			or black ink.	In all sections, please type or print clearly in blue or black ink.	In all sections,
more than 30 days late.			Employing Office:	New officer or employee	Status
A \$200 penalty shall be assessed	Check if Amendment	Date of 11-4-14	State: FRIDA DA	Candidate for the House of Representatives	Filer
U.S. HOUSE COMES USES SAMPTIVES				· ·	
2014 SEP 10 PM 1: 28	I	Daytime Telephone:		April Freeman	Name:
LEGISLATIVE RESOURCE CENTER			1		
SEP 0 3 2014	s and new employees	For use by candidates and new employees	pril 30, 2015	Period covered: January 1, 2014 - April 30, 2015	Period cove
Page 1 of $ gamma$	MB	FORM	RESENTATIVES MENT	UNITED STATES HOUSE OF REPRESENTATIVES	FINANCIA

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

-	response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	and the	e answered	Each question in this part must b
<b>8</b> ⊠	Yes	No XI. 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.	<sub>S</sub>	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.
<b>₹</b>	es	No X	<sub>S</sub>	Yes 🔲	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.
<u>8</u>	Yes 🔀	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.	S □	Yes 🖂	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>

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

### SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Page 2 of 4

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.
The same of the sa

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.
	Time	Amount	unt
Source (include date of receipt for honoraria)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Debonair Mechanica I, Hialeah, FL Souse Salar	Souse Salary	N/A	N/A
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	Thrivent Towsment Man	JP Moropo Stable Assel 61		Fide lity Advisor Freedom 2000	American		Examples:	SP Mega Corp. Stock	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.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental homes and vacation homes (unless there was rental home 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.	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.	For rental or other real property held for investment, provide a complete address.	account and its value at the end of the reporting period.	in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the page of the institution holding the	plans) that are self-directed ( <i>i.e.</i> , plans in which you have the power, even if not exercised, to select the specific investments) provide the value for each asset held	(do not use licker symbols). For all <b>IRAs</b> and other retirement plans (such as 401(k)	Provide complete names of stocks and mutual funds	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 of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other	Asset and/or Income Source	BLOCK A
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							Royalties		Other Type of (Specify: e.g., Pa	artnership Income or	Farm Incom	ne)			if reinvested, must be disclosed as income. Check "None" if the asset generated no income during	nterest, and capital gains, even	eck the	e tax-	Check all columns that apply. For retirement accounts that do not allow you to choose specific invest-		
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									\$5,001 \$15,	000	≤		Preceding Year			and capital gains, even it reinvested, must be disclosed as income. Check "None" if no	appropriate box below. Dividends, interest,	"None" column. For all other assets, indicate the category of income by checking the	For assets for which you checked "Tax- Deferred" in Block C, you may check the		
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### SCHEDULE III — LIABILITIES

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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

Date   Creditor   Creditor   Creditor   Date   Da
May 1998   Mortgage on 123 Main Street, Dover, DE   S10,001—  S50,000   S1,000,001—  S50,000,000   S1,000,000   S1,000,000   S1,000,000   S1,000,000   S1,000,000   S1,000,000   S1,000,000   S1,000,000   S5,000,000   S5,000,0
Morigage on 123 Main Street, Dover, DE   \$10,001— \$15,000   \$15,001— \$50,000   \$50,001— \$250,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,0
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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 honorary nature.	ature.
Position	Name of Organization
partner.	Sniked Heel Film Roductions