UNITED STATES HOUSE OF REPRESENTATIVES 2013 FINANCIAL DISCLOSURE STATEMENT	Form A  For Use by Members, Officers, and Employees  **FREELATIVE RESOURCE CENTER
Name: Tulsi Galoboxd Dayti	Daytime Telephone:  CS.HPUSC OF REPRESENTATIVES  CS.HPUSC OF REPRESENTATIVES
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FILER Member of or Candidate for State: +1 STATUS  Member of or Candidate for State: +1 U.S. House of Representatives District: 02	Officer or Employing Office: Employee
REPORT 2013 Annual (Due: May 15, 2014) An	Amendment Termination Date:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QU	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?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes 文 exceeding \$1,000 during the reporting period?	No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single Yes No 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 reporting period?	No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable Yes 🗡 liability (more than \$10,000) at any point during the reporting period?	No L Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the 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?	NO ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	TINFORMATION - 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? the Committee on Ethics for further guidance.	ing during the reporting period? If you answered "yes" to this question, please ∞ntact Yes Wo ⊠
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 dependent child?	s and certain other "excepted trusts" need not be disclosed. Have you excluded from Yes No 🔀
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	transactions, or liabilities of a spouse or dependent child because they meet all three Yes No 🛒

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## SCHEDULE A – ASSETS & "UNEARNED INCOME"

If you so choose, you may indicate that an asset income source is that of your spouse (SP) dependent child (ICt), or jointly held with anyor (JT), in the optional column on the far left. 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 and other real property held for investment provide a complete address or description, e.g. \*rental property,\* and a city and state. 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 all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in Provide complete names of stocks and mutual funds (do not use only ticker symbols). Identify (a) 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 that generated more than \$200 in "uneamed" the account that exceeds the reporting thresholds. nomes and vacation homes (unless there was rental noome during the reporting period); and any financial nierest in, or income derived from, a federal estrement program, including the Thrift Savings Plan. you have a privately-traded fund that is an coepted investment Fund, please check the "EIF clude: Your personal residence, including secon a detailed discussion of Schedule irements, please refer to the instruction booklet Asset and/or income Source Start Emerging Novert USAA Money Movice ISAA Precios Kety 3331 Valley Alexandria VA क्ष **BLOCK A** ABC Hedge Fund Mega Corp. Stock Simon & Schuster Pea q × \*Column M is for assets held by your spouse or dependent child in which you have no interest. used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." 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 None 、大学2000 D) \$141,000 Indefrate \$1,001-\$15,000 o \$15,001-\$50,000 ۳ m Value of Asset \$100,001-\$250,000 Ŧ BLOCK B a × \$500,00141,000,000 \* \$5,000,001-\$25,000,000 \_ Over \$50,000,000 • Z a Check all columns that apply. For accounts that For or columns that apply in the state of the Name: DIVIDENDS X RENT Type of Income INTERES1 BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST Royalties Partnership 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. Dividencis, infarest, 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. X \$1-\$200 Χ \$201-\$1,000 2 Amount of Income \$2,501-\$5,000 **)** BLOCK D ≤ \$15,001-\$50,000 ≦ \$50,001-\$100,000 Page \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 Own 85,000,000 ä Spouse/DC Asset with Income over \$1,000,000 ≚ 9 If only a portion of an asset was sold, please indicate as asset had purchases (P), seles (S), or exchanges (E) exceeding \$1,000 Leave this column blank if there are no transactions that exceeded \$1,000. in the reporting period. follows: (S (part)). Indicate if the S(part) P, S, S(part), or E Transaction Sale BLOCKE

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****				Sec.	943		2				91.00					2.45). 	Spouse/DC Asset with Income over \$1,000,000°	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE B - TRANSACTIONS			Name:							Page	ge 	Q.	# i
Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting beried of any security or real property held by you, your spouse, or your	Type of T	Type of Transaction		Date	C8783			Amount	୍ର	Transaction	<b>₩</b> =	)	on .
dependent child for investment or the production of income, include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset it sould, please choose "partial sale" as the type of transaction.			tal Gain	(MO/DAYR) or Quarterly.		<b>.</b>		70/ R1	+			Ξ	<b>=</b>
Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose		V4	Box if Ca ded \$200	Monthly, or Bi- weekly, if applicable		ट स	01-	O1-	01-	),001- 1,000		,001- 00,000	0,001- 00,000 00,000 00,000
* Column K is for assets solety held by your spouse or demandent child.	Pure Sale	Perili Exch	Chec Exce		\$1,00 \$16,0	\$15,0 \$50,0	\$50.1 \$160 \$100	\$250 \$250 \$600	\$500 \$1,0	F/30E 2	`. A¥	\$5,00 \$25,0	\$25,0
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## SCHEDULE C - EARNED INCOME

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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 2013 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.	nment) totaling \$200 or more during the elow.  Social Security Act.  Issaled at or above the "senior staff" rate totally prohibited.	reporting period. For a spouse, list was \$26,955. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
	Approved Teaching Fee Legislative Pension	\$6,000 \$18,000
Origino County Board of Education	Spouse Speech Spouse Salary	\$1,060 N/A
US House of Representatives	Salary	148 745
Lanis Productions	earnings /	Gross becrepts 1,111
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#### SCHEDULE D - LIABILITIES

Name:	
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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 liabile); 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 reporting period exceeded \$10,000.

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

							Amount of Liability	of Lia	bility			
		Date			e e	9		<b>ग</b>	. 1889 - 1	<b>.</b>	_	
SP. DC. JT	Creditor	Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000 \$15,001-	\$15,001- \$50,000 \$60,001+ \$100,009	\$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 \$25,000,000 \$25,000,000	Over \$50,000,000	Over \$1,000,000*
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE			×					Wall.	3. Z
Capito	Capital one Palative	)     	Movidade on about Moviful				L	37 Q 2 2				
USA)	USAA Mastercard	5/06	$\triangleright$	1	X							
Nave	Navy Federal Redit Union	10/12	8		X			5 2				
υsA A	Tederal Sovings	12/07	Home equatu loan		X	<b>*</b>						
			on 3331 ValleyDr							il.	2.4	

#### 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 listed in Schedule C; 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
VP	Healthy Hawaii Coalition

### SCHEDULE F - AGREEMENTS

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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	Parties to Agreement	Terms of Agreement
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#### **SCHEDULE G - GIFTS**

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a 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 \$140 or less need not be added towards the \$350 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
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
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	HOND	

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:	
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 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**: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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.

	Source	Date(s)	City of Departure – Destination –– City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Bejřitý, China - DC	۲	≺	z
D. Smylans	Habitat for Humanity (charity fundraiser)	Ner. 3-4	DC-Boston-DC	٧	٧	Y
W.S	Wisdom Conference 2.0	2/24=BS	JC - 0-3S - 1NH	~	Z	Z
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Howard	Howard Women's Leadership	3/8-3/9	DCA - BOS - DCA	۲,	7	Z
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# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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List the source, a separate confider	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	or of an event to a charitable organ	nization in lieu of paying an	honorarium to you. A
	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2013	\$2,000
		FRANCE	war of total	<b>\$</b> 000
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FILER NOTES (Optional) NOTE NUMBER NOTES Name: Page\_\_ | 약