POSTMARK ILLEGIBLE

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.	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH O	Each question in this part must be answered and the appropriate schedule attached for	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No Will Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule III.	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 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 Willing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	New officer or employee Employing Office:			Name: Richard Owen Bolger Daytime Telephone:		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, <u>abla - November 30, 2013</u> For use by candidates and new employees
pendent child Yes	tbe Yes X	ANSWER EACH OF THESE QUESTIONS	le attached for each "Yes" response.	5,000 from Yes X	ingement Yes	two years? Yes		_	A \$200 penalty shall be against any individual	(Office Use Only)	•	U.S. HOUSE OF REPRESENTATIVES	LEGISLATIVE RESOURCE AND LEGISLATIVE RESOURCE RESO
× X	S _N	Ś		S S	₹	⊠ §			assessed who files			TATIVES	* 25 * 25

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Richard Owen Bolger

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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 ber		nefits received under the Social Security Act.	Security Act.
College / include data of receipt for honoraria)	Type	Amount	unt
Ocales (History date of levelph for Holloratia)) y pa	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
_ 7	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
Bolger Law Firm PLLC	business income	#335,576	\$303,037
Old Virginia Title ILC	business income	\$ 132, 406	\$ 100,295
Old Virginia Title LLC	Spouse salary	\$ 6,968	\$ 5, a18
	20		
			!

l_ \	luells Fargo accts	Perco Stack	American Funds	T. Rowe Price	commercial property		Examples:	SP Mega Corp. Stock	homes and vacation homes (unless there was rerital 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.	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 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 "unearmed" income during the year.	Asset and/or Income Source	BLOCK A
X	\\	*	<i>y</i>		~	×	Indefinite	X	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 - \$5,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G H - J K L M	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.	Value of Asset	ВLОСК В
X	<i>y</i>	X	×	>	X	×	Ployalism	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	ome)		during the reporting period.	if reinvested, must be dis- closed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Deferred" column. Dividends,	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deterred income (such as 401(k)	Type of Income	вгоск с
X	X	×	>	X	><	×	×	X	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 Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000		Current Year		spouse 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	Amount of Income	BLOCK D
						×	×		\$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 Income over \$1,000,000	III IV V VI VIII VIII V X XI XII	receding Year		assets solely next by your	samed or generated.	ferred" in Block C, you may ets, indicate the category of below. Dividends, interest, must be disclosed as	me	

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Richard Owen Bolger Page Horle

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SCHEDULE III — LIABILITIES

Name ichard Owen Bolger

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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 sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling 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. 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

<i>בר</i>	7	C	(1	Exa	<u> </u>	
BB+T	FCVB	USAA	BOA	Example: First Bank of Wilmington, DE	Creditor	
				May 1998	Date Liability Incurred mo/year	
commercial mortage	commercial mortgage	credit and	credit card	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
					\$10,001— \$15,000 >	1
		X	メ		\$15,001— \$50,000 50	
	X				\$50,001— \$100,000 O	
*				×	\$100,001— \$250,000 □ \$250,001—	I
					\$500,000 M	1
		····			\$1,000,000 TI S	
					\$5,000,000 P S	
					\$25,000,000 + \$ \$25,000,001	
					Over \$50,000,000	
					Spouse/DC Liability over ス \$1,000,000	

SCHEDULE IV — POSITIONS

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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

and nositions 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);

and positions solely of an nonotary hatties.	au e
Position	Name of Organization

SCHEDULE V — AGREEMENTS

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Name

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 governmen
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 ben-
efit plan maintained by a former employer.

	מוני סומיו הימווימי	on pian manage by a corner emproyer.	
	Date	Parties To	Terms of Agreement
ı			

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.

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Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Aaron Veal, minor Alexandria, VA legal services	legal services