<b>₹</b>	Yes 🗌	ependent child	ies of a spouse or de ommittee on Ethics.	, transactions, or liabilit st consulted with the Co	arned" income, ss you have firs	er assets, "une wer "yes" unles	<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.
N <sub>0</sub>	Yes	ot be	epted trusts" need not child?	s and certain other "exc spouse, or a dependen	nittee on Ethics ting you, your s	d by the Comn a trust benefi	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?
ι <del>ο</del>	QUESTION	OF THESE	ANSWER EACH OF THESE QUESTIONS	1	T INFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	response.	each "Yes"	ule attached for each "Yes" response.	opropriate schedu	and the ap	e answerec	Each question in this part must be answered and the appropriate schedule
No X	Yes	\$5,000 from	pensation of more than \$5,000 from p prior years? ach Schedule VI.	VI. Did you receive compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI.	<sub>S</sub> ⊠	Yes 🔲	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.
S <sub>8</sub>	ğ X	rrangement	ortable agreement or an	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	S S	Yes	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.
8	es M	before the date or two years?	ortable positions on or bendar 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.	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Yes	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule 1.</li> </ol>
				ANSWER EACH OF THESE QUESTIONS	OF THESI	ER EACH	PRELIMINARY INFORMATION — ANSWE
							all sections please time or print clearly in blue or black ink
assessed who files	A \$200 penaity shall be assessed against any individual who files more than 30 days late.	A <i>\$200 per</i> against an more than	Check if Amendment	3/18/2014	Date of Election:	Tinois 13th	Filer Candidate for the House of Representatives District: 13  Status New officer or Employing Office:
	(Office Use Only)	. (					
	>	- -		Daytime Telephone:	Daytime		Name: Erika Natuli Louise Harold
•	1	1.5.11.00					
Page 1 of <u>5</u>	7. A.	2013 JUL - 8	B ind new employees	FORM B For use by candidates and	Ti	NIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, <u>るのる・「June 30, &amp;の)ろ</u>
7	JUL 02 2013	ישנ					

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Erika N.L. Harold

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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.

Exclude: Military pay (Such as National Sudio of Neselve pay), reactar fem	entent programs, and penents to	פרפואפת תווחפו נוזכ היייומו ר	Occide Occurry Act.
Course de tapa de la constant de la	Type	Amount	unt
Course (monare care or receipt or monorare)	1,700	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	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
Burke, Warrem, Mackay & Servitella, P.C.	Salary	\$50,568,19	\$143,726.12
Mener Capel, P.C. 1	Salax	\$3,854.55	N/A
MCASA	Honorarium	N/A	\$1,750,00
Executive Club of Champaign County	Honorarium	N/A	\$1,500.00
Teen Challenge Illinois	Honorarium	N/A	\$1,000.00
University of Illinois	Honogarium	\$1,000.00	N/A
University of Illinois	Honorarium	\$2,300.00	N/A
			`

Roymond James, IRA	Raymond James, SEP IRA	Raymond James, investment	Busey Bank, account		Examples:	SP, Mega Corp. Stock	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 totalization 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 tar left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	BLOCK A  Asset and/or Income Source  Identity (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. 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.
><	×	<b>×</b>	×	×	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       □         \$25,000,001 - \$25,000,000       □         \$25,000,001 - \$50,000,000       □         \$25,000,001 - \$50,000,000       □         \$25,000,001 - \$50,000,000       □         \$25,000,001 - \$50,000,000       □         \$25,000,001 - \$50,000,000       □         \$25,000,001 - \$50,000,000       □         \$25,000,000 - \$50,000,000       □         \$25,000,000 - \$50,000,000       □         \$25,000,000 - \$50,000,000       □	BLOCK B  Value of Asset  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."  *This column is for assets solely held by your spouse or dependent child.
×	×	×	×	×	Royalties	x	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income 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.
×	×	× ×	×	×	×	X X X	None	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.

#### SCHEDULE III — LIABILITIES

Name Erika N.L. Harold

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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 sibowed 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

					JT OSP.
				Example: First Bank of Wilmington, DE	Creditor
				May 1998	Date Liability Incurred mo/year
				Mortgage on 123 Main Street, Dover, DE	Type of Liability
					\$10,001 \$15,000
					\$15,001 \$50,000
					\$50,001— \$100,000 O
				×	\$100,001— \$250,000
	 				\$250,001— \$500,000 m \$500,001—
 				_	\$1,000,000 T of
			<u> </u>	L	\$5,000,000
			<u> </u>	L	\$25,000,001
 		<u> </u>		-	\$50,000,000 — Over
					\$50,000,000 Spouse/DC Liability over

#### 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-

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

and positions solely of all honorary haterer.	IANI C.
Position	Name of Organization
Director	Prison Fellowship

### **SCHEDULE V -- AGREEMENTS**

Name
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City Distant	City primit the common way to control control con	
Date	Parties To	Terms of Agreement
approximately 3/12/03		\$100,000 Northwestern Mutual term life insurance policy through Meyer Canal, RC.
1 / 4		
	•	

# 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