	
DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUS  TAX DEFFERRED  OTHER TYPE OF INCOM  NO. n.e.  XXX XXX XXX XXX XXX XXX XXX XXX XXX X		$\dashv$
X X X X X X X X X X X X X X X X X X X	lype	Type
EXCEPTED/BLIND TRUS  I.A.X. DEFFERBED  OTHER TYPE OF INCOM  NO. 10.  X X X X X X X X X X X X X X X X X X X	T T	를 Inco
OTHER TYPE OF INCOM  XXXXXX  \$ 1 - \$ 2 0 0  \$ 2 0 1 - \$ 1 0 0 0  \$ 1,001 - \$ 2,500  \$ 2,601 - \$ 6,000  \$ 5,000 - \$ 1 5,000  \$ 18,001 - \$ 6,000  \$ 50,001 - \$ 100,000	T me	3
*	E	١
\$ 2 0 1 + \$ 1 0 0 0 \$ 1,001 - \$ 2,500 \$ 2,601 - \$ 6,000 \$ 5,000 - \$ 1 5,000 \$ 18,001 - \$ 6,000 \$ 50,0001 - \$ 1 00,000	-	┨
\$ 2,6 0 1 m \$ 6,0 0 0 0 \$ 5,0 0 0 0 0 \$ 1 6,0 0 1 m \$ 5 0,0 0 0 0 \$ 5 0,0 0 1 m \$ 5 0,0 0 0 0 0 \$ 5 0,0 0 1 m \$ 5 0,0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	= = = _	
\$ 1 5, 0 0 1 · \$ 5 0, 0 0 0 · · · · · · · · · · · · · · ·	V 7	TOUR I
×   \$50,001-\$100,000	Amount of Income	
	VIII IX	AMA
\$ 1, 0 0 0, 0 0 1 - \$ 5, 0 0 0, 0 0 0	×	
		1
Closed 6/12/13 Sold 10/17/13 Sold 6/12/13	Transaction	near c
<u>0/13</u>   12/13		2

Insurance Policies  Metiré Insurance Co. of Connecticut Interest Sensitive Whole Life, Cash Value	Stocks Held, Scottrade Apollo Investment Mgmt Centerpoint Energy Kinder Morgan Mgmt LLC Omega Healthcare Invs Inc Pimco CP Oppty Silver Bay Rily Tr REIT Two Harbors Invt Corp St. Louis Cnty MO Mgt Rev Bond Vanguard Funds, Mutual Funds: JT Prime Money Market Fund JT Southern Company		Asset and/or income Source	Schedule A - Assets and "Unearned Income"
		N o n e P		
	× ×× ××	\$ 1, 0 0 1 · \$ 1 5, 6, 0 0		
ALTERNATION OF THE PARTY OF THE		\$ 5 9, 0 0 1 - \$ 1 0 0, 0 0 0 M \$ 1 0 0, 0 0 1 - \$ 2 5 0, 0 0 0	Value	
×		\$ 2 5 0 0 0 1 4 \$ 5 0 0 0 0 0 0	Value of Asset	
	telem a light to a proposition of	\$ 1, 0 0 0, 0 0 4 - \$ 5, 0 0 0, 0 0 0 5 \$ 5, 0 0 0, 0 0 1 - \$ 2 5, 0 0 0, 0 0 0	3	
		\$ 2 6, 0 0 0, 0 0 1 - \$ 5 0, 0 0 0, 0 0 0 7 \$ Over \$ 5 0, 0 0 0, 0 0 0		
7	** *****	N O N B D I V I D E N D S		
	×	RENT	ype of	
		CAPITAL GAINS EXCEPTED/BLIND TRUST	Type of Income	
		TAX DEFFERRED.  OTHER TYPE OF INCOME		
×		None -	Н	
		\$ 1 - \$ 2 0 0 = \$ 2 0 1 - \$ 1 0 0 0		
	e sacrata <b>n</b> n e a capación de la c	\$ 1, 0 0 1 - \$ 2, 5 0 0 \$ 2, 5 0 1 - \$ 6, 0 0 0	mount	
	×	\$ 5,0 0 0 - \$ 1 5,0 0 0	Amount of Income	
		\$ 5,0000-\$15,0000  \$ 1 5,001-\$50,0000  \$ 5 0,001-\$100,000  \$ 1 0 0,001-\$1000,000  \$ 1,00,001-\$5,000,000	ome	
	endour de mesur estado	Over \$ 5,000,000	Ц	
	Spin off		Transaction	

