

**HAND
DELIVERED**

LEGISLATIVE RESOURCE CENTER

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

FORM B

For use by candidates and new employees

Period covered: January 1, 2012 - November 15, 2013

Name: Adelaide A. (Alex) Sink

Daytime Telephone:

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: Florida District: 13	Date of Election: January 14, 2014	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office:			

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "unearned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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 benefiting you, your spouse, or a dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION—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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Name Adelaide A. Sink

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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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For additional assets and unearned income, use next page.

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SCHEDULE H - ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset													BLOCK C Type of Income	BLOCK D AMOUNT OF INCOME																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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SCHEDULE II - ASSETS AND "UNEARNED" INCOME:

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D AMOUNT OF INCOME																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D AMOUNT OF INCOME																							
		A	B	C	D	E	F	G	H	I	J	K	L	M									CURRENT YEAR								PRECEDING YEAR															
															Type of Income								I II III IV V VI VII VIII IX X XI XII								I II III IV V VI VII VIII IX X XI XII															
SP DC Neuberger Birman #XXX-XX996		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 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000													NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED OTHER TYPE OF INCOME (Specify: e.g., Partnership Income or Farm Income)								None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$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 Asset over \$1,000,000								None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$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 Asset over \$1,000,000															
Cash Equivalents																																														
Municipal Bonds																																														
Arizona St Transp Bld Hwy Rev Ser		X													X X								X								X															
Banker Colo Open Space		X													X X								X								X															
Garance NY Cent Sch Dist		X													X X								X								X															
Gallier Gwy FLA Gas Tax Rev		X													X								X								X															
Gwin St Hsg Pm Auth Hsg Mrg F Hsg Bld		X													X								X								X															
Douglas City Kans Co Ref & Impt		X													X								X								X															
Houston Tex Indpt Sch Dist		X													X								X								X															
Jacksonville FLA Elec Auth Rev		X													X								X								X															
MA Bay Transn Auth MASS RFDG SFR B		X													X								X								X															
Montana St Brd Regents Higher Fac		X													X								X								X															
NJ Economic Dev Auth Zero Cpn		X													X								X								X															
NY St Edl FACS Auth Rev		X													X								X								X															
NY, NY City HSG Dev		X													X								X								X															
NC Gap FACS Fin Adv		X													X								X								X															
North East Indpt Sch Dist Tex		X													X								X								X															
Pittsburgh PA G/O Sch Dist		X													X								X								X															
Rochester Mich Cmnty Sch Dist		X													X								X								X															
Springfield Ill Wtr Rev Wtr		X													X								X								X															
Tampa FLA Tax Alloc Ret & Cap Impt		X													X								X								X															
Washington St G/O Ser C		X													X								X								X															
West VA Economic Dev Auth		X													X								X								X															
Wright St Univ Ohio Ken Rqpts		X													X								X								X															

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income										BLOCK D AMOUNT OF INCOME																							
		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	OTHER TYPE OF INCOME (Specify: e.g., Partnership Income or Farm Income)	CURRENT YEAR												PRECEDING YEAR													
																								I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
SP	Morgan Stanley IRA #XXX-XX834	None													NONE										None																							
DC	Morgan Stanley Bank, N.A.	\$1 - \$1,000													DIVIDENDS										\$1 - \$200																							
	Common Stocks	\$1,001 - \$15,000													RENT										\$201 - \$1,000																							
	Health - as Innovations Inc A	\$15,001 - \$50,000													INTEREST										\$1,001 - \$2,500																							
	Corporate Bonds	\$50,001 - \$100,000													CAPITAL GAINS										\$2,501 - \$5,000																							
	Goldman Sachs Group Inc Bond	\$100,001 - \$250,000													EXCEPTED/BLIND TRUST										\$5,001 - \$15,000																							
	Morgan Stanley Bond	\$250,001 - \$500,000													TAX-DEFERRED										\$15,001 - \$50,000																							
	Bank of America Bond	\$500,001 - \$1,000,000													OTHER TYPE OF INCOME										\$50,001 - \$100,000																							
	Certificates of Deposit	\$1,000,001 - \$5,000,000													(Specify: e.g., Partnership Income or Farm Income)										\$100,001 - \$1,000,000																							
	World Fire - Niwix Int BK Columbus, OH CD	\$5,000,001 - \$25,000,000																							\$1,000,001 - \$5,000,000																							
	Doral Bank Caniano PR CD	\$25,000,001 - \$50,000,000																							\$15,001 - \$50,000																							
	GE Capital Retail Bank Draper Utah CD	Over \$50,000,000																							\$50,001 - \$100,000																							
	Managed Futures	Spouse/DC Asset over \$1,000,000																							\$100,001 - \$1,000,000																							
	VSE Premier Graham A																								\$1,000,001 - \$5,000,000																							
	VSE Charter Aspect																								\$5,001 - \$15,000																							
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	VSE Spectrum Select																								\$100,001 - \$1,000,000																							
	VSE Spectrum Tech																								\$1,000,001 - \$5,000,000																							
	Real Estate																								\$5,001 - \$15,000																							
	MS Blackstone RE Debt																								\$15,001 - \$50,000																							

