FORM B January 1, ZOI3- APEIL 4, ZOI4 Torica Conon Daytime Telephone.	1 EGISLATIVE RESOURCE CENTER 2014 APR 14 AM 11: 09 13. NOUSE OF REPRESENTATIVES (Office Use Only)	SOURCE CENTER AM II: 09 JE CLERK PRESENTATIVES
Filer Candidate for the State: Noci CACCTUBate of MAY (201 Amendment MAY (201	A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	assessed who files
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
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? Yes No 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.	the date years? Yes	S _o
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? Yes No Unid you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. If yes, complete and attach Schedule V.	ment Yes	ĕ ⊠
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No Unique your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? YI. 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.	0 from Yes	S
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	h "Yes" response.	
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	Yes Yes	₹ <u> </u>
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.	dent child Yes	No.

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Page Z of S

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.

Exclude: Military pay (such as National Guard or Heserve pay), tederal retirement programs, and benefits received under the Social Security Act.	rement programs, and benefits re	ceived under the Social Sec	unt 2017
Source (include date of receipt for honoraria)	Туре	≝	Prec
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Framples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
FOODBANK OF CENTRAL & LASTERN NC	SALARY	9536.77	23956.50
CAPOLINA ANALYTICS, LLC	CONSULTING FEED		And the second second
WELLS FARGO DANK	DEF. COMP	12527.27	11,262.06
CHARLES SCHWAB	107	34,000.00 00.000	94,000.00 42,107.00
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PENEX	TMCVX	- FDCAX	STCHARLES SCHWAB FUN	JI VANGUARD VGENX	JI KESIDENCE		Examples:	SP, SP Mega Corp. Stock	in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT).	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$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.	location in Block A.	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	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.	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	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.	Asset and/or income Source	BLOCK A
			2						None \$1 – \$1,000				> B	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	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.		
			5	><		<u> </u>	둙		\$1,001 - \$15,000				C	֓֞֓֓֓֓֓֓֟֟֟֟֟֟֟֟֟ <u>֟֟</u>	nera Jone	ass ear	ate rting od c		
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						L			RENT					# j e	reinvested, must be dis- osed as income. Check "None" the asset generated no income	XLar efem 된	all c nent you nents	Type of Income	-
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-	+	+	+	+	1	f	;	 	None None	IS OVER	φ1,000,000	=		1	á	income. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held by your	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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as	Amount of Income	BLOCK D
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Continuation Sheet (if needed) SCHEDULE II — ASSETS AND "UNEARNED" IN 8 Ę SP Asset and/or Income Source HACTES CTAMAG BLOCK A Ž None $\boldsymbol{\varpi}$ \$1 - \$1,000 \$1,001 - \$15,000 O 6 O \$15,001 - \$50,000 Value of Asset \$50,001 - \$100,000 П Ti BLOCK B \$100,001 - \$250,000 Q \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 Over \$50,000,000 \$ Spouse/DC Asset over \$1,000,000* NONE **DIVIDENDS** Type of Income RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200

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\$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

Spouse/DC income over \$1,000,000*

Spouse/DC Income over \$1,000,000*

Over \$5,000,000

\$201 - \$1,000

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None \$1 - \$200

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BLOCK	Name Virginia Conton Page 4 of 5

Current Year

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Preceding Year

Amount of Income

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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-

			4	Ĭ		SP, DC, JT	
			FRANK OF AMERICA	OUICKEN LOANS	Example: First Bank of Wilmington, DE	Creditor	
		,	20 IX	JONE 1	May 1998	Liability Incurred mo/year	,
			2013 CREDIT CARD CHARGITE, K	JUNE 1998 MORTGAGE DEROS WOOM	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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CHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. per, 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, traternal, or political entities (such as a political party or campaign organization):

and positions solely or an nonotary nature.	IGMIC.
Position	Name of Organization
THE EVENT TURNNER	FOUD BANK CENTRAL & EASTERN NC
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