<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.	<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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	Each question in this part must be answered and the appropriate schedule attached for ea	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes X  No III. 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.	II. Did you, your spouse, or a dependent child receive "unearmed" 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 With an outside entity?  If yes, complete and attach Schedule II.	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 No 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.	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	in all sections, please type or print clearly in blue or black ink.	Filer Candidate for the State: A Date of House of Representatives District: L Election: November 2014 Amendment  Status New officer or Employing Office:		Name: Davio John Moulan, MO Daytime Telephone		UNITED STATES HOUSE OF REPRESENTATIVES FORM B FORM B Period covered: January 1,2013 - かかか シザ	
ndent child Yes	yes 🔲	THESE QUESTION	attached for each "Yes" response.	000 from Yes	gement Yes	re the date Yes X			A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	(Office Use Only)	>	U.S. HOUSE OF REPRESENTATIVES	2014 JUL -9 PM 1:32	TECHNICATION TO THE TECHNICAL
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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name 5 J. Maylor MD Page

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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) 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.

Exercise: military pay (social as mathematical country), inclose to pay), inclose controlled to programs, and points	noin programo, and ponoino is	Amount	ant
Source (include date of fecelpt for florioratia)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	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
Ersicen Pa Rapianium Orcaling, PC	Salary	15,100.	49, 835.7
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	0		<del>  </del>			DC, Examples:	•	income during the reporting period); any deposits total- ing \$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 depen- dent 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.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental	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 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	
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		<u> </u>	-	ļ	<u> </u>	L		\$1 - \$1,000			by your spouse or dependent child.	the "None."	If an asset was sold during the report-	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.		
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	-	1	_		$\vdash$	<u> </u>	_	Over \$5,000,000		<u>&lt;</u>		* 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		
$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$						ì	:	Spouse/DC Income over \$1,000,000*	3	<u>≤</u>	I			~ ~ ~~		

#### SCHEDULE III — LIABILITIES

Name Davio John Mayon MD Page of \_

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-

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ъ.	Creditor	Incurred mo/year	Type of Liability	\$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
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#### 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-

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);

Position	Name of Organization
President / Misight Breigh	Caesan County Orology Most for (ccom)
Pessiant	
Personet	Antherine Rapiotherapeutics (ACT)
Persiand	Daf. Entrepise, LLC

Use additional sheets if more space is required.

### SCHEDULE V — AGREEMENTS

Name
Davis
John
Maslan Mo
Page of

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
1	2002	

# 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
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
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#### CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6601

Indicate Your Status: (Select One)	Dear Madam Clerk:
Over \$5,000 Threshold Not	This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.
Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.
Withdrawal of Candidacy	THE THRESHOLD WAS EXCERDED ON 11/12/2013. Dfm  This is to notify you that under the laws of the state of
	[Note: If your Financial Disclosure Statement was due before the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]
	Name (Please Print or Type):  DAVID J. MOYLAN, M.D  State: PENNSYLVANIA  District: 17th
	State: PENNSYLVANIA District: 17th
	Date: 2/21/2014

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building Washington, DC 20515-6601