	š M	Yes	pendent child	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.	EXEM becaus
	<u>₹</u>	Yes	of be	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 benefiting you, your spouse, or a dependent child?	TRUS: disclos
	ig 	QUESTION	FTHESE (EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	EXCL
		esponse.	each "Yes" r	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	
	Š	Yes	5,000 from	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No Will Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule III.	IIt. Did able lial If yes, (
N. Comp.	Ř	Yes	angement	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? Yes No Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule II.	II. Did income reporta
	ž	Yes	efore the date r two years?	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No 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.	I. Did) fees) of
				PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	PREL
				In all sections, please type or print clearly in blue or black ink.	in all se
	assessed who files	A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	A <i>\$200 pen</i> against any more than 3	Filer Candidate for the House of Representatives District: C7 Election: Winc 3 20 4 Amendment Status New officer or Employing Office: Employing Office:	FII Stat
(CC	(Office Use Only)	(6		
RATIVES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE		Name: E/zaboth T. Emklen Daytime Telephone.	Nam
 	2013 OCT -9 PH 12: 51	2013 OC			
SENTER	LEGISLATIVE RESOURCE CENTER	LEGISLATIV		FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - September 20201 September 20	Perio
	Page 1 of U	(SEP 2 / 2012	Ĝ	UNITED STATES HOUSE OF REPRESENTATIVES	UNI
	5 7				

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Elizaboth J. Emken Page & of 5

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.

Figure Military have desirable as National Guard or Reserve have federal retirement programs, and henefits repaired under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), tederal retirement programs, and		Deficitis received under the accial accurity Acc. Amount	unt
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Pre
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
7	Honorarium Spouse Salary	0	\$1,000 NA
Antism Speaks	salary/consut	ing #9,000	475,000
Dell	spouse Salary	MA	NIA
		-	
	- Programme and the state of th		
	A Property and the second seco		

R Postnam	Fidelity Rolland	Fidelity SEPIRA	SP Fide 114 - IRA	JT 1st Bank of Paducah, KY accounts	Examples:	SP, SP Mega Corp. Stock	nomes and vacation nomes (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 Sevings 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.	Exclude: Your personal residence, including second	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	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the apparent that avecde the reportion thresholds	Provide complete names of stocks and mutual funds (do not use ticker symbols).	of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Identify (a) each asset held for investment or production	Asset and/or Income Source	BLOCK A
X		× ×	X	×	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*		A B C D E F G H I J K L M	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	reporting year. If you use a valuation method other than fair market value, please specify the method used.	Indicate value of asset at close of	Value of Asset	вгоск в
**	× ?	< × ××	XXX	×	Royaties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		If the asset generated no income during the reporting period.	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None"	plans or IRAs), you may check the "Tax-Deferred" column. Dividends,	retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k)	Check all columns that apply For	Type of Income	BLOCK C
	***	× ×	×	×	×	×	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°		Current Year		<u>v</u> *	income. Check "None" if no income was earned or generated		For pagets for which you obooked	Amount of Income	ВLОСК D
XX	***************************************	< >	×	×	X	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		Preceding Year		This column is for income derived from assets solely held by your couse or dependent child.	ne was earned or generated.	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	For pagets for which you obooked "Toy Deferred" in Blook C. you may	of Income	CK D

SCHEDULE II -
- ASSETS AND "UN
NEARNED" INCOME

SCHEDULE II — ASSETS AND Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME		Name Elizabeth DEMKEN Page 40
			Amount of throngs
Asset and/or income source	value of Asset	Type of micoline	
8	A B C D E F G H I J K L	y: e.g.,	Current Year Preceding Year
i <u>c</u>	00	ST	XI
J.T.	00 ,000 ,000,000 ,000,000) TRUS	,000,000°
50	\$15,000 \$50,000 \$100,000 - \$250,00 - \$500,00 - \$1,000, 11 - \$5,00 101 - \$25,00 000,000	OS T GAINS ED/BLIND	32,500 \$5,000 \$15,000 \$50,000 \$100,000 - \$1,000,00 1 - \$5,000,000 1000 over \$1 000 \$2,500 \$5,000 \$15,000
	None \$1 - \$1,00 \$1,001 - \$ \$15,001 - \$ \$50,001 - \$ \$100,001 \$250,001 \$500,001 \$1,000,00 \$5,000,00 \$25,000,00 \$25,000,00 \$25,000,00 \$25,000,00 \$25,000,00	NONE DIVIDENI RENT INTERES CAPITAL EXCEPT TAX-DEF Other Ty	\$1,000,000 Over \$5,00 Spouse/DC (None \$1 - \$2000 \$201 - \$1 \$1,001 - (\$2,501 - (\$15,001 - (\$50,001
124 14 SATE	×	XX	X
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TRAIN STOK TRAINS	X	XXX	· ×
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SCHEDULE III — LIABILITIES

Name E/120608/AD, Embon
Page 5 of

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 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.

								Amount of	nt of	Liability	₹			
SP,	Creditor	Date Liability	Type of Liability	A	•	ဂ	0	m .			ю <u>т</u>	ю —		er 🛪
JT,	Creditor	Incurred mo/year		\$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-	\$5,000,001- \$5,000,001-	\$25,000,000 \$25,000,001	\$50,000,000 Over	\$50,000,000 Spouse/DC	Liability over \$1.006,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				$\tilde{}$							
4	Mordshom Visa	Dec/12	credit cond	X										,
2	Howalian Visa	Dec 12	credit card		X									
中	Disney Vita	<u>21,24</u>	Oradit Card		\overline{X}									
A	Meriwessit radition	nDe/I	Incascrate		X		<u></u>							
(, and the second											

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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 notionally nature.	iaure.
Position	Name of Organization