<b>8</b> ⊠	Yes	pendent child	lities of a spouse or de Committee on Ethics.	transactions, or liabilist consulted with the C	arned" income, ss you have firs	er assets, "une swer "yes" unle	this report any oth mption? Do not ans	<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.	EXEMPTION- because they r
<b>8</b> ⊠	Yes 🔲	ot be	xcepted trusts" need no	and certain other "ex spouse, or a depender	nittee on Ethics ting you, your s	ed by the Comn	lind Trusts" approve	<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?	TRUSTS - Det
Į Ø	QUESTION	)F THESE	ANSWER EACH OF THESE QUESTIONS	1	TINFORM	OR TRUS	EPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIO
	response.	each "Yes" ı	ule attached for each "Yes" response	sched	d and the ap	e answered	nis part must b	Each question in this part must be answered and the appropriate	
× ⊠	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 compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI	No 🔀	Yes	d have any report- porting period?	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 you, your able liability (mor <b>If yes, complete</b>
	Yes	rangement	<ul> <li>V. Did you have any reportable agreement or arrangement with an outside entity?</li> <li>If yes, complete and attach Schedule V.</li> </ul>	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V.	8	Yes 💢	receive "unearned" iod or hold any e end of the period?	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 you, your income of more t reportable asset if yes, complete
S	Yes X	before the date or 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 ca <b>If yes, complete and at</b>	8	Yes K	ne (e.g., salaries or eporting period?	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>ff yes, complete and attach Schedule I.</li> </ol>	I. Did you or you fees) of \$200 or r
				ANSWER EACH OF THESE QUESTIONS	OF THESE	ER EACH	e	In all sections, please type or print clearly in blue or black ink  PRELIMINARY INFORMATION — ANSW	PRELIMINA
who files	against any individual who files more than 30 days late.	against an more than	Amendment	■ l li	Liacuvi i.	Office:	Employing Office:	New officer or employee	Status
issessed	A \$200 penalty shall be assessed	A \$200 per	Check if	11-61-8	Date of	0¢ √		Candidate for the	Filbr
	(Office Use Only)	6		7				to the property of the propert	
Takilyir	U.S. HOUSE DE REFLESEAJATIVE	U.S. H		Telephone:	Davtime 1	5	Sivaraia	Rhombo Docholle Sivarajah	Name:
THE CENTER	THE ATTWEE RESOURCE CENTER  2013 JUL 29 PM 1: 45	201	<b>∄ B</b> and new employees	FORM B For use by candidates and new employees		TATIVES	EPRESENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - June 15, 20	UNITED ST FINANCIAI Period cover
•									

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Rhonda Pachelle Siverajah Page 2 of 9

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

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Course (include data of coording for homograph)	Two	Amount	unt
Ocarce (include date of receipt of Horiotalia)	- y D c	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Ţ	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
Anoka County Avoka, MW	Salary	29,385	57, 283
Public Employees Rethrement Assoc. St. Davi. MW	Spouse Dension	N/A	NIA
Alkal Payroll Inc (Alal Security) Espanola NM	Spouse Salary	NIA	NIA
Metro Emergency Services Board St Paul, MV	per diem	165	300
> Contracted by Us Marshalls, St Paul, MV	-		

#### Asset and/or income Source BLOCK A

more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at Identify (a) each asset held for investment or production

(do not use ticker symbols). Provide complete names of stocks and mutual funds

account that exceeds the reporting thresholds. For **all IRAs** and other retirement plans (such as 401(k) plans) provide the value for each asset held in the

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 "rental property," and the city and state. provide a complete address or a description, e.g., For rental or other real property held for investment,

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the Thrift Savings Plan. derived from, a federal retirement program, including accounts; and any financial interest in, or income ing \$5,000 or less in personal checking or savings income during the reporting period); any deposits totalhomes and vacation homes (unless there was rental Exclude: Your personal residence, including second

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. If you so choose, you may indicate that an asset or

please refer to the instruction booklet. For a detailed discussion of Schedule II requirements

#### Value of Asset **BLOCK B**

reporting year. If you use a valuation please specify the method used. method other than fair market value, Indicate value of asset at close of

be "None." it generated income, the value should If an asset was sold during the reporting year and is included only because

by your spouse or dependent child. \*This column is for assets solely held

> during the reporting period. if the asset generated no income

investments or that generate tax-Check all columns that apply. For retirement accounts that do not plans or IRAs), you may check the deferred income (such as 401(k) allow you to choose specific Tax-Deferred" column. Dividends

#### Type of Income BLOCK C

if reinvested, must be disclosed as income. Check "None" interest, and capital gains, even