Schedule A - Assets and "Unearned Income"
Asset and/or Income Source

Individual Retirement Accounts: Fidelity Investments: (SEP) Affalia Annaly Capital Mgmt Inc Cdex Inc CI A Fidelity Cash Reserves Ford Motor Co Kinder Morgan Mgmt LLC SCAC Hidgs Corp New Southern Company Fidelity Investments: (IRA) Experiments (IRA) Experiments (IRA) Experiments (A143-5730) Bank Deposit Sweep Centurylink Inc Kinder Morgan Mgmt LLC Omega Healthcare REIT Invst Inc The Southern Company Total Fidelity Investments: ATTAIN Fidelity Cash Reserves		Asset and/or Income Source
	No.ne \$ 1 - \$ 1,000	ceil
× ×× ×	\$ 1, 0 0 1 - \$ 1 5, 0, 0 0 \$ 1 5, 0 0 1 - \$ 5 0, 0 0 0	
××××		Value
	\$ 2 5 0,0 0 1 - \$ 5 0 0,0 0 0 0 P \$ 5 0 0,0 0 1 - \$ 1,0 0 0,0 0 0 T	Value of Asset
	\$ 1,000,001 - \$ 5,000,000	2
	\$ 2 5,0 0 0,0 0 1 - \$ 5 0,0 0 0 0 0 0 5 \$ Over \$ 5 0,0 0 0,0 0 0	J
	lone	╛
	RENT	¥pe of
	INTEREST CAPITAL GAINS	ype of Income
KKKKKKK KK KKKKK	EXCEPTED/BLIND TRUST TAX DEFFERRED	ݴ
	OTHER TYPE OF INCOME	
** ***** ** *****	<b>1.</b> 0 <b>n. e</b>	7
	\$ 2 0 1 . \$ 1 0 0 0	
	\$ 1,0 0 1 - \$ 2,5 0 0 \$ 2,5 0 1 - \$ 5,0 0 0 \$ 5,0 0 0 - \$ 1 5,0 0 0	nount
	\$ 5,0 0 0 - \$ 1 5,0 0 0	Amount of Income
	<b>5</b> 1 0 0,0 0 1 <b>- 5</b> 1,0 0 0,0 0 0	me
	\$ 1,000,001 - \$ 5,000,000 × 0 v e r \$ 5,000,000 ×	
		Transaction

