NEGISLATIVE RESOURCE CENTER

2015 JUN 12 PM 4:57

OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Page 1 of __10 UNITED STATES HOUSE OF REPRESENTATIVES Form A 2014 FINANCIAL DISCLOSURE STATEMENT For Use by Members, Officers, and Employees MARK EUGENE AMODEI (775) 686-5760 Daytime Telephone: Name: (Office Use Only) State: __NV Member of or Candidate for Officer or Employing Office: FILER District: 02 Employee U.S. House of Representatives STATUS Х 2014 Annual (Due: May 15, 2015) Termination TYPE Date of Termination: 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 F. Did you have any reportable agreement or arrangement with an Yes X х outside entity during the reporting period or in the current calendar year up through the date of filing? b. Make more than \$200 in unearned income from any reportable asset during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single Х exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? source during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? х х reporting period? I. Did any individual or organization make a donation to charity in D. Did you, your spouse, or your dependent child have any reportable Х Х lieu of paying you for a speech, appearance, or article during the liability (more than \$10,000) at any point during the reporting period? 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? Х ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact Yes No X the Committee on Ethics for further guidance. 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 your dependent child? No X EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all No X Yes three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MARK EUGENE AMODEI Page 2 of 10

Asset and/or income Source Value of Asset Type of Income Amount of Income Transaction Transaction Control (a) such asset had to investment or influence of the control of the contro				BLOCK A	_				-	Pà C	CK B	_					_	_				BLO	CKĆ			_		_	_		BLOC	CK D					_	BLOCK E
Section Sect	Ι.	Asset	and/	or Income Source					Va	lue c	of As	set									Ţyp:	e of	Inco	me		İ			Α	mou	int o	f In	com	e				Transaction
The account mate seconds the reporting protective field is served in a second material protective. The first and another sections and protective field in the rest of the protection of the prot	Identify product exceeds and (bi income income Provide (do not	(a) exist of ing \$1.00 any of that gen during to comple use only	ncome 00 at ther interacte he yes te nar ticket	aset held for investment and with a fair market vi- the and of the reporting per reportable asset or source of more than \$200 in "uneam ir. hes of stocks and mutual fu- symbols). her retirement plans (such	ide valid use of life beinds you	ualion ed. en es cause olumn	method set was it gener Mis for	sold of aled in	than fi turing torne,	er mai the re the va	ket v portir lue si	alue, p no per nould b	iod a	spec ndis	specify the method generate taxedefered income (such as 401(k), IRA, or may check the "None" column. For all other assets midicate the is 529 accounts), you may check the "Suchedered" closure. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period. "Column XII is for assets held by your spouse or dependent child in which you have no interest.							asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as																
provide a complete address or description, e.g., retail property, and city and state. For an ownership interest in a privately-hadd state her name of the business, the nature of its activities, and its geographic location in Block A. Eichder, Your personal residence, including account homes understored in Block A. Eichder, Your personal residence, including account homes understored in Block A. Eichder, Your personal residence, including account homes understored in Block A. If you have a privately-hadd state were were retail ancome during the reporting period, and any financial income during the reporting period. Block A is a