<u>₹</u>	Yes	spendent child	lities of a spouse or de Committee on Ethics.	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	arned" income ss you have fir	er assets, "une swer "yes" unle	EXEMPTION —Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"	EXEMP 1 because
8	Yes	ot be	excepted trusts" need not be lent child?	s and certain other "ex spouse, or a depender	nittee on Ethic	ed by the Comr	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS disclosed
छ 	QUESTION	OF THESE	SWER EACH (MATION - AN	T INFORI	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	EXCLU
	esponse.	each "Yes" r	lule attached for	ppropriate sched	and the a	e answered	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
<u>8</u>	Yes	\$5,000 from	ompensation of more than \$5,000 from two prior years? attach Schedule VI.	VI. Did you receive com a single source in the two	N _O	ěg X	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.	III. Did you able liabilit If yes, con
№	Yes	rangement	 V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. 	V. Did you have any rep with an outside entity? If yes, complete and at	8	eg	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.	II. Did you income of reportable If yes, con
S S	eg M	before the date or two years?	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.	IV. Did you hold any rep of filing in the current ca if yes, complete and at	No 🔲	ĕg ⊠	t. 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.	t. Did you fees) of \$2 If yes, con
				E QUESTIONS	EACH OF THESE		PRELIMINARY INFORMATION — ANSWER	PRELIN
		:					in all sections, please type or print clearly in blue or black ink.	in all secti
who files	. –	against any individual more than 30 days late	Americanient		Liocavii	Office:	New officer or Employing	Status
assessed		A \$200 pen	Check if	June 03, 2014	Date of Flection: June	State: CALIKORNIA District: 20	Candidate for the State: CA	Filer
	(Office Use Only)	2						
OFFICE OF THE CLERK OFFICE OF REPRESENTATIVES	OFFICE OF RE	1 \		Daytime Telephone:	Daytime		ROWALD PAUL KABAT	Name:
Page 1 of 7 LEGISLATIVE RESOURCE CENTER 2011 MAY -8 PM 1: 22	Page 1 of 7 EGISLATIVE RESOURCE CENTE 2011 MAY -8 PM 1: 22		M B s and new employees	FORM B For use by candidates and new employees		ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 20/3 - MARCH 3/ 20/	UNITEI FiNAN Period o

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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PAUL
KABAT

Page 2 of 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) 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.

Course (include date of consist for homograph)		Amount	unt
Godice (licitate date of receipt for nonoralia)	·ype	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
ROWALD P. KABAT, C.P.A., CARMEL-BY-THE-SEA, CA	SELF EMPLOYMENT IN COME	\$ 61,595	\$160,897
SAMA CATALINA SCHOOL, MONTEREY, CA	Spouse's SALARY	N/A	1/4
		-	

JTCHASE BANK-SAVINGS	IT CHASE BANK-HOME CHECKSUR	JT CHASE BANK-REMAL CHECKING	ST EXELON STOCK	JT UNION BANK CP	SP MONTEREY CREDIT UNION	7	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	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.	location in Block A.	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		(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		Asset and/or Income Source
*	×	*	*	*	×	×	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 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		D	*This column is for assets solely held by your spouse or dependent child.	ing it asset was sold during the reporting year and is included only because it generated income, the value should be "None"	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.	BLOCK B Value of Asset
*	×	×	*	*	×	×	Royaties	×		me)		closed as income. Check "None" if the asset generated no income during the reporting period.	"Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be dis-	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the	Type of Income
X	×	*	× ×	*	*		×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$15,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$1,001 - \$1,000 \$15,001 - \$1,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	X X X	Current Year Preceding Year			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 Check "None" if no income was parned or repeated.	Amount of Income

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

SCP Cantin	SCHEDULE II — ASSETS AN Cantinuation Sheet (if needed)	SCHEDULE II — ASSETS AND "UNEARNED" INCOME Cantinuation Sheet (if needed)		Name RONALD
	Asset and/or Income Source	Value of Asset	Type of Income	
SP,		ABCDEFGHIJKLI		me)
Ţ)0)00	ST	
DC		\$15,000 - \$50,000 - \$100,000 - \$250,000 - \$500,000 - \$1,000,000 01 - \$5,000,000 001 - \$25,000,00 001 - \$50,000,00	ST . GAINS ED/BLIND TRU	·
		\$15,001 \$50,001 \$100,00 \$250,00 \$500,00 \$1,000,0 \$5,000,0 \$25,000	NONE DIVIDER RENT INTERE CAPITAL EXCEP	
77	UECULO IN ZUNIU CUOS CU UECULO IN ZUNIU CONTROLO CU		*	
	UNION BANK - CPA CHECKING	×	*	
	JOHN HAMOOK LIFE INSURANCE	*	×	
5,	ADINT HIENDY FOUS (17) COA	×	*	
18	403(4)CREE BOND MARKET	×	*	
95	FONWHIS TYTOS JAND (4) EON	*	*	
	SEP-IRA CABOT OIL & GAS	×	*	
	SEP-SLA FREEPORT MEMORAN	*	χ	
	SEP-JRA PRAWA BIOTECH CTD	*	×	
	SEP-IRA SONY CORPORATION	۶	>5	
	SEP JAA MONEY MARKET FUND	*	*	
	SEP-SAA ISHPAES SILVERTAUST	×	*	
77	R.P. KABAT, CPA-OFFICE BUTLDING, CARMEL-BY-THE-SEA, CA	×		4. Z
77	SCHUAB INVESTOR MONEY FUND	*	*	

