UNITED STATES HOUSE OF REPRESENTATIVES For New!	FORM B For New Members, Candidates, and New Employees	TIAL 11 2013 Page 1 of
Name: Movica Wolf Vernon Daytime	Daytime Telephone:	2015 MAY 20 PM 12: 55
New Member of or Candidate for State: 1060 U.S. House of Representatives District: F1457 FILER Candidates – Date of Election: 12016	Check if Amendment	U.S. HOURE-OUSE OF THE CLERK
New Officer or Employee Employing Office:	Period Covered: January 1, 2014 to May 4, 3015	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION ANSWER EACH OF THESE	QUESTIONS	
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 unearned 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?	ig the reporting period Yes No late of filing?
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 reporting period?	F. Do you have any reportable agreements or arrangements with an outside entity?	r arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	J. 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 X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARI	ING SCHEDULE IF YOU ANSWER "YES" DULES THAT YOU ARE REQUIRED TO COMPLETE	3" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	NATION - ANSWER BOTH OF THESE	E 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 dependent child?	certain other "excepted trusts" need not be disclosed. H	ave you excluded from Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ctions, or liabilities of a spouse or dependent child because they meet all three n Ethics.	ise they meet all three Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: MONica Wolf Vernon Page 3 of 7

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

ㅋŖ유 Assets and/or income Sources Aegon NOV - Stock
Proneer Find Grahn-10 HOLK-Artsons Co ASSET NAME BLOCK A 쁚 > None \$1-\$1,000 œ \$1,001-\$15,000 o \$15,001-\$50,000 O \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 •п BLOCK B × \$250,001-\$500,000 G \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ح \$25,000,001-\$50,000,000 ~ _ Over \$50,000,000 Spouse/DC Asset over \$1,000,000* z NONE DIVIDENDS **×** RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED \sim Other Type of Income (Specify: e.g., Partnership Income or Farm Income) \$1-\$200 \$201-\$1,000 = \$1,001-\$2,500 ₹ < **Current Year** \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≨ \$50,001-\$100,000 \$100,001-\$1,000,000 ⋝ Amount of Income \$1,000,001-\$5,000,000 Over \$5,000,000 ≚ BLOCK D Spouse/DC Income over \$1,000,000* ≚ None \$1-\$200 = \$201-\$1,000 \$1,001-\$2,500 7 Preceding Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ \$15,001-\$50,000 ¥ \$50,001-\$100,000 \$100,001-\$1,000,000 ≍ \$1,000,001-\$5,000,000 Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000* ≚

Use additional sheets if more space is required.

Name: Page___

SCHEDULE C - EARNED INCOME

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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.

				Ceder Rosids, Low a	Simmons Persino Mojer Bergman, Pic	Montea Vernon Consulting Francis	City of Codas Rapids Town	Ontario County Board of Education	ABC Trade Association, Baltimore, MD (July 15) Examples: State of Maryland Fig. 12 (2) (2) (2)	Source (include date of receipt for honoraria)		INCOME 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. It is unchanged in 2014. 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

Name:	!	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.

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SCHEDIII E E - POSITIONS			First Bank of Wilmington, DE	Creditor		
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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 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. **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

City State Bank, Central City + Dava	Director Director	
	City Council Mombou	

SCHEDULE F - AGREEMENTS

REEMENTS Name:	Page
Id general terms of any agreement or arrangement that you have with respect to future employment; a leave of absence during the	employment: a leave of absence during the period of government service:

			Date	Identify the date, continuation or de
			Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in
			Terms of Agreement	ve with respect to: future employment; a leave of absence during the period of government service; employer.

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.

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			Market Research Services	Accounting Services	Brief Description of Duties	