#### POSTMARK ILLEGIBLE

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.  EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No in the two prior years?  Yes omplete and attach Schedule III.  Ves your spouse, or a dependent child have any reportable and years a single source in the two prior years?  Yes your spouse, or a dependent child have any reportable and years a single source in the two prior years?  Yes your spouse, or a dependent child have any reportable and years and years and years?  Yes your spouse, or a dependent child have any reportable and years and years?  Yes your spouse, or a dependent child have any reportable and years?  Yes your spouse, or a dependent child have any reportable and years?  Yes your spouse, or a dependent child have any reportable and years?  Yes your spouse, or a dependent child have any reportable and years?  Yes your spouse, or a dependent child have any reportable and years?  Yes your spouse, or a dependent child have any reportable and years?  Yes your spouse, or a dependent child have any reportable and years?  Yes your spouse, or a dependent child have any reportable and years?	In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	A \$200 penalty shall be	(Office Use Only)	Name:  OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES  Daytime Telephone:	FINANCIAL DISCLOSURE STATEMENT  Period covered: January 1, For use by candidates and new employees  2013 DEC 18 PM 1: 4.7	NIAIIVES
	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.  EXCLUSION OF SPOUSE DEPENDENT OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	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 IV.  II. Did you, your spouse, or a dependent child receive "unearned" horse from the saset worth more than \$200 in the end of the period?  If yes, complete and attach Schedule IV.  III. Did you, your spouse, or a dependent child have any report. If yes, complete and attach Schedule IV.  III. Did you, your spouse, or a dependent child have any report. If yes, complete and attach Schedule IV.  III. Did you, your spouse, or a dependent child have any report. If yes, complete and attach Schedule IV.  III. Did you, your spouse, or a dependent child have any report. If yes, complete and attach Schedule IV.  III. Did you necesive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule III.  Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.  EXCLUSION OF SPOUSE. DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS.	In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS  1. Did you or your spouse have "sarried" income (e.g., salaries or fees) of \$200 or more from any sources in the reporting period? These fives, complete and attach Schedule I.  11. Did you, your spouses or a dependent child receive "unearned" income of those any reporting period? These fives, complete and attach Schedule II.  12. Did you, your spouses, or a dependent child have any report. The fives, complete and attach Schedule II.  13. Did you, your spouses, or a dependent child have any report. The fives, complete and attach Schedule II.  14. Did you, your spouse, or a dependent child have any report. The fives, complete and attach Schedule II.  15. Did you, your spouse, or a dependent child have any report. The fives, complete and attach Schedule II.  16. Did you, your spouse, or a dependent child have any report. The fives, complete and attach Schedule II.  17. Did you, your spouse, or a dependent child have any report. The fives, complete and attach Schedule III.  18. Did you, your spouse, or a dependent child have any report. The fives, complete and attach Schedule III.  19. Did you was complete and attach Schedule III.  19. Did you receive compensation of more than \$5,000 from the fives profivers. The fives, complete and attach Schedule V.  19. Did you receive compensation of more than \$5,000 from the fives profivers. The fives, complete and attach Schedule V.  19. Did you receive compensation of more than \$5,000 from the fives profivers. The fives, complete and attach Schedule V.  19. Did you receive compensation of more than \$5,000 from the fives profivers. The fives, complete and attach Schedule V.  19. Did you receive compensation of more than \$5,000 from the fives profivers. The fives, complete and attach Schedule V.  19. Did you receive compensation of more than \$5,000 from the fives profivers. The fives profivers are fives for the fives profivers. The fives fives fives fi	Status    Check if   A \$200 penalty shall be assessed	Filer Status    Candidate for the   State:	Name:    Daytime Telephone:	Period covered: January 1
IRUSTS—Details regarding "Qualified Blind Irusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be  Yes No	tached for each "Yes" response.  REACH OF THESE QUESTIONS  Trusts" need not be	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.  II. Did you, your spouse, or a dependent child receive "unearned" fryes, complete and attach Schedule II.  III. Did you, your spouse, or a dependent child receive "unearned" fryes, complete and attach Schedule II.  III. Did you, your spouse, or a dependent child have any reportable asset worth more than \$200 in the reporting period?  Yes \ No \ \ \  \  \  \  \  \  \  \  \  \  \  \	In all sections, please type or print clearly in blue or black ink.  In all sections, please type or print clearly in blue or black ink.  In all sections, please type or print clearly in blue or black ink.  In all sections, please type or print clearly in blue or black ink.  In Did you or your spouse have "sarned" income (e.g., salaries or level of the period?  Yes No William of the current calendar year or in the prior labely source in the reporting period?  If yes, complete and attach Schedule I.  In Did you, your spouse, or a dependent child receive "unearned" types, complete and attach Schedule I.  In Did you, your spouse, or a dependent child receive "unearned" types, complete and attach Schedule II.  In Did you, your spouse, or a dependent child receive "unearned" types, complete and attach Schedule II.  In Did you, your spouse, or a dependent child reve any reporting the reporting period?  Yes No Will an outside entity?  If yes, complete and attach Schedule II.  In Did you, your spouse, or a dependent child have any reporting the reporting period?  Yes No Will an outside entity?  If yes, complete and attach Schedule II.  In Did you, your spouse, or a dependent child have any reporting the reporting period?  Yes No Will an outside entity?  Yes Complete and attach Schedule II.  In Did you, your spouse, or a dependent child have any reporting the reporting period?  Yes No Will an outside antity?  Yes Complete and attach Schedule V.  Yes Complete and attach Schedu	Status    Check if   A \$200 penalty shall be assessed   Belleton of Temploying Office:   Election: 4/3/14   Amendment   Amendm	Filer Status    Candidate for the   Status   Check if   A \$200 penalty shall be assessed   Status   Check if   A \$200 penalty shall be assessed   Status   Check if   A \$200 penalty shall be assessed   Assessed	Name:    Carcidate for the Status   Daytime Telephone:	Period covered: January 1,
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.  Yes	:	Yes No Wes of filing in the current calendar year or in the prior two years? Yes If yes, complete and attach Schedule IV.	Employing Office:  — ANSWER EACH OF THESE QUESTIONS	State: Chock if Election: 4/2/14 Amendment Employing Office: Amendment English Employing Office: Employing Office: Amendment English Employing Office: Employing Office: Amendment English Employing Office: Emplo	State: CAGEN Date of Election: 4/2/14 Check if A \$200 penalty shall be Election: 4/2/14 Amendment Employing Office: More than 30 days late.  Let or black link.  A \$200 penalty shall be against any individual more than 30 days late.  ANSWER EACH OF THESE QUESTIONS  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? Yes filing in the current calendar year or in the prior two years? Yes III.	State:	EMENT  Daytime Telephone:  State:
V. Did you have any reportable agreement or arrangement with an outside entity?  Yes No No VI. Did you receive complete and attach Schedule V.  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.  Yes	Yes No No With an outside entity?  V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.		Employing Office: against any midritude more than 30 days late.  — ANSWER EACH OF THESE QUESTIONS	State: A \$200 penalty shall be District: A \$200 penalty shall be Election: 4/3/14 Amendment against any individual more than 30 days late.  — ANSWER EACH OF THESE QUESTIONS	State: CA Date of Check if Election: 4/2/14 Amendment Employing Office: CHOSHIRE ANSWER EACH OF THESE QUESTIONS  Check if A \$200 penalty shall be against any individual more than 30 days late.	State: CAGE Date of L/3/14 Check if A \$200   Check if A gainst more that when the core black ink.  Check if A \$200   Che	Daytime Telephone:  State: Agh Date of Light Amendment Employing Office: Chack ink.  Check if Against against against against against against against against and new employees  Check if Against agai
— ANSWER EACH OF THESE QUESTIONS    No	— ANSWER EACH OF THESE QUESTIONS  ANSWER EACH OF THESE QUESTIONS  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.  Pick of the period? Yes No			Candidate for the State: 435 Date of House of Representatives District: House District: Ho	Candidate for the State: 4 Date of House of Representatives District: 4 Election: 4 14 Amendment Check if A \$200 penalty shall be	Daytime Telephone:    Daytime Telephone:	For use by candidates and new employees    Check if A \$200 p

