No V	Yes 🔲	ependent child	lities of a spouse or dependent child Committee on Ethics.	e, transactions, or liabil	arned" incomess you have fi	er assets, "une wer "yes" unle	ed from this report any othe for exemption? Do not ans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
No V	Yes 🔲	ot be	ccepted trusts" need no	cs and certain other "ex	nittee on Ethic ting you, your	d by the Comn a trust benefi	alified Blind Trusts" approved m this report details of such	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?
S	QUESTION)F THESE	ANSWER EACH OF THESE QUESTIONS		T INFOR	OR TRUS	SE, DEPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —
	response.	each "Yes"	dule attached for each "Yes" response	appropriate sched	and the a	answered	Each question in this part must be answered and the appropriate sched	Each questio
No V	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.	VI. Did you receive compensation of r a single source in the two prior years? If yes, complete and attach Schedul	₹	Yes 🗹	dent child have any report- ng the reporting period? I le III .	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.
× C	Yes	rangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did you have any rep with an outside entity? If yes, complete and at	₹ □	Yes	lent child receive "unearned" orting period or hold any coo 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.
s Q	Yes	pefore the date	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.	IV. Did you hold any report of filing in the current call if yes, complete and at	N _S	Yes 🗹	ed" income (e.g., salaries or e in the reporting period? le 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.
			- -	ANSWER EACH OF THESE QUESTIONS	OF THES	R EACH		PRELIMINARY INFORMATION — ANSW
assessed who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 pe against ar more than	Check if Amendment	6-3-14	Date of Election:	Affice:	r the State:	Filer Candidate for the House of Representatives Status New officer or employee
	(Office Use Only)						***	•
TATIVES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES \[\square\ \]	U.S. HOU		Daytime Telephone	Daytime		DAIONESSES	Name: RAPARL A. DAIONESSE
: 32	2014 JAN 16 PM 1: 32	7014.						
Page 1 of 4 E CENTER	LEGISLATIVE RESOURCE CENTER	TEGIST.	A B and new employees	FORM B For use by candidates and new employees		ATIVES	REPRESENT	UNITED STATES HOUSE OF REPRESE FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 13 - 0 67
•	MOC PO NAI							

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Page 2 \$ C

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. 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

Exclude: Military pay (such as National Guard of Reserve pay), lederal retirement programs, and c		Pellettis received utilider the Social Security Act.	Security Act.
Source (include date of receipt for homograpic)	Two	Amount	unt
כים כי (וויטימסס ממנס טו ומסטיףר וטי ויטיוטיומוים)	i jeo	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
QUANTUM REALTORS INC.	SALANI COMMISSIONS \$1 481,000		\$484,604=
Quantum Meantons INC.	Jenorgsmons some		\$ 20,527.8
·	•	11	
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		

Name |

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. Identify (a) each asset held for investment or production

Asset and/or Income Source

BLOCK A

(do not use ticker symbols). Provide complete names of stocks and mutual funds

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,

that is not publicly traded, state the name ness, the nature of its activities, and its For an ownership interest in a privately-he provide a complete address or a description, e.g., rental property," and the city and state.

ocation in Block A.

income during the reporting period); any de ing \$5,000 or less in personal checking the Thrift Savings Plan. derived from, a federal retirement program accounts; and any financial interest in, nomes and vacation homes (unless there Exclude: Your personal residence, include

If you so choose, you may indicate that a income source is that of your spouse (SP dent child (DC) or is jointly held with your s in the optional column on the far left.

For a detailed discussion of Schedule II re

please refer to the instruction booklet

SP,

SP Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, I

Examples:

Quarray Kearolls

BLOCK B

Value of Asset

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

it generated income, the value should be "None." If an asset was sold during the reporting year and is included only because

by your spouse or dependent child. *This column is for assets solely held during the reporting period. if the asset generated no income closed as income. Check "None"

Type of Income

BLOCK C

if reinvested, must be disinterest, and capital gains, even plans or IRAs), you may check the investments or that generate taxallow you to choose specific retirement accounts that do not Check all columns that apply. For "Tax-Deferred" column. Dividends, deferred income (such as 401(k)

BLOCK D

Amount of Income

and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. income by checking the appropriate box below. Dividends, interest check the "None" column. For all other assets, indicate the category of For assets for which you checked "Tax-Deferred" in Block C, you may

spouse or dependent child. * This column is for income derived from assets solely held by your

					\sim	, KY accounts			re was rental deposits total- g or savings n, or income am, including the am asset or sp) or depenspouse (JT), requirements,	uding second	held business e of the busi- is geographic
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									\$1 - \$1,000		80
							a		\$1,001 - \$15,000		ဂ
							Indefinite		\$15,001 - \$50,000		0
							8	×	\$50,001 - \$100,000		Ш
						×			\$100,001 - \$250,000		স
L						<u> </u>	<u> </u>		\$250,001 - \$500,000		۵
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						_			\$5,000,001 - \$25,000,000		د_
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		L				_	_		Over \$50,000,000		<u> </u>
		ļ <u>.</u>			<u> </u>	L	<u> </u>		Spouse/DC Asset over \$1,000,000*		Ζ
<u> </u>	<u> </u>			 	ļ	<u> </u>		×	NONE		
<u> </u>			ļ			L	Ļ.,		DIVIDENDS		
					ļ	L			RENT		
						×	<u> </u>		INTEREST		
				ļ	ļ	_	<u> </u>		CAPITAL GAINS		
						_			EXCEPTED/BLIND TRUST		
						_			TAX-DEFERRED		
					AE		Royalties		Other Type of Income		
					18		F		(Specify: e.g., Partnership Income or Farm Income	ome)	
			<u>.</u>		S				None	1	
									\$1 – \$200	=	1
						L	<u> </u>		\$201 - \$1,000	=	
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		ļ		<u> </u>					Over \$5,000,000	×	1
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									None	***	
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					X	×	×	×	\$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	X3 III V BY IV V VI W	Preceding Year

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Continuation Sheet (if needed)			MINNEL DAISANGLES
BLOCK A	ВLОСК В	вгоск с	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
S.P.	A B C D E F G H J K L	fy: e.g.,	Current Year Preceding Year
DC JT,	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 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	Spouse/DC Asset over \$1,000,0 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Speci	None

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Rakart DALDANGSES

SCHEDULE III — LIABILITIES

Name Playage DAGNESSES

Page $\frac{5}{2}$ of $\frac{6}{2}$

owed 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 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 sib-

		\$				SP, DC, JT
		BANK OF AMERICA	BANK OF AMERICA	CHASC BANK	Example: First Bank of Wilmington, DE	Creditor
		2013			May 1998	Date Liability Incurred mo/year
		easout cards	MORTEMEE 11900 SW DUDST MIMMIFL	MORGAGE 11900 SW DUDST MISMIP	Mortgage on 123 Main Street, Dover, DE	Type of Liability
						\$10,001— \$15,000 >
		×				\$15,001— \$50,000
	4	,		×		\$50,001 \$100,000 O
			×		×	\$100,001— \$250,000
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						\$1,000,000
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						Over \$50,000,000
			A			Spouse/DC Liability over 🛪 \$1,000,000

SCHEDULE IV — POSITIONS

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, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

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 all floriorary flature.	ature.
Position	Name of Organization
(CO)	avanum Reactols MC.

SCHEDULE V — AGREEMENTS

Namo RAMAL BAGAVESSES

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 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 ben-

Page of 6

our plan manne	on pion manual by a former employer.	
Date	Parties To	Terms of Agreement
	ulr	
•		
		•

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

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. 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

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
NR	