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JUITED STATES HOUSE OF REPRESENTATIVES -INANCIAL DISCLOSURE STATEMENT Period covered: January 1, るいた つんた コート・ロート・ロート・ロート・ロート・ロート・ロート・ロート・ロート・ロート・ロ	<b>FORM B</b> For use by candidates and new employees	LEGISLATIVE RESOURCE CENTER  2014 MAY 12 PM 1:38	ENTER
		U.S. HOUSE OF REPRESENTATIVES	( TIVES
Name: Orrey Westrom Daytime To	Daytime Telephone:		
		(Office Use Only)	
Filer Candidate for the State: // \ Date of House of Representatives District: Election:	11 04 14 Check if Amendment		assessed
Status New officer or Employing Office:		more than 30 days late.	Wild Hes
all sections, please type or print clearly in blue or black ink.			
RELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	COESTIONS	!	
Did you or your spouse have "earned" income (e.g., salaries or ses) of \$200 or more from any source in the reporting period?  Yes No No It yes, complete and attach Schedule I.	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.	or two years? Yes	Š.
I. Did you, your spouse, or a dependent child receive "unearned" vncome of more than \$200 in the reporting period or hold any eportable asset worth more than \$1,000 at the end of the period?  Yes No Was well and attach Schedule II.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	rangement Yes	<u>\$</u>
II. Did you, your spouse, or a dependent child have any report- ble liability (more than \$10,000) during the reporting period?  Yes No a	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 VI.	\$5,000 from Yes V	No 🗌
Each question in this part must be answered and the appropriate schedu		e attached for each "Yes" response.	
XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	- ANS	WER EACH OF THESE QUESTIONS	) (J)
<b>TRUSTS</b> —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?	and certain other "excepted trusts" need no	ot be Yes	N N
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	spendent child Yes	No 

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

	Name
1	Torrey
	Westrom
	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.	ement programs, and benefits re	ceived under the Social	Security Act.
Source (include date of receipt for honoraria)	Tvna	Amount	unt
Course (mounte date of tecept for inclinating)	·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
State of MNI	Salary, Perdiem	10m \$44,054.00	\$39,102,84
Westrom Law Office, PLLC	3		\$17,000.
Midwest Injury Law PLLC	Owner's Draw	\$23,000	#84.445.83
		_	· ·

Page 3 of 1

Production Funds       1	<u></u>	= 16mv Lab, MN Paperty#4	7 ±3	Elbow Lake, MN Argarty#2	Elbow Lake, MN Paperty H	JT 1st Bank of Paducah, KY accounts	Examples: Simon & Schuster	SP, SP Mega Corp. Stock	ing \$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.  Polytherapy or less that of your spouse (JT), on the optional column on the far left.  State of the instruction booklet.  Polytherapy or less that of your spouse (JT), on the optional column on the far left.  State of the instruction booklet.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental	For an ownership interest in a privately-held business A B C that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental or other real property held for investment, provide a complete address or a description, e.g., by your s "rental property," and the city and state.	ing year ar For all IRAs and other retirement plans (such as 401(k) it generate plans) provide the value for each asset held in the be "None." account that exceeds the reporting thresholds.		Indicate of income with a fair market value exceeding \$1,000 at reporting	Asset and/or Income Source	BLOCK A
	×	×	×	*	*	×		×	\$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 E T G H - C K K K K K K K K K K K K K K K K K K	*This column is for assets solely held by your spouse or dependent child.	nd is included only because d income, the value should	<del>ਾਂ</del>	Indicate value of asset at close of reporting year. If you use a valuation	Value of Asset	BLOCK B
7	< ~	*	× × ×	×××		×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm I	ncome	)	during the reporting period.	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income	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 plans or IRAS).	Check all columns that apply. For retirement accounts that do not	Type of income	BLOCK C
		メ	× ×	×	×	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$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* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000	- - - - -	Current Year Preced		* This column is for income derived from assets solely held by your spouse or dependent child.	income by checking the appropriate box below. <b>Dividends, interest</b> , and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	For assets for which you checked "Tax-Deferred" in Block C, you may	Amount of Income	BLOCK D
									\$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*	× × × × × × × × × × × × × × × × × × ×			ely held by your	dends, interest, disclosed as enerated.	lock C, you may		

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed) A CARON Asset and/or Income Source BLOCK A Elphy Lake, MY Marchy # None В \$1 -- \$1,000 C \$1,001 - \$15,000 \$15,001 - \$50,000 O Value of Asset \$50,001 - \$100,000 Ε Ti BLOCK E \$100,001 - \$250,000 ର \$250,001 - \$500,000 I \$500,001 -- \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 ス Over \$50,000,000 Ζ Spouse/DC Asset over \$1,000,000\* NONE DIVIDENDS Type of Income RENT BLOCK C INTEREST **CAPITAL GAINS** EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income -- (Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200 \$201 - \$1,000 XI WIIVIII IX \$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 XI IV V V VI VIIVIII X \$201 - \$1,000 Preceding Year \$1,001 - \$2,500 \$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 (ncome over \$1,000,000\*

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#### SCHEDULE III — LIABILITIES

Name Torrey Westrom Page Lor-

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 sibowed 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

								Amou	ınt of	Amount of Liability	lity			
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٦, Ç	Creditor	mo/year	Type of Liability	\$10,001— \$15,000	\$15,001— \$50,000	\$50,001 \$100,000	\$100,001— \$250,000 <b>\$250,001</b> —	\$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 Liability ove \$1.000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE											
	Residential Credit Solutions, TX	06/00	Mortagge, KassonMNPap.				*							
	OCWEN, 1L	11/03	Ho Agoge Elban Loke MN Rao#2		*	<u></u>	·							
	US Bank, MO	· 63/13	Credit Card		*									
	American Education Service 15/03	3000 2000	Student Loans			×								
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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 political party or campaign organization);

and positions solely of an honorary nature.	ature.
Position	Name of Organization
President	TSI Real Estate, LLC
President	Westom Law Office. PLLC
President	Midwest Injuny Law, PLLC

### SCHEDULE V - AGREEMENTS

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Torrey
Westram
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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.

Date	•			
Date		·		
Parties To				
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Terms of Agreement	·			

# SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

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. 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

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Allen Anderson, Morris, Mil	Legal Services
tim Michaelson, Monnis, MN	
3	regal Services