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UNITED STATES HOUSE OF REPRESENTATIVES FORM B Period covered: January 1, 2013 - November 1, 3013 For use by candidates and new employees	LEGISLATIVE RESOURCE CENTER  2013 NOV 26 PM 1: LG	Page 1 of 3
Name: Nicholas Zoller Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES	TRK VIATIVES
	(Office Use Only)	
Filer  Candidate for the House of Representatives  Status  New officer or employee  Check if Election: 11/6/2014  Amendment	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	assessed who files
In all sections, please type or print clearly in blue or black ink.		į
PRELIMINARY 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?  Yes No III V. 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.	fore the date Yes	<u>8</u>
<ul> <li>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?</li> <li>Yes No With an outside entity?</li> <li>If yes, complete and attach Schedule V.</li> </ul>	angement Yes	N <sub>O</sub>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No No III. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule III.	5,000 from Yes	N <sub>O</sub>
Each question in this part must be answered and the appropriate schedule attached for	ule attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH O	ANSWER EACH OF THESE QUESTIONS	S
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?	t be Yes	N S
<b>EXEMPTION</b> —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.	pendent child Yes	<b>₹</b>

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Nicholas Zoller

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the first than the filed amount by the II 6 Congressort the III 6
ist 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
nore 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
xceeding \$1,000. See examples below.

<b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and in		benefits received under the Social Security Act.	Security Act.
Course (include date of receipt for honoraria)	Time	Amount	unt
Source (include date of receipt for notionalia)	ype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
-	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Kolbfor Congress, Orange Park, FL	Refainer fee	Ø	\$2,000
Sheldon for Congress, Plymouth, MA	Retainer fee	Ø	\$1,200
Dog and Cat Animal clave Inc tampa, Fil Retainer fees	Retainer fees	Ø	\$ 2,700
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Opon 1 I INGIWIANII C	Thome Price Mutual Find	Mark Zoller	Chase Bank Checking Acc		Examples:	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	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 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.	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
	× >		>	×		×	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*		BBCCDEFF	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
				×	Royatties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ome)		interest, and capital gains, even interest, 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 or that generate tax-deferred income (such as 401(k) plans of IRAs), you may check the	BLOCK C  Type of Income
		× × ×				X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000  Cver \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$1,001 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		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 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 <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check "None" if no income was earned or generated.	Amount of Income