	FORM B For New Members, Candidates, and New Employees	HAND Page 1 of 5 DELIVERED LEGISLATIVE RESOURCE CENTED
	Daytime Telephone:	2015 JUL -6 AM II: 19
New Member of or Candidate for State:  U.S. House of Representatives District:  Candidates – Date of Election:	Check if Amendment	(OSTICE OF SHIP PRESENTATIVES
New Officer or Employee  Employing Office:	Period Covered: January 1, $2014$ to $0.00000000000000000000000000000000000$	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EA	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 unearmed income from any reportable asset during the reporting period?	Yes No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g 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 reporting period?	Yes No 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?	r arrangements with Yes No No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No 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 No
ATTACH THE THIS FORM INCLUDES O	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	RUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or your dependent child?	mmittee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from ependent child?	ave you excluded from Yes . No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	earned" income, transactions, or liabilities of a spouse or dependent child because they meet all three with the Committee on Ethics.	se they meet all three Yes No 🔀

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ANA Sol Gustierrez

Page 2

ן מי

						-	ij	<b>,4</b>	#5,0 more for remains that that that that that that that tha	다 4 다 다 연 6	<u>6</u> 8	Identify productly exceeding and (b) income "unearry		
- Fid Puritan	-AmFds Gr Fd Am R6	MD-MSRR 401K	Citibank BANK Accts	Rental Apt Wash DC	ABC Hedge Fund	Examples: Simon & Schuster	Mega Corp Stock	GF.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  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.  Exclude: Your personal residence, including second fromes and varietion homes (unless there was reintal income during the reporting period); and any financial interest in, or income derived from, a federal interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an excepted investment Fund, please check the "EIF" box if you have a privately-traded fund that is an excepted investment child (DC), or jointly held with anyone (JP) on the optional column on the far left.  For a detailed discussion of Schedule A requirements, please erfer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(t) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identify (8) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in funeamed income during the year.	Assets and/or Income Sources	BLOCK A
									None >		를 성			
							Γ		\$1-\$1,000 @	1	E E	indicate value of you use a valuation please specify the ff an asset was included only be should be "None."		
						3		Ī	\$1,001 <b>-\$</b> 15,000		를 표	Set Yalu		
	×	T				ndefinite .			\$15,001. <b>\$60.0</b> 00		y a	y the		
×			区			1	×		\$50,001-\$100,000 m		18 SE	assa med sold	<b>≤</b>	
					Г				\$100,001-\$250,000 "n		3 2		\$	2
	T		<b>T</b>	×	×	Т		T	\$250,001-\$500,000	1	Child in which you have no interest.	indicate value of asset at close you use a valuation method at please specify the method used. If an asset was sold during thinduded only because it gen should be "None."	ğ	BLOCK B
	<b></b>	1	<del>                                     </del>			†	Τ	ヿ	\$500,001-\$1,000,000 ±	1	e y	ther state	Value of Asset	â