SP SP

Billy Long, Inc., Sub S Corporation Real Estate Commission Sales 3923 E. Glen Abbey Dr., Springfield, MO 80% shareholder interest Professional Realty Referral, Inc., S Corporaton Real Estate Commission Sales 3923 E. Glen Abbey Dr., Springfield, MO 100% shareholder interest	529 College Savings Account SP Most 529 Acct The Business Interests:		Asset and/or income Source
	ži.	None \$ 1 - \$ 1,000	
	×	\$ 1 0 0 1 1 \$ 1 8 0 0 0 0 □ \$ 1 5,0 0 1 - \$ 5 0,0 0 0 0 □	
	*	\$ 5 0 0 0 1 - 5 1 0 0 0 0 0 0	/alue of Asset
		\$ 2 5 0 0 0 1 - \$ 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	f Asse
表现的 <b>的</b> 电影 新电影	\$	\$ 1, 0 0 0, 0 0 1 = \$ 5, 0 0 0, 0 0 0 5 \$ 5, 0 0 0, 0 0 1 - \$ 2 5, 0 0 0, 0 0 0	
		\$ 2 5 0 0 0,0 0 1 - \$ 5 0,0 0 0,0 0 0 \\ \$ Over \$ 5 0,0 0 0,0 0 0 \\	
**************************************		None DIVIDENDS	
		RENT	ype of
		CAPITAL GAINS	Type of Income
<b>第二元的通过区域</b>	§.	EXCEPTED/BLIND TRUST TAX/DEAFERRED	6
S-dus		OTHER TYPE OF INCOME	
janispis Islandi Leikispiskii II.	×	None \$ 1 - \$ 2 0 0	7
	Ĭ	\$ 2 0 1 - \$ 120 0 0 0	<sub>≥</sub>
	SK.	\$ 1, 0 0 1 - \$ 2, 5 0 0 \$ 2, 5 0 1 - \$ 5, 0 0 0	T L
		\$ 5,0000 - \$ 1 5,000 0	Amount of Income
	1 mg 1 c c c c c c c c c c c c c c c c c c	\$ 1 0 0,0 0 0 1 \$ 1,0 0 0 0 0 0	ome
	<u> </u>	\$ 1,000,001 - \$ 5,000,000 × Over \$ 5,000,000	
	Gitt 9/10/13		Transaction

## SCHEDULE B - TRANSACTIONS

Name: WILL AM H. BILLY LENG I Page 7 of 15

												1 PAGE ATTREATED	SP Example Mega Corp. Stock	SF,DC,JT Asset	*Column K is for assets solely held by your spouse or dependent child.	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	purchase of sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose 'partial sale' as the type of transaction.	resulted in a capital loss. Provide a bief description of an exchange transaction, Exclude transactions between you, your spouse, or dependent children, or the	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment of the contract.
	_								-						Purc	chase			Typ
	 			<u> </u>											Sale				Type of Transaction
										-			×		Parti	al Sale			nsactio
															Exch	ange			3
													×		Chec Exce	k Box if Ca eded \$200	pital Gaid	1	
													3/5/13			Monthly, or Bi- weekly, if applicable	(MO/DAYR) or Quarterly,		Date
															\$1,00 \$15,0	11- 100		>	
													×		\$15,0 \$50,0			₩.	
															\$50,0 \$100,			0	
											!				\$100, \$250,				Ą
	·														\$250,0 \$500,0			п	nount
															\$500,0 \$1,000	001÷ 0,000		71	of Tra
															\$1,000 \$5,000	0,001- 0,000		9	Amount of Transaction
															\$5,000 \$25,00			Ξ	'n
															\$25,00 \$50,00	00,001 00,000		-	
															Over \$	50,000,000	)	د	
																1,000,000* se/DC Asse		~	

SP Most 529 Acct	Real Estate Held for Resale:  JT Galena. 165 acres, Stone County, MO	Rental Real Estate:  JT Commercial Building, 1444 N. Wabash, Springfield, MO  JT Rental Condominium, 23922 Deville Way, Malibu, CA	Stock and Securities: Silver Bay Rity Tr REIT	SP.DC. ASSET		SCHEDULE B TRANSACTIONS
				PURCHASE	Trans	
34.75	×	××	er protesta	SALE	Transaction	
* 4	_		eg 🗶 Este Le Tables	EXCHANGE	ā	}
	oss	× ×		Check Box if Capital Gain Exceeded \$200		-
Gitt 9/10/13 From Father	7/10/2013	10/17/2013 6/12/2013	Spin off 4/24/13		Date	
×	×	×		\$ 1, 0 0 1 \$ 1 5, 0, 0 0 0	Amount of Transaction	

# SCHEDULE C - EARNED INCOME

Name: WILCIAM H. BILLY LONG, II Page 9 of 15

ist the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list he source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	nent) totaling \$200 or more during the reow.	eporting period. For a spouse, list
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.  NCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income for the programs income for the control broaders and programs for the control of	ocial Security Act. aled at or above the "senior staff" rate	was \$26,955. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland Civil War Roundtable (Oct. 2)	Legislative Pension Spouse Speech	\$18,000 \$1,000
Onlarlo County Board of Education	Spouse Salary	NIA
1 PAGE ATTACHED		
July and the state of the state		

William H. Long, II
United States House of Representatives

Schedule C - Earned Income	Financial Disclosure Statement - Form A Calender Year 2013

Keller Williams Realty, Inc.