season of the retail of your property and that is an asset or retail disconstance of the control of the retail of your special period in the season of the retail of your special period. Block A is a season of the retail of your special period in the season of the first and the retail of your special period in the season of the first and the retail of your special period in the season of the first and the retail of your special period in the season of the first and the season of the season of the first and the season of the first and the season of	For bain all I	ount the ik and c iterest-b list eve	ther of earthy ry fire	ads the reporting thresholds. ash accounts, total the amo eccounts. If the total is o encial institution where then	unt ver	В	С	D	E	F	G	Н	1	J	K	L	M									1	1	ń	tv	٧	VI	VII	VIII	IX	x	χI	ΧЛ	Leave this column blank if there are no transactions that exceeded
that is not publicly traded, safe the name of the business, the name of the surface of the surfa	provide	a con	plete	address or description, a]																								ļ			
Nomes and vacation homes (unless there was rental more) and the reporting periods, and any financial inferest in, or income derived from, as federal inferest in, or income source is that of your spouse (SP) or dependent chald (DC), or jointly held with anyone (If), if the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklest. See The Schedule A requirements, please refer to the instruction booklest. See The Sec Transpare in the state of the instruction booklest. BANK OF AMERICA GREATER NV CREDIT UNION X	that is busine	nat put is, the	Acly natu	traded, state the name of re of its activities, and	the																				,													
Exception Fund, please check the "EI" Fund on thoose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (OC), or jointly held with anyone (IT), in the optional column on the far left. For a defailed discussion of Schedule A requirements, please refer to the instruction booklet. 90 90 90 90 90 90 90 9	homes income interes	and vac during t in, or	ation he rep inco	homes (<i>unless</i> there was re orting period); and any finar one derived from, a fed	ntal cial eral																				arm (ncome)												.000,000.	
State Stat	Except box. If you income depend (JT), in	ed Investor choose source tent chill the option delan	iment ie, yo is l d (OC onafo	Fund, please check the "I u may indicate that an asse- hat of your spouse (SP) i), or jointly held with any plumn on the far left. discussion of Schedule	I or one	0001	11-\$15,000	101-\$50,000	101-5100,000	001-\$250,000	001-\$500,000	000'000'1\$-100'	00,000+\$5,000,000	00,001-\$25,000,000	990,001-550,000,000	\$50,000,000	se/DC Assel over \$1,000,000*	3	DENDS		REST	TAL GAINS	EPTED/ALMO TRUST	DEFERRED	ship Income		200	\$1,000	11-\$2.500	1-45,000	1415,000	201-\$50,000	001-5100,000	000:451.000:000	90'001-\$5'000'000		sa/DC Asset with Income over \$1,	
	Joquille	marisa, p	*******	TOTAL IN U. IN IN IN INCIDENT INCIDEN	ž	2	20.00	\$15.	\$20.0	\$100	\$250	2500	\$1,0	\$5.0	₹22 1	ð	Š.	₫	2	Æ	ž	3	ä	Ž	8 8	ž	\$	Š	5	2	\$5.0	3.5	\$30,	\$100	5	ð.	ş	P. S. S(part), or E
	SP, DC,		SP		EIF				х										x										x									S(part)
ABC Hedge Fund	л	campies				1	Indefe	ıle																	Royallies	I .] .		[]				
GREATER NV CREDIT UNION X X X X X X X X X X X X X X X X X X X				ABC Hadge Fund	х			Ι			x			_												Ĺ						L.						
NFS - IRA - CNL REIT X X X X X X X X X X X X X X X X X X X		BANK	OF	AMERICA	Т		Х											Г			X						Х											
NFS - IRA - WELLS REIT X X X X		GREA	TER	NV CREDIT UNIO	ı	7	X		1			П	\neg	1					1	Г	х				T	1-	x		1			1	Ī -		\Box			
M. C. 1.01	-	IFS -	İR	A - CNL REIT	1	\top			х	Г			7		П					Γ				х	1	х					_	Γ			П			
691 S RICHMOND WAY, CARSON CITY X		NFS -	IR	A - WELLS REIT	_	†	†	T-	x	ļ —		H	7	\neg			Γ	T	Ī					х		x									П		Г	
	1	81 S F	ICKM	OND WAY, CARSON CITY	\top	1	\top	T	1	х		\Box	-				T-	X			Г					x	Π		Π	Г				Γ				
		V-0974	3-			Τ	T	\vdash	1			\Box	一	一			Γ	l –								Γ	Π	Г		Г		Г			П			

