| UNITED STATES HOUSE OF REPRESENTATIVES FORM B  | SEP 1 0 2014 Page 1   | Page 1 of 4           |
|--|---|-----------------------|
|  | 2014 SEP 18 PM 1:24   | 24                    |
| Name: Dakin Michael Sundeen Daytime Telephone  | U.S. HOUSE OF REPRESENTATIVES   | TIVES                 |
| Filer Candidate for the State: C.A. Date of Nov. 4, 2014.  Status New officer or Employing Office: Election: Nov. 4, 2014.   | A \$200 penalty shall be a against any individual v more than 30 days late. | assessed<br>who files |
| In all sections, please type or print clearly in blue or black ink.  |   |                       |
| ירה ראסו טר ווורטו   |   |                       |
| 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 No No 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.  | wo years? Yes   | × S                   |
| 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?  Yes No With an outside entity?  Wes, complete and attach Schedule II.  | gement Yes  | <b>№</b>              |
| III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes 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 VI. | 000 from Yes  | <b>8</b><br>⊠         |
| Each question in this part must be answered and the appropriate schedule attached for ea   | attached for each "Yes" response.   |                       |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF  | SWER EACH OF THESE QUESTIONS  | <u>o</u>              |
| <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?   | oe Y <b>es</b>  | No<br>                |
| <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.   | endent child Yes  | N <sub>O</sub>        |

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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.

Fyclinds: Military pay (such as National Guard or Besserve pay), federal retirement programs, and honoritis received under the Social Society Act

| Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. | rement programs, and benefits r | eceived under the Social | Security Act.  |
|--|---------------------------------|--------------------------|----------------|
| Source (include date of receipt for honoraria)   | Tvne                            | Amount                   | unt            |
| Course (include date of lecelpt for horizontal)  | - 900                           | Current Year to Filing   | Preceding Year |
| XYZ Corporation, Houston, TX   | Salary                          | \$6,300                  | \$28,450       |
| Fyamnies: First Bank & Trust, Houston, TX  | Director's Fee                  | \$400                    | \$3,200        |
|  | Honorarium                      | 0                        | \$1,000        |
| Harris County, Texas Public Schools  | Spouse Salary                   | NA                       | NA             |
| Definitive Networks Inc.   | wages                           | #31,817                  | #52,705        |
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| mid/sm for Index 1 | -Janus Forty S | Market Index | - Vantagepoint Equity | Vantage point Roth IRA | Papco Holdings Inc. | JT 1st Bank of Paducah, KY accounts | Examples:  | SP, SP Mega Corp. Stock | that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless 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. | For an ownership interest in a privately-held business | BLOCK A  Asset and/or Income Source 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 (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. |
|--------------------|----------------|--------------|-----------------------|------------------------|---------------------|-------------------------------------|------------|-------------------------|---|--|--|
| <b>X</b>           | *              | X            | *                     |                        | ×                   | ×                                   | Indefinite | ×                       | None<br>\$1 - \$1,000<br>\$1,001 - \$15,000<br>\$15,001 - \$50,000<br>\$50,001 - \$100,000<br>\$100,001 - \$250,000<br>\$250,001 - \$500,000<br>\$500,001 - \$1,000,000<br>\$1,000,001 - \$5,000,000<br>\$5,000,001 - \$25,000,000<br>\$25,000,001 - \$50,000,000<br>Over \$50,000,000<br>Spouse/DC Asset over \$1,000,000*   | ABCDEFGHIJKLM  | BLOCK B  Value of Asset  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 reporting 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.  |
| IRA                | Roth           | Rath         | I ROS                 | 1004<br>1024           | ×                   | ×                                   |            | X                       | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)  |  | BLOCK C  Type of Income  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 or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if retinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.   |
|                    |                |              |                       |                        | ×                   |                                     | X          | X                       | None  | Current Year Preceding Year                            | Amount of Income  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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.  * This column is for income derived from assets solely held by your spouse or dependent child.  |

## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed)

|  |  |  |               |              | SP,<br>JT,<br>DC  |                            |         |
|--|--|--|---------------|--------------|---|----------------------------|---------|
|  |  |  | Driver lut. A | Lev lo Stock |   | Asset and/or Income Source | BLOCK A |
|  |  |  | *             | *            | \$100,001 - \$250,000   | Value of Asset             | ВГОСК В |
|  |  |  | iga<br>iga    | MAN HOU      | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specify: e.g. | ] §                        | BLOCK C |
|  |  |  |               | PT           | None  | Amount of Income           | BLOCK D |

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