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name ROWALD PAUL KABAT

BLOCK A	BI OCK B	BI OCK C	, i	
Asset and/or Income Source	Value of Asset	Type of Income	ncome	Amount of Income
SP,	A 8 C D E F G H I J	× 00° ≤		Current Year
J		00	Specify	X X XI IIIV IIV IV V VI
DC .	0 00 00 ,000	,000,0	ome(
	\$50,000 \$100,00 - \$250,0 - \$500,0 - \$1,000	01 - \$50 000,000 Asset of	RRED be of income	,500 ,000 5,000 50,000 100,000 \$1,000,00
	None \$1 - \$1,00 \$1,001 - \$ \$15,001 - \$50,001 - \$250,001 - \$500,001 - \$1,000,000 \$5,000,000	\$25,000,00 Over \$50,0 Spouse/DC NONE DIVIDEND RENT INTEREST CAPITAL (TAX-DEFE Other Typ Partnershi None \$1 - \$200	\$201 - \$1,001 - \$2,501 - \$5,001 - \$1,001 - \$1,001 - \$1,001 - \$1,000,001 - \$1,000,001 - \$1,000,001 - \$1,000,001
IT PRAWA BIOTECH LTD	*		×	
JY SODASTREAM	×	*	*	
ST FREEPORT MEMORAN	×	×	*	
6 140	×	1-4	*	
TT CABOT OUT & CALL	×	~	×	
orivis 30 call	×		*	
ST ISHARES SZEVER TRUST	X	*	×	
JT JEHARES SZLVER TRUST	×	×	*	
02.00	*	×	*	

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SCHEDULE III — LIABILITIES

Name ROVALD PAUL KABAT

Page 6 of 7

owed 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 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 sib-

	77	37	77	77		SP, JT,
	NATIONSTAL MORTGAGE	QUICKENLOAMS	CITIMORIGAGE	OCWEN MORTERGE (FORMERLY E.M.A.C.) PEEENBERL RE-FI ON RESIDENCE AS DOWNPAIMENT (CLOSED)	Example: First Bank of Wilmington, DE	Creditor
	TO OY HOWE	August 2013	2004	DELMBER ZOID	May 1998	Date Liability Incurred mo/year
	RENTAL, SANTA CRUZ, CA	CONSOLEBATION LOAN ON RESIDENCE TO CLOSE OCWEN & CITIMERTEASE	2004 CARMEL-BY-THE-SEA, CA	ON SAUTH CAUZ, CA REUTAL	Mortgage on 123 Main Street, Dover, DE	Type of Liability
						\$10,001— \$15,000
						\$15,001— \$50,000 D
	×		×	×	\	\$100,000 ೧
		×				\$250,000
						\$500,000 m \$500,001— \$1,000,000 m \$5,000,000 m \$5,000,000 m
						\$1,000,001 \$5,000,000
						\$25,000,000
						\$25,000,001 \$50,000,000
						\$50,000,000 Spouse/DC
						Liability over ス \$1,000,000

SCHEDULE IV — POSITIONS

cer, 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. 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 offi-

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.	nature.
Position	Name of Organization
CHASAMAN- 2012-BLECTSONS	N.A.A.C.P MONTEREY COUNTY BRANCH

Use additional sheets if more space is required.

SCHEDULE V — AGREEMENTS

Name RONALD PAUL KASAT

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Abentify 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.

			Date	,
			Partles To	-
			Terms of Agreement	

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
ESTATE of MARION YULACY, CARMEL, CA	CONSERVATORINE SERVICES
MARION DELACY TRUST, CARMEL, CA	FIDUCIARY SERVICES
ESTATE of LYMAN LOWE, SALENAS, CA	ESTATE SERVICES
S. J. BASAD, CARMEL, CA	TAX SERVICES
PEGGY COMPTON WINDSOR TRUST	FIDUCIARY SERVICES

GPO: 2013

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