Spouse Residual Commissions

N N

Residual Commissions

Source Keller Williams Realty, Inc.

### SCHEDULE D - LIABILITIES

The second second	Name:
	תוררו
	A32 T
	( , , , , , , , , , , , , , , , , , , ,
	1 LONG
	Ħ
	Page 1
	S

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); 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 you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

•								A	Amount of Liability	of Lia	bility				
}			Date		>	9	С	0	m	т	G	Ξ	_		
SP. DC, JT		Creditor	Liability Incurred MO/YR	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	Over \$1,000,000* (Spouse/DC Liability)
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							
	-	PAGE A THACHED													
														_	
														$\downarrow$	
SCH	EDULE	SCHEDULE E - POSITIONS			To the second second			-							

### COLLICION

consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or

Position	Name of Organization
Nove	NonE

William H. Long, II
United States House of Representatives
Financial Disclosure Statement - Form A
Calendar Year 2013

Schedule D - Liabilities

ΤĽ	7	<b>1</b>	5	Ţ	ZI C SP,
W. H. Long, Springfield, MO Paid off 08/30/2013	JT Bank of America, Simi Valley, CA Paid off 06/12/2013	JT Ozark Bank, Ozark, MO	JT Ozark Bank, Ozark, MO Paid off 7/8/2013	JT Commerce Bank, Springfield, MO Paid off 10/17/2013	Creditor
1/1/2011	2007	2008	2008	2010	Date Liability Incurred Mo/Year
Loan secured by rental real estate 32 Martin Lane, Dallas Co., MO	Real estate mortgage, Rental Property 23922 DeVille Way, Malibu, CA	Loan secured by personal residence	Loan secured by real estate for resale Galena 165 Acres, Stone Co., MO	Loan secured by rental real estate 1444 N Wabash, Spfg., MO	Type of Liability
**************************************		1	*	×	\$ 1 0, 0 0 1 \$ 1 5, 0, 0 0 0

## **SCHEDULE F - AGREEMENTS**

Name: WILLIAM H. BILLY LONG, IP Page 13 of 15

			Date
		NoNE	Parties to Agreement
		NONE	Terms of Agreement

#### SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. **Exclude**: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. **Note**: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	æ	Description	Value
Example: Mr. Joseph Smith, Arlington, VA		Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
ANON		NONE	
			İ

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: William H. BILLY LOVE, I

Page 14 of 15

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE**: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

										Examples:	
			PROTECTION AND ADDRESS OF THE PROPERTY OF THE	1,100,000				NONE	Habitat for Humanity (chanity functraiser)	Government of China (MECEA)	Source
								NoNE	Mar. 3-4	Aug. 6-11	Date(s)
		THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE						NONE	DC-Boston-DC	DC-Be斯g, China - DC	City of Departure – Destination — City of Return
								None	Υ	Υ	Lodging? (Y/N)
								NOVE NOWE NOWE	≺	<b>~</b>	Food? (Y/N)
								NONE	Υ	z	Family Member Included? (Y/N)

# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: WILLIAM H. BILLYLONG, I Page 15 of 15

						NONE	Examples: XYZ Magazine	Association of American Associations Washington DC	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.
						NONE	Article	Activity	an event to a charitable organ
						711	Aug. 13, 2013	Date	nization in lieu of paying ar
						NONE	\$500	Amount	n honorarium to you. A