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: MARK EUGENE AMODEI	Page_3of10
--------------------------	------------

																																					_
	BLOCK A							BLC													CK (Т						CK (╗	BLOCK E	1
	Asset and/or Income Source						Va	lue (of A	sset						l			Typ	e of	Inc	още					A	moı	ınt d	of In	com	e			-	Transaction	4
																								١													
ļ			A	В	С	D	E	F	Ġ	н	1	7	К	ī	м	T			1					1	2	Dt	N	v	VI	VI	Vill	EX	х	χι	ΧП		1
					1	1]	l			1											ŀ							ı
]							i			1	l					1							ŀ									ı
								1							1	ļ							_	l							ľ						ĺ
												ĺ			1	l							Other Type of Income (Specify: e.g., Parthership Income or Farm Income)	l			ļ	Ì							è		ı
		1																					Ī	ı				1							(00)		ı
													1		ė	1		1					1 8	ı			ĺ								ž.		ı
							į						_		8	1				İ	 		100	1						ļ				[e e		ı
					İ		•	_	_	8	90	000	80.00	1	¥		1				翼	ĺ	8 E	ı							Ì	8	8		Ę	İ	ı
1				ĺ	8	8	000	90°05	8	0000	22,000	95.53	\$50.0	8	ä				Ì	≅	불	맖	8 g	ı		l_	g	g	ş	8	000	8	8	8	Agge	ĺ	1
ł				8	15.5	94-55	5	5	#	19-100	8	0.00	99,90	18	Spouse/DC Asset over \$1,000,000*	l	DIVIDENDS	١.	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	, S		8	\$201-\$1,000	525	8	\$5,001-515,000	\$15,001-\$50,000	\$50,001-\$100,000	100	á	Dver \$5,000,000	SpouseOC Asset with Income over \$1,000,000*		Į
			None	\$1-\$1,000 \$1.00.000.000.000 \$1.00.000.000.000 \$1.00.000.000.000 \$1.00.000.000 \$1.00.000.000 \$1.00.000.000 \$1.00.000.000 \$1.0					ŝ	NO.		REM	E	3	ä	TA.	S S	\$ Sone	51-5200	25	51,001-\$2,500	\$2.501-\$5,000	85.00	\$15.0	\$50,0	\$100,000,\$1,000,000	8.	ž	ŝ	P, S, S(part), or I	ٳ؞ۣ						
SP,		EXF	┢			+		1					T	H	T	t	t		H		H			t			H	H		-		┰				r, a, o(part), or t	Ħ
SP, DC, JT	ASSEI RAME					_ــــ	L_	_							<u> </u>	<u> </u>	<u> </u>	_	Ļ					1_	ļ.,	ļ	<u> </u>						<u> </u>		Ш		┛
L	NONE				L				<u>.</u>		_				<u> </u>					L					ļ		<u> </u>					L					
								l		!									1	L.																	
Г						T			I -								Ī													l							1
Г		П		П		1								Г	П	Г	Т				Ī			Т	Т			1									1
		П						1							1	Г	Ì		T					Ì			Ì	1	T-			ļ	Г				٦
r		П		1		T-	1		Г				T	1		T			Г					1		ļ									П		1
H		Н			-	†	1-	\vdash		\vdash			T	T	†=	t	T	1				厂	 	1	T					İ	İ				Ħ		
H		Н		+	†-	+	t	\vdash		\vdash			H	十	 	┪	╁┈	╁			†		 	╅┈	\top	 	T	T	T								1
1		Н	\vdash		+	+	H	\vdash	 			†	t	+	\vdash	t	T	\top	†	\vdash	\vdash		<u> </u>	T	t^-	H	\vdash	†	╁	 	T		Τ-		Н		1
-		\vdash	\vdash		+			+-	-	-	-		t	\vdash	t	t	†-	T	+	╆┈	 	 	 	╁	+	\vdash	†	✝	-	<u> </u>	\vdash	 	\vdash		╁┤	l	1
1-	 	Н	\vdash		\vdash	-	┢┈	\vdash	\vdash	├─	-	╁╴	\vdash	\vdash	\vdash	H	+	+	+	\vdash	 	 	_	╁╴	+		1			╁	-	┼	╁─	\vdash		 	1
-		Н	_		\vdash	+	┢	\vdash	├	├	-	├	\vdash	╁	\vdash	Ͱ	╫	+	+	\vdash	-		1	╁	-	\vdash	1	\vdash	\vdash	+-	<u> </u>	╁╌	├	\vdash	Н	 	4
\vdash		\vdash			+	-	H	╀	-		\vdash	\vdash	+	+	\vdash	₽	+	╀	+	├	+-	├	1	╁	+	\vdash	┼	\vdash	 -		\vdash	╁┈	┼-	\vdash	\vdash	ļ	4
\vdash		-	_	-	\vdash	+	-	\vdash	\vdash	⊢		 	 −	+	+	₽	+	+	\vdash	\vdash	\vdash		1	1-	+	\vdash	\vdash	\vdash	\vdash	+	+	├	├	\vdash	┼┤		-1
L		ļ		-	₩		1	ļ_	_	_		-	 	╁-	+	L	+	+	-	_	\vdash	<u> </u>		1	-	⊢	\vdash	\vdash	<u> </u>		 	 	\vdash	<u> </u>	\sqcup	├ ──	4
L		<u> </u>	ļ	<u> </u>	1	.	╙	1	_			_	1	<u> </u>	\perp	L		╄	_	_	_	<u> </u>		_	<u> </u>	L	_	L	-	1	_		_		\sqcup	<u> </u>	4
1				1	1		ĺ						1		-			1	Ι.	1	l	1		ŀ	1		l.	<u> </u>			Ι.	L	<u>L</u> _	<u> </u>		1	

