Š	Yes		unless you have first consulted with the Committee on Ethics.	ss you have fire	swer "yes" unle	because they meet all three tests for exemption? Do not answer "yes"	because
<b>8</b>	Yes	ot be	pouse, or a dependent child?	nittee on Ethics ting you, your s	ed by the Comn the assets "time	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?	TRUST
S	QUESTION	OF THESE (	NATION — ANSWER EACH C	TINFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION $-$ ANSWER EACH OF THESE QUESTIONS	XCLI
	esponse.	each "Yes" r	propriate schedule attached for each "Yes" response.	l and the ap	e answered	Each question in this part must be answered and the appropriate schedu	
<b>₹</b>	Yes	\$5,000 from	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.	S <sub>o</sub>	Yes Z	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 y able liabii If yes, co
₹ <b>₹</b>	Yes	rangement	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	8	ĕs Æ	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 yo income o reportable If yes, co
<u>8</u>	ěs E	pefore the date or two years?	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.	8	Yes	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 fees) of \$
			ANSWER EACH OF THESE QUESTIONS	OF THESE	ER EACH	PRELIMINARY INFORMATION — ANSW	RELI
						in all sections, please type or print clearly in blue or black ink.	in all sec
THE STATE OF THE S		more than 30 days late			Office:	New officer or Employing Office:	Status
assessed	***	A <i>\$200 penalty</i> shall be	Nou 4 2014 Check if Amendment	Date of Election:	State:CALL fo ( ~ ) Ar District:LS	Candidate for the House of Representatives	Filer
	(Office Use Only)	$\mathcal{U}_{\mathfrak{C}}$					
WIVES	U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE	Daytime Telephone:	Daytime 1		e: Lee c. Rousas	Name:
Page 1 of 1	Page 1 of LEGISLATIVE RESOURCE CENTER 2014 MAY 22 PM 12: No	2014 MA	<b>FORM B</b> For use by candidates and new employees		TATIVES	FINANCIAL DISCLOSURE STATEMENT  Period covered: January 1, 2-13 MAY 1 2-14	FINA) Period
<b>c</b> .							

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name
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Page 2 <u>\_</u>

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 retire

<b>Exclude:</b> Milliary pay (such as National Guard of Heserve pay), lederal retirement programs, and	ement programs, and benefits r	benefits received under the Social Security Act.  Amount	Security Act.
Source (include date of receipt for honoraria)	Туре	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
Т	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
LEE C. Rouses DPM Inc. Los Anobles, CA	Skraey	\$ 42,000	\$156,000
A MEDICAL CORPORATION			
SHEQUIAN CAKE HOSPITHE, LOS ANGELES, CA	לומפבידאם' לצב	\$ 20,000	\$ 5000
		0 0 0 0 0	
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PARADIUM MEDICAL MNUMT	STUS BANK SANINGS	SI PENTAGRA YOUK	US BANK IRA-SEP	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	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 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 Thritt 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.	Asset and/or Income Source 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. 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.
	×	×	*	×	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 - \$5,000,000  \$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   \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,	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.
OTTOAS	<b>X</b>	*	*	×	Royatties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C  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	Amount of Income  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 LEE & ROLGRS

Page 4 of 4

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

								Amou	nt of	Amount of Liability	Ŧ			
SP,	Graditor	Date Liability	Type of Liability	٨	В	င	٥	m	,	ଜ	о <u>т</u>			r 🛪
JT,	Creditor	Incurred mo/year	Type of Liability	\$10,001 \$15,000	\$15,001 \$50,000	\$50,001 \$100,000	\$100,001— \$250,000 <b>\$250,001—</b>	\$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	Spouse/DC Liability over \$1,000,000
	Example:   First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				Н			·				
	1A STUDGET LOAN	10 230	STUBENT LOAD	-			×							
	MO DERT OF PURCIC NEARTH AND 96	AUF 96	STUDENT LOAN		۲			-						
35	SALLIE MAE	70 02	STUDENT LOAD			*			1					
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## **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 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);

and positions solely of an inologially flatting.	iauro.
Position	Name of Organization
PRESIDENT ICEO	LEE & ROUSAS DPM INC., LOS AMUERES, CA
MEDICAL DIRECTOR	SHOPMAN OAKS HOSPITAT LOS ANDERET, CA
MEDICAL DIRFCTOR	PARADIGM MEDICAL MANAGEMENT, TORRANCE, CA
BORRO MEMBER	BRIOGES TO ABILITY, SANTA CLAPATA, CA

Use additional sheets if more space is required.