BLOCK D

#### Amount of Income

income. Check "None" if no income was earned or generated. and capital gains, even if reinvested, must be disclosed as income by checking the appropriate box below. Dividends, interest, check the "None" column. For all other assets, indicate the category of For assets for which you checked "Tax-Deferred" in Block C, you may

spouse or dependent child. \* This column is for income derived from assets solely held by your

					<u> </u>		i		* *******		
			×	×	~	X			INTEREST		
									CAPITAL GAINS		
									EXCEPTED/BLIND TRUST		
									TAX-DEFERRED		
							₹		Other Type of Income		
							Royallies		(Specify: e.g., Partnership Income or Farm Inco	ome)	
X	×	*			-~				None	-	
			<b>×</b>	<b>×</b>					\$1 – \$200	=	
									\$201 - \$1,000	=	
								X	\$1,001 - \$2,500	۸I	
						×	×		\$2,501 \$5,000	٧	Current Year
									\$5,001 - \$15,000	≥	F
									\$15,001 - \$50,000	VII VIII	Ĭ
									\$50,001 - \$100,000	_ <u>{</u>	≾
									\$100,001 \$1,000,000	X	<u> </u>
									\$1,000,001 - \$5,000,000	X	•
									Over \$5,000,000	×	
									Spouse/DC Income over \$1,000,000*	¥	
1	メ	×			×				None	-	
			×	*			1		\$1 – \$200	=	
								Х	\$201 – \$1,000	=	ס
									\$1,001 - \$2,500	٧	<u> </u>
						×	×		\$2,501 - \$5,000	٧	ğ
									\$5,001 - \$15,000	١٨	#
							-		\$15,001 - \$50,000	۱Ņ	ق ا
									\$50,001 \$100,000	VII VIII	Preceding Year
							1		\$100,001 \$1,000,000	×	2
									\$1,000,001 - \$5,000,000	×	1
									Over \$5,000,000	×	
									Spouse/DC income over \$1,000,000*	¥	

PERA (Public Emp Pet-Asser) MV

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Anota Cauchy Hann Cred Union

DCI Trustone, mous mu

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Wells Fargo, MNaccounts

X

DC Examples

SP Mega Corp. Stock

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

Over \$50,000,000

\$500,001 - \$1,000,000

\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

Spouse/DC Asset over \$1,000,000

Simon & Schuster 1st Bank of Paducah, KY accounts

Indefinite

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NONE

RENT

**DIVIDENDS** 

DCASpire Fed Ordit Union MV

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## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (

CHEDULE II — ASSETS AND "UNEARNED" INCOME	D "UNEARNED" INCOME		Name Phonda facindle Sivarajal	Sivaraph Page 4 of 9
BLOCK A	BLOCK B	BLOCK C	вгос	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount o	Amount of Income
<u></u>	A B C D E F G H - J K L M		Current Year	Preceding Year
<u> </u>	000	(Specif		
ñ	0,000 00,000 250,000 500,000 1,000,000 \$5,000,000 \$25,000,000	BLIND TRU ED of Income	0 0 00 000 0,000 0,000 000,000 5,000,000	0 0 00 000 000 0,000 000,000 5,000,000
	None \$1 - \$1,000 \$1,001 - \$15,001 - \$50,001 - \$100,001 - \$250,001 - \$100,001 - \$100,001 - \$1000,001 -	NONE DIVIDENDS RENT INTEREST CAPITAL GAIL EXCEPTED/B TAX-DEFERR Other Type of Partnership in	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,00 \$50,001 - \$100 \$100,001 - \$1,00 \$1,000,001 - \$5,00 Over \$5,000,00	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,00 \$50,001 - \$100 \$190,001 - \$1,00 \$1,000,001 - \$1 Over \$5,000,00 Spouse/DC Income
c1 U.S. Savings Bond	X	×	×	X
		×		×
erred Comp.		*	*	×
-TRave price Sm Capstack	×	~	×	*
- Fidelity Diversified Inti	*	~	*	*
-Janus Twenty	*	×	*	*
- Vanquard It 18+1 It Italogy plus	*	*	*	
- Varyand Total Bond Indoction	*	*	~	×
D JCMA - 457 Defored Comp.		×		~
		*		*
- UT Vailinge point Brd MK+ Idea	У,	X	X	***

