		pendent child	ties of a spouse or de	"unearned" income, transactions, or liabilities of a spouse or dependent child	arned" income	ner assets, "une	rom this report any ot	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or	EXEMPTIO
8 ⊠	Yes	ot be	cepted trusts" need no	s and certain other "exc	nittee on Ethic	ed by the Comr	d Blind Trusts" approv	<b>TRUSTS</b> —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?	TRUSTS—D
(V)	QUESTION	)F THESE	ANSWER EACH OF THESE QUESTIONS	MATION — ANS	T INFORI	, OR TRUS	, DEPENDENT	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —	EXCLUSION
	response.	each "Yes"	ule attached for each "Yes" response.	Each question in this part must be answered and the appropriate schedu	and the a	e answered	n this part must t	Each question in	
<b>₹</b>	Yes	\$5,000 from	ompensation of more than the prior years? attach Schedule VI.	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.	S <sub>S</sub>	Yes	child have any reporter reporting period?	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.	III. Did you, yo able liability (m <b>If yes, comple</b>
<u>8</u>	Yes	angement	ortable agreement or arr	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	<b>§</b>	eg	child receive "unearned" I period or hold any at the end of the period?	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.	II. Did you, you income of more reportable asse if yes, comple
S	Yes X	efore the date r two years?	ortable positions on or bendar year or in the priotach Schedule IV.	IV. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	S S	Yes 🔀	ncome (e.g., salaries or the reporting period?	<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>ff yes, complete and attach Schedule I.</li> </ol>	I. Did you or yo fees) of \$200 o
				ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	و ا	PRELIMINARY INFORMATION — ANSW	PRELIMIN
	illoie tilaii 30 days late.					Office:	Employing Office:	employee	
assessed who files	— a	A \$200 per against an	Check if Amendment	Nov. 4, 2014	Date of Election:	4+h		Candidate for the House of Representatives New officer or	Filer Status
	(Office Use Only)	5							
LERK	U.S. HOUSE OF REPRESENTATIVES	N.S.H		Daytime Telephone:	Daytime		Jarrett	Janet C	Name:
Page 1 of 6 URCE CENTER PH 12: 53	LEGISLATIVE RESOURCE CENTER 2014 JUN 13 PM 12: 53	LEG 20	B Ind new employees	<b>FORM</b> For use by candidates a		ATIVES	DF REPRESENT STATEMENT ン13 - June	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - June 1, 20	UNITED S FINANCIA Period cov

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Janet Gerrett

Page 2 of 6

exceeding \$1,000. See examples below.
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
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

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act

Amount	The intrograms, and benefits is	Verived united the Social Section	Geoutity Act.
Source (include date of receipt for horioraria)	туре	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
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Oberlin City Schools, Oberlin, Ohio	salary	#33,056	171, 155,06
Q-Lab Corp, Westlake, Ohio	Spouse salar \$34360		181.354.04
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### SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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DELITY	1	040	TIAA	DNI	Horace	-		Q <sub>S</sub>	incomes and vacation in income aliming \$5,000 or less in accounts; and any finderived from, a federal the Thrift Savings Plan. If you so choose, you income source is that of dent child (DC) or is join in the optional column come acertailed discussions the instruction of the inst	: Your pen	For an ownership in that is not publicly the nature of programmers, the nature of programmers in Block A	al or other a complete roperty," an	RAs and other working that exceed that exceed the received in	Provide complete names o (do not use ticker symbols).	(a) each ass the with a fail of the rej the asset or a te asset or a	set and	
DELITY 401K	+ Union	Educationa	CREF		e Mann	1st Bank of Paducah, KY accounts	Simon & Schuster	SP Mega Corp. Stock	incomes and vacation nomes (unless trete was retaincome 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.	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 togation in Block A	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.	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	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.	Asset and/or Income Source	BLOCK A
		2			,	accounts			was remainable was remainable to total- bring strincome including including including in asset or depen- or depenouse (JT), jurements, jurement	g second	business the busi- leographic	westment, tion, e.g.,	as 401(k) eld in the s.	tual funds	\$1,000 at any other generated the year.	rce	
	-				-	╀	<u> </u>	<u> </u>	None		>	*This column is for assets solely he by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	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.		
	+				┼	╂	=	┼	\$1 - \$1,000 \$1,001 - \$15,000		<b>B</b>	This column is for assets solely held by your spouse or dependent child.	O B	) as			- 1
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	1-			<u> </u>	<b></b>	1	Т	1	DIVIDENDS		<u>,</u>	during the reporting period.	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income	plans or iRAs), you may check the "Tax-Deferred" column. <b>Dividends</b> ,	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k)		
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+	`					t	₽		Other Type of Income			ĕ		A Hec	spe spe rate	ne	
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7	+	+	×	×	74	+	, <sub>01</sub>		None		<del></del>	<del></del>	0 212	- 0	<u> </u>		
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		_+			<u> </u>		-	$\vdash$	\$1,001 - \$2,500	₹	Preceding Year	l	This column is for income derived from assets solely held by your pouse or dependent child.	ncome. Check "None" if no income was earned or generated	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</b>	Ø	1
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SC) Contin	SCHEDULE II — ASSETS AN Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME		Name
	BLOCK A  Asset and/or income Source	BLOCK B  Value of Asset	BLOCK C  Type of Income	
S.P.		A B C D E F G H I J K L N		
JT,		00 000 ,000		
DC		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 - \$5,000,00 \$5,000,001 - \$50,000,00 \$25,000,001 - \$50,000,00 \$25,000,001 - \$50,000,00 \$25,000,001 - \$50,000,00	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRU	TAX-DEFERRED Other Type of Income Partnership Income or Far
į				

#### SCHEDULE III — LIABILITIES

Name Janet Garrett

Page S of b

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. 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-

						4 5 (g)	T
	Chase Visa	Chase Visa	Bank of America Master	Bank of America Visa	Example:   First Bank of Wilmington, DE	Creditor	
					May 1998	Date Liability Incurred mo/year	
	Credit could adot	credit card dest	credit could debt	Credit card debt	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
		7		7		\$10,001 \$15,000 >	1
	7		1			\$15,001— \$50,000 <b>a</b>	١
					L	\$50,001 \$100,000 O	l
·		1			×	\$100,001— \$250,000 □	
					L	\$500,000 m \$500,001—	
						\$1,000,000 TI	
					$\vdash$	\$5,000,000 G \$5,000,001— \$25,000,000 T	Amount of Liability
						\$25,000,000 — \$ \$25,000,001— — \$ \$50,000,000	
					$\vdash$	Over \$50,000,000	
		<del>                                     </del>			$\vdash$	Spouse/DC Liability over	Ì

#### 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 an honorary nature.	iawie,
Position	Name of Organization
teacher	Oberlin City Schools
0 0 0 0 0 0 0	

#### SCHEDULE V — AGREEMENTS

Page 6 of 6

Name

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.

Date	Parties To	Terms of Agreement
,	•	

# 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 Dutles
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
-	

GPO: 2013

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