× ×	Yes [ependent child	ties of a spouse or dependent child ommittee on Ethics.	, transactions, or liabilities to consulted with the Co	arned" income	er assets, "une swer "yes" unlea	from this report any other exemption? Do not any	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obscause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTIO because the
š X	Yes	ot be	epted trusts" need not child?	s and certain other "exc	nittee on Ethics	ed by the Comn	end Trusts" approve	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?	TRUSTS—E
S	QUESTION	OF THESE (- ANSWER EACH OF THESE QUESTIONS		TINFORM	OR TRUS	:, DEPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSI
	esponse.	each "Yes" r	ule attached for each "Yes" response	ppropriate schedu	and the a	e answered	Each question in this part must be answered and the appropriate sched	Each question in	
N _o	Yes	\$5,000 from	pensation of more than prior years? ach Schedule VI.	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.	<u>8</u>	Yes 🔲	child have any reporthe reporting period?	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.	III. Did you, yo able liability (n If yes, comple
N _o	Yes	rangement	ortable agreement or arrangement tach Schedule V.	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V.	No D	Yes X	child receive "unearned" g period or hold any at the end of the period?	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.	II. Did you, yo income of mor reportable ass
No	Yes 🔲	before the date or <u>two</u> years?	ortable positions on or be sindar year or in the pricach Schedule IV.	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.	No U	Yes 🔀	ncome (e.g., salaries or the reporting period?	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.	I. Did you or y fees) of \$200 of If yes, compl e
				EACH OF THESE QUESTIONS	OF THESI		rly in blue or black ink. TION — ANSWER	In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSW	In all sections PRELIMIT
		more than 30 days late				Office:	Employing Office:	New officer or employee	Status
assessed	ן עוי	A <i>\$200 penalty</i> shall be	Check if Amendment	Date of Ine 24 (Primay)	Date of Election:	Maryland	State: _ District	Candidate for the House of Representatives	Filer
	(Office Use Only)								
	HE CLERK PRESENTATIVES	OFFICE OF THE CLERK TU.S. HOUSE OF REPRESENTATIVES	ŢÜ.	Daytime Telephone	Daytime			Name: Paul Rundquist	Name:
Page 1 of R	P SOURCE CENTER AM 11: 24	LEGISLATIVE RESOURCE CENTER 2014 MAY 20 AM 11: 24	B Ind new employees	FORM For use by candidates ar	70	ATIVES	OF REPRESENTATI	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - 1044	FINANCIA Period cov

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Page of	

Name

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 of Heserve pay), rederal retirement programs, and benefits received under the Social Security Act.	rement programs, and penellts re	eceived under the Social s	Security Act.
Course (include date of receipt for honoraria)	Type	Amount	unt
Control (more or receipt for normalia)	.)	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Ţ	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
Delta Research Associates Inc., Alexandra, VA	Salary	\$0	26,968.84
Excalibr and Associares Inc. Alexandria, VA	Salary	26,564.67	44,928.89

Name

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-					~		DC, Examples:	σ.	ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or 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 defailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	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 booking in Busin A	For rental or other real property held for investment, provide a complete address or a description, e.g., "eental 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.	➤
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				<u> </u>		_			None		<u>></u>	*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.	
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	- 1		<u> </u>	-	×	H			None		1	1	This column is tor income derived from assets solely held by your pouse or dependent child.	income. Check "None" if no income was earned or generated	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	BLOCK D Amount of Income
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