New Officer or Employee Period Covered: January 2014 Employing Office: to Dec. 31 3014 Individual who files more than 30 days late.
A \$200 penaity shall be assessed against individual who files more than 30 days late

Name: DRENDA L. AURENCE Daytime Telephone:	ne:	2015 SEP 16 AM 9: 58
New Member of or Candidate for State: N.S. House of Representatives District: 4 Candidates – Date of Election:	Check if Amendment	MC (Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 2014 to Dec. 31,2014	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	IONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Make more than \$200 in unearmed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No Freporting period?	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	or arrangements with Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No Siability (more than \$10,000) at any point during the reporting period?	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes Vo No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	EDULE IF YOU ANSWER "YE!	S,
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE RE	THAT YOU ARE REQUIRED TO	QUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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 your dependent child? Yes

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.

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SCHEDULE A - ASSETS & "UNEARNED INCOME

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Page A of 7	

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Plan/Det	1- Rower	J !	ر دارا	Chart D	ABC Hedge Fund	Examples: Sirron & Schuster	Viega Corp Stock		rental property, and a city and state. For an ownership interest in a privately-hald business that is not publicly traded, state the name of the business, the name of its activities, and its geographic location in Block A. Becalules: Your personal residence, including second homes and vecation names (whisse there was rental income during the resorting periods); and any financial income during the resorting periods; and any financial income during the resorting periods; and any financial income the program, including the Thrift Savings Plen. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you have a physical please check the "EIF" box. If you so choose, your may indicate that an exact or income source is that of your spouse (SP) or dependent child (ICC); or jointly hald with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklest.	or come and other cash accounts, total the mind if the meta-basifity accounts, if the botal is over \$5,000, list every financial institution where there is more than \$1,000 in interest-basifing accounts. For retail and other real property field for investment, accounts a correlate action accounts.	For all RUAs and other retirement plans (such as 601(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funos do not use only ticker symbols).	identify (a) each asset held for investment or production of income and with a fair market value and with a fair market value and of the reporting periou and (b) any other reportable asset or occurs of income which generated more than \$200 in unaarmed income outing the year.	Assets and/or income Sources	SLOCK A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

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Page 5 or 7

List 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 both the filer and filer's 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.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

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SCHEDULE D - LIABILITIES

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	Page 6
	of 7

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. New 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 the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

		SP, DC, JT		
#3C	Example 2			
me Southfield MI	First Bank of Wilmington, DE	Creditor		
2000	598	Date Liability Incurred MO/YR		
Southfield MI	Mortgage on Rental Property, Dover, DE	Type of Liability		
		\$10,001- \$15,000	>	
		\$15,001- \$50,000	œ	
	1	\$50,001- \$100,000	6,	
	×	\$100,001- \$250,000	o	
		\$250,001- \$500,000	m	moun
		\$500,001- \$1,000,000	'n	Amount of Liability
		\$1,000,001- \$5,000,000	၈	ability
		\$5,000,001- \$25,000,000	I	
		\$25,000,001- \$50,000,000	-	
		Over \$50,000,000	_	
		Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or 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 held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

TUDICIAL TODUCE Commission-State a MI	Member
Oceatic MAYOLS.	Chair Nice Chair
euce in 1	Tenstee
TROVIDENCE HOSIDTIAL	BOARD Member
Name of Organization	Position

SCHEDULE F - AGREEMENTS

ame: BRENDA	
LANGUCE	
Page 7	

continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an em	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leav	
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Date	Parties to Agreement	Terms of Agreement
2001	I'm plaithrast to 4-10 12008	Manage Retirement 457 71AN

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

	N/A
Accounting Services	Example: Doe Jones & Smith, Hometown, Homestate
Brief Description of Duties	Source (Name and City/State)