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UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B		LEGISLATIVE RESOURCE CENTER
Period cov	Period covered: January 1, 2013 - June les 2014	For use by candidates and new employees	d new employees	2014 JUN 18 PM 1:28
Name:	James E. Sherow	Daytime Telephone		U.S. HOUSE OF REPRESENTATIVES
				(Office Use Only)
Filer	Candidate for the State:Kansous State:State:	Date of Nov 4,2014	Check if Amendment	A \$200 penalty shall be assessed

In all sections, please type or print clearly in blue or black ink.

New officer or employee

Employing Office: _

against any individual who files more than 30 days late.

Filer Status

PRELIMIN
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TIONS

Yes No No				
;]	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.	<u>§</u>	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.
Yes No No	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	₹	Yes X	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.
late Yes M No	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.	N _S	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.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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? EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they must all three tasts for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics		₹ ※
ties of a spouse or dependent ommittee on Ethics.	Yes	N ₀ ⊠

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name
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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.

Amount	4	Amo	Amount
Source (include date of receipt for nonoraria)	Type	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
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Causas State University, Dept. of History	Salary	#44,000	\$ 70,000
Kansas State University Dept. of History	Sparse Salary		,
Daughter's House Inn	Joint Income	\$8,300	#35,200

1	THAY-CREF FUND	57 bell Colorado St.		DC, Examples: Simon & Schuster	SP Mena Corn Stock	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 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	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	(do not use licker 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.	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	BLOCK A Asset and/or Income Source
	>	×	×	Indefinite	×	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 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G H L K L M	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.	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-	BLOCK B Value of Asset
	×	*	×	Royaites	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	ome)	-	interest, and capital gains, even in terest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the	BLOCK C Type of Income
		×		×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$5,000 \$2,501 - \$5,000 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$15,000 \$50,001 - \$15,000		Current Year Preceding Year	* This column is for income derived from assets solely held by your spouse or dependent child.	For assets for which you check the "None" column income by checking the and capital gains, evincome. Check "None"	BLOCK D Amount of Income

SCHEDULE III — LIABILITIES

Name James E. Sherew

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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 furniture, 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 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.

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	57	57	7		JT DC SP	
	Commerce Book, Madrathy, KS Nordo 13 Home Tunavament Loan	K-State Federal Credit Warn Mar april 2008 Cherry 5: Nerado	Commerce Book, Hanhattan KS Dec 2012 Hortgage on tell Cobrado, St.	Example: First Bank of Wilmington, DE	Creditor	
•	Apra 2013	Mar doll	१।९९ ७४०	May 1998	Date Liability Incurred mo/year)
_	Home Turavament Loan	2008 Chery Silverado	Mortgage on ball laborado, St.	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—	Amount of I
					\$1,000,000 TI \$1,000,001 \$5,000,000 D	nt of L
					\$5,000,000 \$7 \$5,000,001— \$25,000,000 \$2	Liability
					\$25,000,001— \$50,000,000	
				-	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.

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 art notionally flatate.	iau io.
Position	Name of Organization
City Commissioner	City of Kanhattan, Kansas
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SCHEDULE V — AGREEMENTS

Name James E, Sherole

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			10-71 2014	Date	Identify the date, service; continua efit plan maintair
		ø	foril 2014 Kansas State University	Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with service; continuation or deferral of payments by a former or current employer other the effit plan maintained by a former employer.
			Leave of Absence during the Compagn-Tall Sempeter DM	Terms of Agreement	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 benefit plan maintained by a former employer.

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

GPO: 2013

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