UNITED STATES HOUSE OF REPRESENTATIVES FORM B	regist ATIVE RESOURCE CENTER
FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	I
Name: Thilip Krinkis Daytime Telephone	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: Ninh25ctz U.S. House of Representatives District: 6CD Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office: Period Covered: January 1, 2014 To Nay 15, 2014	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? b. Make more than \$200 in uneamed income from any reportable asset during the reporting period? E. Did you hold any reportable or in the current calendar year up through the date of filing? asset during the reporting period?	during the reporting period Yes X No hathe date of filing?
C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Do you have any reportable agreements or arrangements with an outside entity?	its or arrangements with Yes No No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	s than \$5,000 from a single Yes No lears?
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRE	"YES"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF TI	HESE 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 that benefits you, your spouse, or dependent child?	. Have you excluded from Yes No X
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	because they meet all three Yes No No

1400 chnowluste	St. Paul, MN 55104	3) lesvinkiaco	1400 Contubation Aug.	1) The Shelling Co. The	JT 1st Bank of Paducah, KY accounts	SP, SP Mega Corp. Stock DC, Examples: Simon & Schuster	Exctude: 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.	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 natura of its activities and its near-ranking the programment of the programment.	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).	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.	Identify (a) each seest hold for importment or modulation	BLOCK A
DO TO	2	· X 80 6		×	×	Indefinite	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$100000 \$500,001 - \$1,000,000 \$500,001 - \$1,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G H I J K L M	*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-	reporting year. If you use a couse or reporting year. If you use method other than fair market value, please specify the method used.	value of Asset	вгоск в
×		ξ· ×		メ	X	X Physilian	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	3)		if the asset generated no income during the reporting period.	Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None"	plans or IRAs), you may check the "Tax-Deferred" column. Dividends,	check all columns that aboy, for retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(r)).	Type or Income	вгоск с
		×		X	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Pour \$5,000,000 Spouse/DC Income over \$1,000,000 \$1,001 - \$1,000,000 \$201 - \$1,00		Current Year Preceding Year		* 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 recheck the "None" column. For all other assets, indicate the categor income by checking the appropriate box below. Dividends, interest of the control o	Amount of Income	BLOCK D

SCHEDULE A - ASSETS AND "UNEARNED" INCOME

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SCHEDULE A- ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) * ۲ Ş ~ Money murket Land Growth Roulof Amer Diracky Daily Money man the Asset and/or Income Source Drawer Day Morey morke tsociate Bank James Frenchs Doenhowthun Nio National Ins glify Franch **BLOCK A** COCUMI ADO TRA Cush None \$1 - \$1,000 œ \$1,001 - \$15,000 C o \$15,001 - \$50,000 Value of Asset ΠŢ \$50,001 - \$100,000 П BLOCK B \$100,001 - \$250,000 O \$250,001 - \$500,000 Ξ \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ٤. \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS Type of Income RENT BLOCK C INTEREST **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income-(Specify: e.g., Partnership Income or Farm Income) \$1 - \$200 \$201 - \$1,000 ≡ \$1,001 - \$2,500 **Current Year** \$2,501 - \$5,000 \$5,001 - \$15,000 YII YII \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 $\overline{\mathsf{x}}$ Amount of Income \$1,000,001 - \$5,000,000 Over \$5,000,000 ≥ BLOCK D Spouse/DC Income over \$1,000,000* \$1 - \$200 X XI IIIV IIV IV VI VI III \$201 - \$1,000 Preceding Year \$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°

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Collection Seed (Proceed) Collection Seed (Proceded) Collection Seed (Proceded) Collection Seed (Proceded) Collection Seed (Proceded) Seed (Proceded)	t.		1	87		7	5	ઇ	B	8	DC	SP.			Contin
NONE DIVIDENDS RENT NTEREST NTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income-(Specify: e.g., Partnership Income or Farm Income) None				Yalic HOIK	HCK absed fraud	Lock Proge Grinda	College Boureton	Parnom Funds	American fund	Answiprize			Asset and/or Income Source	BLOCK A	uation Sheet (if needed)
NONE DIVIDENDS RENT NTEREST NTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income or Farm Income) None -				×		×	×	X	×	X	\$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 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	00 C D m 77 G H	Value of Asset	BLOCK B	D "UNEARNED" INCOM
None				×		×	×	X	X	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Spec	sify: e.g.,	Type of Income	BLOCK C	
											None	<u> </u>	Amount of Income	BLOCK D	· Pailip Kr

SCHEDULE C - EARNED INCOME

Name: Philip Krinks Page_6_of 9

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honorana. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchange 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. Amount	nbers and employees compensa lessional services involving a fidu	ted at or above the 'senior staff' raciary relationship) are totally prohibi	bove the 'senior staff' rate was \$26,955. It is unchanged in nice in the staff' rate was \$26,955. It is unchanged in nice in the staff. Amount
Source (include date of receipt for honoraria)	Туре	Am Current Year to Filing	Amount Preceding Year
_	Honorarium	\$0 \$0	\$500
EXAMPLES: Civil Way Roundtable, Richmond, VA (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
SNELLING G. Inc. HVAC	salary	\$100,000	\$100,000
Minneske Hospital Assa.	spouse salory	\$162,000	\$157.000
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	Page_

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); 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 you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

		17		DC, 51		
	M M	ر.	Example			
	The Snelling Co.	Jettrus	First Bank of Wilmington, DE	Creditor		
	820n	2005	2 5/98	Date Liability Incurred MO/YR		
•	personal loan	Mortage: 1590 Softe C+	Mortgage on Rental Property, Dover, DE	Type of Liability		
		10 d		\$10,001- \$15,000	>	
				\$15,001- \$50,000	œ	
				\$50,001- \$100,000	ი	
	X.	×	×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	т	Amount of Liability
				\$500,001- \$1,000,000	TI	t of Li
				\$1,000,001- \$5,000,000	ဓ	ability
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	_	
				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Municesote Stulk College and University System	Trustee
Krinkie Family Foundation - 4501 c 3	Officer-
I \ _	Par net
Krinkie Cb property mat-	Partuer
The Snelling G HVAC contractor	President
Name of Organization	Position

SCHEDULE F - AGREEMENTS

Name: Philip Krinkia Page B of 9

				Date	Identify the date, parties to continuation or deferral or	
	NON	ハフハエ		Parties to Agreement	to, and general terms of any agreement or arrangement that you have f payments by a former or current employer other than the U.S. gove	
				Terms of Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have 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.	Indiane: 1 MILLY TIVE OF THE BUT TO STATE OF THE

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. on the provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. on the payment and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on \$5,000.

government a	nd any information considered confidential as a result of a	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	707	
	4004	

							NOTE NUMBER
						Campaign was torminated June 2, 2014	NOTES