SCHEDULE B – TRANSACTIONS

Name: MARK EUGENE AMODEI Page 4 of 10

		ale, or exchange transactions that exceeded \$1,000 in the	T	/pe of Ti	ansactio	on		Date				Αı	nount	of Tra	nsacti	on			
dependent resulted in Exclude to purchase to a portion of Capital Gathe Capital the capital	child for inverting a capital los ansactions be risale of your an asset is so lus: If a sales gains" box, u gain income o	security or real property held by you, your spouse, or your stiment or the production of income. Include transactions that is. Provide a brief description of an exchange transaction, elween you, your spouse, or dependent chaldren, or the personal residence, unless it generated rental income. If only old, please choose "partial sale" as the type of transaction, it transaction resulted in a capital gain in excess of \$200, check independent in the sale of the sale of the sale of the in Schedule A. schedule A. solely held by your spouse or dependent child.	Purchase	33	Particl Sale	Exchange	Check Box il Capital Garr Exceeded \$200	(MCDAYR) or Cuarterly, Microthly, or Si- weekly, if applicable	\$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- \$25,000,000,000	225.000,0001- 526,000,000	Over \$50,000,000	Over \$1,000,000* X (Spouse/OC Asset)
SP, DC, JT	Ī	Asset																	
5º	Example	Maga Corp. Stock			х		x	3/5/14		×									
	681 S	RICHMOND AVE CARSON CITY, NV 89703	Х					11/4/14			х								
	ļ						·····												
								<u> </u>	1										
	 								1	1									<u> </u>
						l			1										
							 									 	 	 	
										 	 	 		-		<u> </u>			
		· · · · · · · · · · · · · · · · · · ·		 		 								<u> </u>				 	+
				-										 		 -	 	Ì	
			-		ļ .					 	-	-			-				
	 			-	\vdash	<u> </u>		-		\vdash		 	\vdash			 	╁	 	
										-	-		-	 		 	ł		+
					 	<u> </u>			 	 	-	\vdash	1			1			+
						 	-	-		-					-	 -	 	 -	
							\vdash			+	 	 	 		<u> </u>	 	1	<u> </u>	-
							1		-	\vdash		 		 		┼		[+
	 					-			1	1							1	 	+
										├			-	-	 	₩-	ļ	 	┼—
				L	l	L	1				L						1	1	1

SCHEDULE C - EARNED INCOME

Name: MARK EUGENE AMODEI Pag	je5	_ of
------------------------------	-----	------

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 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.

INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

	Source (include date of receipt for honoraria)	Туре	Amount
Examples:	Keene State State of Maryland Confl War Roundtable (Cct. 2) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$6,000 \$18,000 \$1,000 N/A
NONE			
,			

SCHEDULE D - LIABILITIES

		6 10
Name:	MARK EUGENE AMODEI	Page of

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. 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, parant, 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.

	1								moun	t of Li	ability				
					٨	В	С	٥	E	F	G	#	ı	,	к
SP, DC, IT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$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- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example	First Bank of Wilmington, DE	5/96	Martgage on Rental Property, Dover, DE				×							
	EVERHOME I	MORTGAGE	12/08	MORIGAGE ON 805 W SUNSEL CARSON CITY, NV 89703				х							
	EVERHOME I	MORTGAGE	11/14	MORTGAGE ON 681 S RICHMOND AVE CARSON CITY, NV 89703				х							
										}					

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

Position

Name of Organization

	Position	_	 	 18	aille of Orga	mzation	 		
NONE									
		_	_	 				_	
		!							
		_	 					_	

SCHEDULE F - AGREEMENTS

Name:	MARK EUGENE AMODEI	Pageof
L		

Identify the date, parties to, and general terms of any agreement or arrangement that you have 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 Agreement Terms of Agreement

NONE

NONE

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
xample:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethica Committee)	\$400
NONE			
	·		
		**	
		delica delica del constanti de	

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: MARK EUGENE AMODET Page 0 10	
------------------------------------	--

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

ute nel.						
	Source	Date(s)	City of Departure Destination City of Return	Lodging? (Y/N)	Feod? (Y/N)	Family Member Included? (Y/N)
Examples	Government of China (MECEA)	Aug. 6-11	DC-Beşing, China - DC	Y	Y	N
	Habitat for Humanity (chanty fundraiser)	Mar, 3-4	DC-Baston-DC	Y	Y	Y
NONE						
						ļ
						<u> </u>
						ļ
						<u> </u>
						<u> </u>
				ļ		_
						<u> </u>
						ļ
			<u> </u>			

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: MARK EUGENE AMODEI	9 10
Name: MARK EGGENE ANGBET	Page of

	Source	Activity	Date	Amount
examples:	Association of American Associations, Washington, DC	Speech	Feb, 2, 2014	\$2,000
zxamples.	XYZ Magazine	Article	Aug. 13, 2014	\$500
NONE				
			 	
				Ì
		!		
			 	
		· · · · · · · · ·		
				Į.

FILER	NOTES
(Optio	nal)

ſ		ſ	10	10
Name:	MARK EUGENE AMODEI	Page_	of	

NOTE NUMBER	NOTES					
1	661 S RICHMOND AVE, CARSON CITY NV 89703, 50% OF THIS ASSET WAS ACQUIRED THORUGH INHERITANCE, AND 50% WAS ACQUIRED THROUGH PURCHASE FROM A RELATED BENEFICIARY OF THE INHERITANCE					
_						