

MAR 24 2014

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, 2014 - March 24, 2014

Name: Allan Levene

Daytime Telephone:

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: Georgia District: 11	Date of Election: May 20, 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 "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.	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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input 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	Allan Levene	Page <u>2</u> of <u>2</u>
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SCHEDULE II – ASSETS AND “UNEARNED” INCOME

Name Allan Levene

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BLOCK A		BLOCK B													BLOCK C								BLOCK D																											
Asset and/or Income Source		Value of Asset													Type of Income								Current Year												Preceding Year															
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 source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (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. 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 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. 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. 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), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.		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 reporting year and is included only because it generated income, the value should be "None."													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 "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.								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 income. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held by your spouse or dependent child.												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 income. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held by your spouse or dependent child.															
		None	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)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII			
		\$1 – \$1,000																																																
		\$1,001 – \$15,000																																																
		\$15,001 – \$50,000																																																
		\$50,001 – \$100,000																																																
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		\$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																																																
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		\$100,001 – \$1,000,000																																																
		\$1,000,001 – \$5,000,000																																																
		Over \$5,000,000																																																
		Spouse/DC Income over \$1,000,000*																																																
SP	SP Mega Corp. Stock																																																	
DC, Examples:	Simon & Schuster																																																	
JT	1st Bank of Paducah KY accounts																																																	
	Rental property, Kennesaw, GA 2																																																	
	Rental property, Kennesaw, GA 3																																																	
	Rental property, Kennesaw, GA 1																																																	
	Rental property, College Park, GA																																																	
	Rental property, East Point, GA																																																	
	Rental property, Covington, GA																																																	

Continuation Sheet (if needed)

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For additional assets and unearned income, use next page.

SCHEDULE III – LIABILITIES

Name **Allan Levene**

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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 \$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							
	Bank of North Georgia Rental 1	July 2011	Mortgage on Kennesaw property			X								
	HSBC Bank Rental 2	August 04	Mortgage on Kennesaw property			X								
	Chase Bank Rental 3	Nov. 12	Mortgage on Kennesaw property				X							
	Chase Bank Rental 4	Dec. 12	Mortgage on Kennesaw property				X							
	Discover	revolving	Credit card		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

SCHEDULE III – LIABILITIES

Name Allan Levene

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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 \$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							
	Bank of America	revolving	Credit card		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
President	Network Consultants, Inc.
President	steam&sauna, Inc.
Partner	Posit5, LLC