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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset A B C D E F G H I J K L M 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 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000	BLOCK C Type of Income NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED OTHER TYPE OF INCOME (Specify: e.g., Partnership Income or Farm Income)	BLOCK D AMOUNT OF INCOME	
				Name: Adelaide A. Sink	
				CURRENT YEAR	PRECEDING YEAR
SP DC JT	CI Bank Checking	X	X	X	X
	Bank of America Checking	X	X	X	X
	Bank of America Savings		X	X	X
	State of Israel Bond	X	X	X	X
	LSQ Holdings LLC	X	X	X	X
	Maitland, FL (Financial Services)		Partnership	X	X
	Integrone-Stock(not publicly traded)	X	X	X	X
	Tampa, FL (Biotech Company)				
	CI Bank-Stock(not publicly traded)	X	X	X	X
	St. Petersburg, FL (Community Bk)				
	Ballast Point Ventures L.P.	X	Ltd	X	X
	St. Petersburg, FL (Investments Partnership)		Partnership		
	Florida Retirement System:				
	FRS Select Moderate Balanced Fd	X	X	X	X
	T.Rowe Price State of FL Deferred Compensation Plan:				
	TRP Rel 2020 Active Trst A	X	X	X	X
	VALIC Fixed Int Option	X	X	X	X
DC	Lord Abbett ATF A	X	X	X	X
DC	Bank of America Checking/Savings	X	X	X	X

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SCHEDULE III — LIABILITIES

Name **Adelaide A. Sink**

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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 dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); 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 a spouse, or the child, parent, or sibling 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.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	\$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	Spouse/DC Liability over \$1,000,000
	None						X							

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.

Position	Name of Organization
Board Chair	Florida Next Foundation, Inc
Board of Trustees	Wake Forest University
Council Member	United States Global Leadership Council
Board Member	C1 Bank
Leadership Council	United Way Worldwide

SCHEDULE III — LIABILITIES

Name **Adelaide A. Sink**

Page **20** of **21**

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 owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); 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 a spouse, or the child, parent, or sibling 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.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A \$10,001 — \$15,000	B \$15,001 — \$50,000	C \$50,001 — \$100,000	D \$100,001 — \$250,000	E \$250,001 — \$500,000	F \$500,001 — \$1,000,000	G \$1,000,001 — \$5,000,000	H \$5,000,001 — \$25,000,000	I \$25,000,001 — \$50,000,000	J Over \$50,000,000	K Spouse/DC Liability over \$1,000,000
	<i>Example:</i> First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X							
	None													

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.

Position	Name of Organization
Board Member	Junior Achievement Tampa Bay
Advisory Board Member	Miami Finance Forum
Board Member	Florida Wildlife Federation

SCHEDULE V -- AGREEMENTS

Name **Adelaide A. Sink** Page **21** of **21**

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.

Date	Parties To	Terms of Agreement
2011	Hyde Park Capital	Agreement to receive finder's fee for bringing Hyde Park Capital new business
2004	BB&T	Agreement to receive annual deferred compensation payment for past board service

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)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting services
None	