D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the A. Did you, your spouse, or your dependent child: E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: 2013 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. 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 that benefits you, your spouse, or dependent child? IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. reporting period: IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS REPORT TYPE FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the Make more than \$200 in unearned income from any reportable end of the reporting period? or Albio Sirs U.S. House of Representatives Member of or Candidate for 2013 Annual (Due: May 15, 2014) District State: ž K Yes Yes Yes řes Daytime Telephone: 202-225-7919 <u>×</u> Amendment 2 ş Š 중 For Use by Members, Officers, and Employees 7 H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the Form A Employee Officer or Employing Office Termination Date: ESISEATIVE PERCURSE CENTER STEDUSE OF REPRESENTATIVES 2014 MAY 18 HAND DELIVERED (Office Use Only) AH II: 56 Page 1 of ĕ 8 és és **39** Yes Yes **∀**98 Š 몽 S <mark>₹</mark> 증 Ž Š ~

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Albio Siras

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1	7	"	9	3	ļ	-		T	For a detailed discussion of Schedule requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your sopuse (SP) or dependent child (DC), or jointly hed with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is Excepted investment Fund, please check the "s box.	Exclude: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); 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 and other real property held for investment provide a complete address or description, e.g. rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over 155,000, list every financial institution where there is more than \$1,000 in interest bearing accounts.	For all IRAs and other retirement plans (such as 401(t)) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in 'uneamed' income during the year.	Asset allower income source	<u> </u>
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• '		l						S(part)	S, S(part), or						blank if there are no transactions that exceeded \$1,000.	an asset was sold please indicate as follows: (S (part)).	in the reporting period. If only a portion of	asset had purchases (f sales (S), or exchanges (exceeding \$	ndicate if the	
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SCHEDULE B - TRANSACTIONS

by period or any security or read physicity read by your spouse, or your security of the first child for investment or the production of incomes. Include transactions that it is a capital loss. Provide a brief description of an exchange transaction, between your your spouse, or dependent children, or the security of the provided control income. If only security your spouse, or dependent children, or the security of your personal residence, unless it generated rental income. If only	any purchase, sale, or exchange transactions that exceeded \$1,000 in the	HEDULE B - TRANSACTIONS
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SCHEDULE C - EARNED INCOME

Name: Mbid SHS	
Page 4 of 8	

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) totaling \$200 or more during the reporting period. 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.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally Source (include date of receipt for honoraria) Keeper State State of Maryland State of Maryland State of Maryland Share of Maryland Share of Education N J State Pension County Board of Education N J State Pension County Board of Education Share of Education	ensated at or above the "senior staff" rate was \$26,955. In addition, certain re totally prohibited. Type Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary ANA APPROVED Approved Teaching Fee Spouse Speech Spouse Salary N/A Approved Teaching Fee Spouse Speech Spouse Salary N/A Approved Teaching Fee Spouse Speech Spouse Salary N/A Approved Teaching Fee Spouse Salary N/A Approved Teaching Fee Spouse Speech Spouse Salary N/A Approved Teaching Fee Spouse Spouse Salary N/A Approved Teaching Fee Spouse Speech Spouse Salary N/A Approved Teaching Fee Spouse Salary N/A Approved Teaching Fee Spouse Speech Spouse Salary N/A Approved Teaching Fee Spouse Speech Spouse Salary N/A Approved Teaching Fee Spouse Sala	Amount \$8,000 \$10,000

SCHEDULE D - LIABILITIES

Name:	Albio Sires	Page 5 of
the reporting period by you, your s	the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	ount owed during the reporting
al property including mortgages on t	al property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you	our personal residence (unless you
e, or appliances; liabilities of a busin	e, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to	nally liable); and liabilities owed to

rent it out or are a Member); 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 you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000. period. Members: Members are required to report all liabilities secured by rea Report liabilities of over \$10,000 owed to any one creditor at any time during *Column K is for liabilities held solely by your spouse or dependent child.

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SP, DC,JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$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- \$25,000,000	\$25,000,001 \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							" · · · ·
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

			Position
) () () () () () () () () () (Name of Organization

SCHEDULE F - AGREEMENTS

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	Page 6 of 8	

Identify the date, parties to, and general terms of any agreement or arrangement that you have 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.

Date	Parties to Agreement	Terms of Agreement
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SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
		λ// Δ	

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	Dc-Baijing, China - DC	Υ	۲	z
Examples:	Habilat for Humanily (charily fundraiser)	Mar. 3-4	DC-Boolon-DC	٧	¥	۲ .
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Abid Siks

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

					VA			Association of American Associations, Washington, DC	Source	
							Article	Speech	Activity	
							Aug. 13, 2013	Feb, 2, 2013	Date	
							\$500	\$2,000	Amount	