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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L. DAVI	
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Page of _	
	* Karen L.

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 honority received under the Social Socia

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	eceived under the Social s	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
CCAICC (II rolate date of feveript for frontierial)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary		NA
stanialaus County modesta, Ca	retirement	52,776,24	51, 239.00
L.T. U. N.A NATIONAL PENSION FUND	Spouse Retira	1632.00	1632.00
	•		

	JT 1st Bank of Paducah, KY accounts	DC Examples: Simon & Schuster	SP Mega Corp. Stock	homes and vacation homes ( <i>unless</i> 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.  Exclude: Your personal residence, including second	interest in a privately-held business traded, state the name of the busitis activities, and its geographic	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.	BLOCK A
	×	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 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D III III III II II II II II II II II I	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 report- ing 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.	BLOCK B
	×	Royaties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ome)		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.	вгоск с
		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  Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$50,001 - \$15,000 \$1,001 - \$1,000 \$1,001 - \$5,000 \$1,001 - \$5,000 \$1,001 - \$5,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		Current Year Preceding Year	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.	BLOCK D

SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Karen L. DAU Spage

	SP,	В J,							
BLOCK A  Asset and/or Income Source									
BLC Value o	A B C D E F	\$1,000 01 - \$15,000 001 - \$50,000 001 - \$100,000 ,001 - \$250,000							
BLOCK B  Value of Asset	G #	,001 - \$500,000 ,001 - \$1,000,000 ,00,001 - \$5,000,000 ,00,001 - \$25,000,000 ,00,001 - \$50,000,000 ,\$50,000,000 ,se/DC Asset over \$1,000,							
BLOCK C  Type of Income		E DENDS T REST TAL GAINS EPTED/BLIND TRUST							
C		DEFERRED  er Type of Income(Sperinership Income or Farm Income							
	Curre	\$200 = \$1,000 \(\pi\) 1 - \$2,500 \(\pi\) 1 - \$5,000 \(\pi\) 1 - \$15,000 \(\pi\)							
Amou	Current Year	01 - \$50,000 ≦ 01 - \$100,000 ≦ 001 - \$1,000,000 ⋈ 0,001 - \$5,000,000 ⋈				3			
BLOCK D  Amount of Income		\$5,000,000 \(\times\)							
(D)	Preceding Yo	1 - \$2,500							
	Year	001 − \$1,000,000 0,001 − \$5,000,000 \$5,000,000							

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#### SCHEDULE III — LIABILITIES

Name of Ares
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owed 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. 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-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

1							Αm	Amount of Liability	f Liab	iiity			
2 % C %	Creditor	Date Liability	Type of Liability	A	В	CD			្រា	o <del>-</del>			y ス
٦, <sup>0</sup>	Creditor	Incurred mo/year	Type of Liability	\$10,001— \$15,000	\$15,001— \$50,000 <b>\$50,001</b> —	\$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 <b>Spouse/DC</b>	Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE										
									***				
										<b></b>			

#### 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

**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 horiotally flature.	atule:
Position	Name of Organization

Use additional sheets if more space is required.

### SCHEDULE V — AGREEMENTS

Name	_
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DAUIS	,
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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-

ent plan mama	ent plan maintained by a lottilet employer.	
Date	Parties To	Terms of Agreement
٠		

# 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