	<b> </b>		<b> </b>	<b> </b>	<b>†</b>	1		T	\$1,000,001-\$5,000,000 —	1	"Column M is nor assets held by your spouse or dependen child in which you have no interest.	indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	9	١
			$\vdash$	<b> </b>	1	T		7	\$5,000,001-\$25,000,000	1	Č	ting neon		
					1	1	t	7	\$25,000,001,\$50,000,000	1	or c	yend mer		
			<del> </del>			T	1	+	Over \$50,000,000	1	ģ			1
			<u> </u>	_	$\vdash$	+	1	+	Spouse/DC Asset over \$1,000,000°		70 95	value, value		
		<del>                                     </del>	-		-	1		7	NONE	1				
$\vdash$	<del>                                     </del>		├	<b></b>	├	╀	<del>  _</del>	+	DMOEND\$	-	S S	nve (k)		
-		-	<del> </del>		<del> </del>	+-	┝	$\dashv$		-	탈충	AX-DAR C		
		<u> </u>				╀	<u> </u>	+	RENT	4	결룡	Me series	돟	
	ļ	ļ	×	_	ļ	1		_	INTEREST		σ⇒ ⊈⊈	# ca	ō	멸
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	L			CAPITAL GAINS	_	Check "None" if the asset gen income during the reporting period.	Check all columns that apply. Follithat generate tax-deferred income 401(f), IRA, 529 accounts), you in the "Tax-Deferred" column. Ethic tracet, and capital gains, relinvested, must be disclosed a for sesets held in taxable	Type of Income	BLOCK C
						l			EXCEPTED/BLIND TRUST		Z 2	pply	Š	O
×	×								TAX-DEFERRED		og ge		3	1
					Partnership Income	Royalties			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		erated no	scounts (such as nay check ilvidends, even if a income		
$\times$	X			Ĺ		L			None			othe end		
			X			Τ	×	:	\$1-\$200 =			For assets other asset and capit accounts.		
									\$201-\$1,000 率					
									\$1,001-\$2,500 <			gain heck		
						×			\$2.501-\$5,000 < 5	'		B No B C		
				×	×		L	Ţ	\$2,601 \$5,000 < \$75,001 \$15,000			For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" collected essets indicate the category of income by checking the appropriate box below. Divides and capital gains, even if reinvested, must be disclosed as income for assets help accounts. Check "None" if no income was earned or generated.  **Column XII is for assets held by your spouse or dependent child in which you have no interest.		
							L	$oldsymbol{\bot}$	\$15,001-\$80,000 ≦			atego fino i		
				L				$oxed{J}$	\$50,001-\$100,000			ked ' ory o elmvi ncon		
						L		$oldsymbol{\mathbb{I}}$	\$1,000,000 <del> </del> \$1,000,000 <del> </del> \$			Tax finc peter ne w		
									\$1,000,001-\$5,000,000 ×			Defe ome as ex	ξ	
									Over \$5,009,000 🔀			by c	Ē	_ [
						Γ		Ι	Spouse/DC income over \$1,000,000° ≚	_		heck be o	Amount of Income	BLOCK D
X	×					Γ		$\Box$	None	1		Block disci	풀	Š
			X			$\Gamma$		J	\$1-\$200 =	1		Total	Ç	_ [
					Γ	Γ	*		\$201-\$1,000 ±			you appr	3	
				Ĺ		Γ			\$1,001-\$2,500 <	, l		may opnia: whici		
						Γ		$\Box$	\$2,501. <b>45,00</b> 0 < <b>3</b>			che te bo		
						×	Γ	Π	\$5,001-\$15,000 \(\leq\)	<u>.</u>		inay of the		
				×	×	Т	Г	$\exists$	\$15,001.\$80,000 ≦ <b>2</b>			^e nc		
						Π		1	\$2,501.\$5,000 < CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC			Wone vinte		
					Γ	T	Π	T	· 交 000,000,14,100,0001			100 mg 8		
						Τ	Γ		\$1,000,001-\$5,000,000 ×			a se an nami		
						Γ			Over \$5,000,000 🔀			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 for assets held in taxable accounts. Check "None" if no income was earned or generated.  "Column XII is for assets held by your spouse or dependent child in which you have no interest.		
						Γ	Γ		Spouse/DC Income over \$1,000,000°			# # # # # # # # # # # # # # # # # # #		
								-			_			