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SP JCMA -

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

R 8 Ξ SP, -(a)\Jype7/21/2012 20.00 -09CL 1/9/2013 27.00Ce11 - Call CiscoSydem 20 Syllana Asset and/or Income Source Options **BLOCK A** None \$1 - \$1,000 ₿ \$1,001 - \$15,000 C \$15,001 - \$50,000 0 Value of Asset \$50,001 - \$100,000 П Tì BLOCK B \$100,001 - \$250,000 Q \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ۲ \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000\* NONE **DIVIDENDS** Type of Income RENT INTEREST BLOCK C <del>~</del> **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income--(Specify: e.g., Partnership Income or Farm Income)  $\overline{\mathsf{x}}$ **×** None Name Khondo tochelle Sivava is \$1 - \$200 \$201 - \$1,000 < \$1,001 - \$2,500 **Current Year** \$2,501 - \$5,000 XIVIIVIX \$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\* ブ X None \$1 - \$200 \$201 - \$1,000 **Preceding Year** \$1,001 - \$2,500 X V VI VIIVIII X \$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\* ×

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### SCHEDULE III — LIABILITIES

Name Khowla Pochelle Sivarajah

Page 6 of 1

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

 _	_			
				SP, DC, JT
		None N/A	Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
			<b> </b>	\$10,001— \$15,000
<b>†</b>				\$15,001— \$50,000
				\$50,001— \$100,000
			×	\$100,001— \$250,000
				\$250,001 \$500,000 m
			_	\$500,001 \$1,000,000
-				\$500,000 m \$500,001— \$1,000,000 7 \$1,000,001— \$5,000,000 0 \$5,000,001— \$25,000,000 =
				, - , - , - ,
				\$25,000,001— \$50,000,000
	<u></u>			Over \$50,000,000
	ł	9		

### **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 solely of an honorary nature

and positions solely of an incliniary nature.	ature.
Position	Name of Organization
Director	Greater MSP
Trustee	Metro Emergency Services Board
Whee	Metropoliten Mosquito Control District
Twstee	Anolla County Housing and Redevelopment Authority
Director	

### SCHEDULE III - LIABILITIES

Name Rhonda Rachelle Sivarajah Page

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

					SP, DC, JT
			NONE NIA	Example: First Bank of Wilmington, DE	Creditor
				May 1998	Date Liability Incurred mo/year
				Mortgage on 123 Main Street, Dover, DE	Type of Liability
				Г	\$10,001— \$15,000
					\$15,001— \$50,000
					\$50,001— \$100,000
				×	\$100,001— \$250,000
		····			\$250,001— \$500,000 m \$500,001—
					\$1,000,000 T R
				-	\$5,000,000 P a
					\$25,000,001
					\$50,000,000 Over \$50,000,000
					Spouse/DC Liability over X \$1.000.000

## **SCHEDULE IV - POSITIONS**

cer, 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. 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 honorary nature.

and positions solely or an incitorary maralle	iaulo.
Position	Name of Organization
Representative	Northster Corridor Develop Ment Authority
Representative	Northern Lights Express
member	MN Commission of Deef, Deef Blind & Hard of Heaving Minnesotous
Member	Covernors Workforce Development Council
member	Newborn Hearing Scheening Advisory Committee

#### SCHEDULE III — LIABILITIES

Name Provoda Pachelle Sivarajah Page 8

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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. 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 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-

					<b>그                                    </b>
			NONE N/A	Example: First Bank of Wilmington, DE	<u> </u>
				May 1998	Date Liability Incurred mo/year
				Mortgage on 123 Main Street, Dover, DE	Type of Liability
					\$10,001— \$15,000
					\$15,001— \$50,000 <b>©</b> \$50,001—
					\$100,000 P \$100,001 \$250,000 D
	w			_	\$250,001—
					\$500,001— \$1,000,000
					\$500,000 m \$500,001— \$1,000,000 m \$1,000,001— \$5,000,000 G \$5,000,000 H
					\$25,000,001 \$50,000,000
					Over \$50,000,000 — Spouse/DC
					Liability over ス \$1,000,000

#### 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-

and positions solely of an honorary nature 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 or air itoriolary fractice.	aur.
Position	Name of Organization
Representative	Association of MN Counties
Officer / Member	MN Workforce Council Assoc.
Member (Chair)	Anoka Co/Blaine Amport NW Bldg Area Jt. Powers Board

## SCHEDULE V -- AGREEMENTS

Nama Kronda +
ASSE CO
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ested 1994 Mysoff of Public Emp Pet. Assoc / Anaka County	Date Parties To	Identify the date, parties to, and general terms of any a service; continuation or deferral of payments by a form efit plan maintained by a former employer.
oc/Anula County Dension Plan Darticipation		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.
articipation	Terms of Agreement	yment; a leave of absence during the period of government or continuing participation in an employee welfare or ben-

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

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 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.

Source (Name and Address)	vn, Homestate	NONE NIA			
Brief Description of Duties	Accounting services			•	