

UNITED STATES HOUSE OF REPRESENTATIVES 2014 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	Page 1 of
Name: Toe Bordon Daytir	Daytime Telephone: 5-7002	U.S. HOUSE OF THE CLERK PRESENTATIVES
		(Office Use Only)
FILER STATUS Member of or Candidate for State: 14 U.S. House of Representatives District: 6	Officer or Employing Office:	
REPORT 2014 Annual (Due: May 15, 2015) Amu	Amendment Termination Date of Termination:	את ination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUE	QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Make more than \$200 in uneamed income from any reportable asset during the reporting period?	No 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?	or arrangement with an Yes No M
ident child purchase, sell, or seal estate in a transaction Yes period?	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	t child receive any Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	t child receive any vel totaling more than vel totaling period?
D. Did you, your spouse, or your dependent child have any reportable Yes Ilability (more than \$10,000) at any point during the reporting period?	No I Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	e, or article during the Yes No
E. Did you hold any reportable positions during the reporting period or in Yes the current calendar year up through the date of filing?	E COR	RESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TR	DEPENDENT, OR TRUST INFORMATION - ANSWER EACH	WER EACH OF THESE QUESTIONS
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.	g during the reporting period? If you answered "yes" to this	question, please contact Yes No X
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 your dependent child?	and certain other "excepted trusts" need not be disclosed.	Have you excluded from Yes No No
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ransactions, or liabilities of a spouse or your dependent child xnmittee on Ethics.	d because they meet all Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Joe Bartan

ATOT Mesances Walnot	1	ABCHadge Rund X	Exemples	SP Maga Corp. Slock BF	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 an ownership interest in a privately-held business that is not publicly traded, astate the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal readence, including second increase and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal interest in, or income derived from, a federal refirement program, including the Truft Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (CC), or jointly held with anyone (JT), in the optional column on the far-left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For bank and other cash accounts, total the amount in all interest-basing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-basing accounts.	Asset and/or Income Source Identity (a) each asset held for investment or 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 'unearned' income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(b) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.
XX		×	hubrite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$250,001-\$250,000 \$250,001-\$250,000 \$250,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000	> 0 0 m n 0 1	BLOCK B Value of Asset Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be 'None.' *Column M is for assets held by your spouse or dependent child in which you have no interest.
X	X	Partneratip	Royalites	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEDIBLIND TRUST TAX-DEPENRED Cher Type of Income (Specify: e.g., Pertnership Income or Farm Income)		BLOCK C Type of Income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(s), IRA, or 528 accounts), you may check the Tax-Deferred column. Dividends, interest, and capital galins, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check Thone' if the asset generated no income during the reporting period.
XX	×			×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$100,001-\$100,000 \$100,001-\$5,000,000 Cver \$5,000,000 SpouseFDC-Asset with Income over \$1,000,000*		BLOCK D Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, Dividends, interest, and capital gains, even if reinvested, Dividends, interest and capital gains, even if reinvested, Dividends, interest, and capital gains, even if reinvested as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.
				Sparts	P. S. S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.	BLOCK E Transaction Indicate If the seart had purchases (P), sales (S), or exchanges (E) exchanges (E) on the reporting fronty a portion of an asset was solt, please indicate as follows: (S (part)).

SCHEDULE C - EARNED INCOME

Name: ひかせて Page 잌

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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. けっから Examples: Resident Medical Source (include date of receipt for honoraria) (みよか two so sould Type Amount \$6,000

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
Jæ.
Barton
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Identify the source and list travel titnerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 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: 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.

							Alliance for Health Kestorm	Her:tage Fundation	Health for Humanity (chenty functioner)	Government of Chine (MECEA)	Source
							Febola man	Feb 6-8	Mar. 3-4	Aug 6-11	Date(s)
							a-Houston-Emis,TX	OC-Richmond-OC	DC-Basin-DC	DC-Bajing, China - DC	City of Departure – Destination — City of Return
							4	አ	٧	Υ	Lodging? (Y/N)
					-	•	Y	Y	Υ	۲	Food? (Y/N)
						i	2	N	4	Z	Family Member Included? (Y/N)