

PRELIMINARY INFORMATION — 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? If yes, complete and attach Schedule III. 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. In all sections, please type or print clearly in blue or black ink. 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. because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child **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? Name: Period covered: January 1, 2012 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES Status 퍔 Adelaide A. (Alex) Sink Each question in this part must be answered and the appropriate schedule attached for each "Yes" response New officer or House of Representatives Candidate for the November 15, **ANSWER EACH OF THESE QUESTIONS** State: Florida
District: 13 Employing Office: 2013 Ύes Yes Yes Daytime Telephone <u>8</u> 8 S 0 Election: Date of For use by candidates and new employees 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. V. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule V. 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. January 14, 2014 FORM B Amendment Check if A \$200 penalty shall be assessed against any individual more than 30 days late. U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 21 2013 DEC 13 AM 59559" (Office Use Only) Ύes Yes Yes Yes ¥ho No <u>Z</u> Š 8 0 8 files

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Adelaide A. Sink Page __

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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 of 21

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits		received under the Social Security Act.	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
The section of the se	1)200	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
_	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Hyde Park Capital, Tampa, FL	Wages	\$50,000	\$55,000
BB&T, Winston Salem, NC	Deferred payment for board service	\$15,000	\$15,000
Health Insurance Innovations, Tampa, FL	Board fee	\$9,500	None
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Adelaide A. Sink

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						See attached		DC, Examples		Exeruer: Your personal realization, including ascord termes and vectorn human (unless there was rental vectorne during the reporting period); any deposits total veg \$6,000 or less in personal checking or seving accounts, and any finances estellast in, or vectorne accounts, and any finances estellast in, or vectorne dominated from, a federal refirement program, including the Thirth Spyrings Plan. If you wouthcose, you may indicate that an asset or recome source is thus of your spouse (SP) or depositional (DC) or is bonly had with your spouse (JF), or the optional column on the fir left. For a detailed discriment on the fir left, in the optional column on the fir left.	ocacon in block A.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its scavibes, and its geographic	pians) provide the using for each asset held in the account that acceptable the reporting trussnoids. For rantal or other real property need for exestimant, provide a complete address or a description, e.g., rental property, and the day and state	Provide complete names of slocks and mutual funds (do not use ticker symbols)	ICG/RRY (8) each asset heid by investment or production of income with a but manifel ratio exceeding \$1,000 at the end of the reporting period, and (8) any other than end of the reporting period, and (9) any other reporting asset or sources of income which garantsed more than \$200 in "unlearned" income during the year	BLOCK A Asset and/or Income Source
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For additional assets and unearned income, use next page.

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SCHEDULE III — LIABILITIES

Name Adelaide A. Sink

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. 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 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	
		None	Example: First Bank of Wilmington, DE	Creditor	
			May 1998	Liability Incurred mo/year	}
			Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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				Over \$50,000,000 - Spouse/DC	
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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 an nonorary nature	nature.
Position	Name of Organization
Board Chair	Florida Next Foundation, Inc
Board of Trustees	Wake Forest University
Council Member	United States Global Leadership Council
Board Member	C1 Bank
Leadership Council	United Way Worldwide

Use additional sheets if more space is required.

SCHEDULE III — LIABILITIES

Name Adelaide A. Sink

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 owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitionally the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitionally the reporting period. 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.
		None	Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
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				Over \$50,000,000
				Spouse/DC Liability over ス \$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);

allo positions solely of an inchorary nature.	ature.
Position	Name of Organization
Board Member	Junior Achievement Tampa Bay
Advisory Board Member Miami Finance Forum	Miami Finance Forum
Board Member	Florida Wildlife Federation

SCHEDULE V -- AGREEMENTS

Adelaide A. Sink

Page 21 of 21

efit plan maintained by a former employer.	service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an	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	
	participation in an employee welfare or ben-	of absence during the period of government	

City Digital Hamilton	on planting by a control or sprojet.	
Date	Parties To	Terms of Agreement
2011	Hyde Park Capital	Agreement to receive finder's fee for bringing Hyde Park Capital new business
2004	BB&T	Agreement to receive annual deferred compensation payment for past board service

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, Homelown, Homestate	Accounting services
None	