APR 28 2014

No X	Yes	∌pendent child	ities of a spouse or de	e, transactions, or liabili	earned" income	er assets, "une	<b>EXEMPTION</b> —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.	<b>EXEM</b>
N <sub>O</sub>	Yes 🔲	ot be	cepted trusts" need no	cs and certain other "ex	mittee on Ethic fiting you, your	ed by the Comi h a trust benef	<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?	<b>TRUST</b>
<u>o</u>	QUESTION	)F THESE (	SWER EACH OF THESE QUESTIONS	- AN	ST INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCL
	esponse.	each "Yes" ru	lule attached for each "Yes" response.	appropriate sched	d and the a	e answere	Each question in this part must be answered and the appropriate sched	
S	Yes 🔀	\$5,000 from	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.	VI. Did you receive com a single source in the two if yes, complete and at	<u>s</u>	Yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	III. Did y able liab If yes, c
<b>₹</b>	Yes	rangement	portable agreement or arrangement ttach Schedule V.	V. Did you have any reportable agreemen with an outside entity?  If yes, complete and attach Schedule V.	No M	Yes	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? If yes, complete and attach Schedule II.	II. Did y income oreportab
<u>8</u>	Yes	реfore the date от two years?	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.	IV. Did you hold any rep of filing in the current cal if yes, complete and at	S S	Yes 🔀	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?  If yes, complete and attach Schedule I.	I. Did yo fees) of t
				ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWE	In all sec
	0 days late.	more than 30 days late				Office:	employee Employing Office:	
assessed who files	(D	A \$200 penalty shall be against any individual	Check if Amendment	n le May 2014	Date of Election:	# P	Candidate for the State: House of Representatives District:	Filer Status
ı	(Office Use Only)	()°				:		
	E CLERK RESENTATIVES	OFFICE OF REPRESENTATIVES	į	Telephone:	Daytime '	<b>V</b>	ne: Bruce Edward Davis	Name:
	PM 1: 40	OLAWA - J	and new employees	For use by candidates a		28, 2014	Period covered: January 1, 2014 - March	Period
Page 1 of 4	Pa DURCE CENTER	SISLATIVE RESO	A B LEDISLATIVE RESOURCE CENTER			ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	UNITI
:	4107							

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name	
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Edward	
SAMAC	`

Page 2 of 4

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 Bessaya pay) todays retirement programs, and honority received the Society Andrews (such as National Guard or Bessaya pay) todays retirement programs, and honority received the Society Andrews (such as National Guard or Bessaya pay) todays retirement programs, and honority received the Society Andrews (such as National Guard or Bessaya pay) todays retirement programs.

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	eceived under the Social S	Security Act.
Course (include date of receipt for honoraria)	Type	Amount	unt
Cource (ilicinae date di lecelpt loi liviloiaria)	- JAC	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
-	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
Kin Annel Locavine Center, Inc	Salany	4,550,12	36,250
Puil Cound	Salary	4.119,25	17.363
Kit Anneal Termining Center Tur	Source Salary	6,181,8	53,254
0	1	•	`

Page 3 of

ATUW WITHS AUC HISADIO, NO	1 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	income during the reporting period), any deposits total- 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 depen- dent 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.	location in Block A.  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 the addition and the government.	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.	(do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Identify (a) each asset held for investment or production 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.  Provide complete names of stocks and mutual funds	BLOCK A  Asset and/or Income Source
	< ×		×	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 - \$5,000,000 \$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 - J X L M	*This column is for assets solely held by your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the report-	BLOCK B Value of Asset
7	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		during the reporting period.	"Tax-Deterred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the speet coverated to income.	Check all columns that apply, For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the	BLOCK C  Type of Income
	× × ×		×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000  Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$1,000,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year			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. <b>Dividends, interest</b> , and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK D Amount of Income

## SCHEDULE III — LIABILITIES

Name Bruce Colward DAVIS

Page  $\pm$  of  $\pm$ 

owed 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. 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 sib-

								Amou	nt of	Amount of Liability	ty			
SP,	Creditor	Date Liability	Type of Liability	A	В	C			, TI	_ <u>.</u>	10 <del>I</del>			er 🛪
JT,	Creditor	Incurred mo/year	туре от ставлиту	\$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 <b>\$25,000,00</b> 1	\$50,000,000 Over	\$50,000,000 Spouse/DC	Liability over \$1.000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE										_	
	High loins Bank	MR995	Mostcase on 210 WWITLS Higher	_	×									
	Dept. of Thearmy TRS	4205	CTUPEN	`		×								
	<i>\( \psi \)</i>	,												
													<u> </u>	

## SCHEDULE IV - POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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,

and positions solely of an honorary nature. **Exclude:** Positions listed on Schedule 1; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization):

,	Presidento
Ouilford County NC	Limit bound brunes igner
Name of Organization	Position