Use additional sheets if more space is required.

							Ţ				Ĺ				ㅋਲ਼ୱ			
									-	- Pension State AND PIS	- Unard val Index Tust	-Vnard Tust Indx Inst	-TROWERT SMCap SHK	-Vriged MOXAP Trox Pls	ASSET NAME		Assets and/or Income Sources	BLOCKA
1	一		+	7		t	$\dagger$						<u> </u>		4		•	
_			T	7			+						_			None >		
-	ヿ	<b> </b>	1				十		 	અ						\$1-\$1,000 🚥		
1			T	ヿ			$\dagger$			3						\$1,001-\$15,000 C		
		 	1	┪			T			3			X	×		\$15,001.480,000		
			1	Í			1			CANINGS	×	×				\$50,001-\$100,000 m	<b>\$</b>	:
-	_			$\dashv$		$\vdash$	十			8						\$100,001-\$250,000	<b>1</b>	
_†_			†			<u> </u>	+									\$250,001-\$500,000 ග	, a	
1		 T	T	1			+	$\neg$		3	t	1		П		\$500,001-\$1,000,000 ±	Value of Asset	· .
-			+~			<del>                                     </del>	+		 	2		<del>                                     </del>	<b></b>			\$1,000,001-\$5,000,000 —	S S	
$\dashv$		 -	+	$\dashv$			T		 	St. Can		<u> </u>				\$5,990.901-\$25,000,000		
$\dashv$		 	+		-	H	+	$\neg$	 	3			-			\$25,000,001-\$50,000,000		
$\dashv$	_		+-			<del>                                     </del>	+	$\dashv$		1	╁	<del> </del>	<del>                                     </del>			Over \$50,006,000		
	$\dashv$	┢	+	_		1	┿	$\dashv$	 	궠		<del> </del>	$\vdash$		·	Spouse/DC Asset over \$1,000,000*		
			+-				+		 -	×						NONE		_
+		 ├	+			┝╌	┿		 	$\hat{}$	┢	├-				DMDENDS		
		<del> </del>	+			├	+		 		-	-	-					
		 <u> </u>	┿	-		├	4		 _		<u> </u>		<u> </u>			RENT	3	!
			4	_		ļ	1				ļ	ļ	ļ	ļ		INTEREST	Type of Income	Ş
		 	1	_		<u> </u>	4		ļ							CAPITAL GAINS		
							$\perp$									EXCEPTED/BLIND TRUST	cor	•
							ľ	]			×	×	$\times$	$\times$		TAX-DEFERRED	36	
							T									Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
1							1			X	×	×	×	34		None -		_
		 Т		_			十		 				-			\$1-\$200 =		
							7									\$261-\$1,000 =		
			Ì	T			1									\$1,001-\$2,500 <		
	7		Τ				Ť		-							\$2,501,\$6,000 < 2		
1							T									\$5,001-\$15,000 ≤ <b>3</b>		
			T				T									\$15,001.450,000 ≦ <del>↑</del>		
	$\neg$		T				T		 							\$2,501,45,000 < CUTTO   \$5,001,\$15,000		
1			1	$\neg$			T									\$100,001-\$1,000,000 R		
				コ			T									\$1,000,001-\$5,000,000 ×	}	
T	ヿ	Г	Т	一			T									Over \$5,000,000 ≥	ğ	
					•		Ι									Spouse/DC Income over \$1,000,000*	nt c	Š
		П	T		,,		Τ			×	X	X	×	X		None	<b>9</b>	
			Γ				I									\$1-\$200 =	Amount of Income	•
			Γ				$\prod$									\$201-\$1,000 ==	3	
			$oxed{oxed}$				$oldsymbol{\mathbb{I}}$									\$1,001-\$2,500 <		
							floor									\$2,501-\$5,000 < 000		
			Γ				$\perp$									\$5,001-\$15,000 ≤		
							$\prod$									\$15,001- <b>\$</b> 50,000 ≦		
				$\Box$												\$50,001-\$100,000 ≦		
			Γ				Ι									\$100,001-\$1,000,900 🛪		
							$\int$									\$1,000,001-\$5,000,000 ×		
			$\perp$				$\perp$			<u> </u>	<u> </u>					Over \$5,000,000 ≥		
			+													\$1,000,001-\$5,000,000 ×		

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ANA Sol Gutierrez

<u>`</u>

## SCHEDULE C - EARNED INCOME

Name: And Sol Gutierrez Page 4 of 5

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	yr staff.		
	i	Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	0\$	\$500 \$78.000
EXAMPles: CMI War Roundfable (Oct. 2) Ontario County Board of Education	Spouse Speech	\$0 N/A	\$1,000 N/A
State of Maryland	Salary	00	\$43,500, T
The state of the s			

## SCHEDULE D - LIABILITIES

Name: Au Sol Gusterrez

Page of of

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 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 \*Column K is for liabilities held solely by your spouse or dependent child.

			·			SP. DC, JT		···	
				CHb	Ехатрію				
				Citibank Bank, Wash-DC	First Bank of Wilmington, DE	Creditor			
					5/98	Date Liability Incurred MO/YR			
		The state of the s	Wash DC /	County Line-Rental Projects	Mortgage on Rental Property, Dover, DE	Type of Liability			•
						\$10,001- \$15,000	>		
						\$15,001- \$50,000	6		
						\$50,001- \$100,000	n		
				X	×	\$100,001- \$250,000	0	$ $	
						\$250,001- \$500,000	m	moun	
						\$500,001- \$1,000,000	71	Amount of Liability	
				-		\$1,000,001- \$5,000,000	6	Bbility	
						\$5,000,001- \$25,000,000	I		
						\$25,000,001- \$50,000,000			
	Į.	l "	l	l		Over \$50,000,000	_		١
ļ			ļ	ļ	ļ			<b> </b>	

## 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.

Position	Name of Organization
Trustec (uncomposited)	Capital Technology University, hamel, MD
Board Chair (I) m compressated	
	montonier county, MD
	, O 1 Q
	The state of the s