UNITED STATES HOUSE OF REPRESENTATIVES 2014 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees For Use by Members, Officers, and Employees
Name: Janice D. Schakowsky Day	Daytime Telephon OFFICE OF THE CLERK OFFICE OF THE CLERK (Office Use Only)
FILER Member of or Candidate for State: 14 STATUS Member of or Candidate for State: 14 U.S. House of Representatives District: 14	Officer or Employing Office: Employee
REPORT 2014 Annual (Due: May 15, 2015) A	Amendment Termination Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QU	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 unearmed 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?
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	No 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?
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?
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No l. 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. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR T	DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? the Committee on Ethics for further guidance.	ing 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" nethis report details of such a trust that benefits you, your spouse, or your dependent child?	cs and certain other "excepted trusts" need not be disclosed. Have you excluded from Yes
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	, transactions, or liabilities of a spouse or your dependent child because they meet all Yes

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SCHEDULE

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Europacific Growth Fund	Fund-Class A	Valashisha Mitual Tavestor	Crowth Fund of America	Fundamental Investors Loc.	Amean Fund Inc Clase A	ABC Hedge Fund X	Simon & Schuster	SP Mega Corp. Stock EFF	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EH" box.	Exclude: Your personal residence, including second nomes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income denived 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 diy and state.	For hank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, 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(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 only ticker symbols).	and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.	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,	Asset and/or Income Source	ВLОСК А
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Janua D Shykowsky

Page 3__of__

SCHEDULE A - ASSE

BLOCK B	ETS & "UNEARNED INCOME"
BLOCK C	Name: Junice)
BLOCK D	Schakowsky
BLOCK E	Page 4 of 1

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				<u> </u>	ļ <u>.</u>				\vdash					_	1	\$201-\$1,000 <u>=</u>	
								<u> </u>	<u> </u>				\vdash		1	\$1,001-\$2,500 <	>
			<u> </u>		1				T	·						\$2,501-\$5,000 <	Page 1
														Г		\$5,001-\$15,000 ≤	BLOCK D Amount of Income
				Г									<u> </u>			\$15,001 -\$ 50,000 <u>≤</u>	BLOCK D
		Γ	 	1				Γ		1						\$50,001 - \$100,000 <u>≦</u>	CON
																\$100,001-\$1,000,000 👳	ĕ
																\$1,000,001-\$5,000,000 ×	
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						ļ										Spouse/DC Asset with Income over \$1,000,000* ≚	
																P, S, S(part), or E	BL Tran
																(part)	BLOCK E Transaction
			1									}				- 9 m	tion (in

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name Jania D Shakowsky

SCHEDULE B - TRANSACTIONS

Name: Januce D Shakowsky Page 6 of 11

									Growt o troome	Vesta	7	5P Partnam Equity Inc.	SP Example Mega Corp. Stock	SP, DC, JT Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. "Column K is for assets solely held by your spouse or dependent child.	resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	 reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that 	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
								-							Purchase	on. The	hat G	₩
								<u> </u>							Sale			Type of
										×	Y	X	×		Partial Sale			Type of Transaction
······	·			 											Exchange			ğ
													×		Check Box if C Exceeded \$200	apital Gain		
						·				11	:	4/41/4	3/5/14		weekly, if applicable	(MO/DAYR) or Quarterly,		Date
										×	×	×			\$1,001- \$15,000	>		
		·											×		\$15,001- \$50,000	00	·	
															\$50,001- \$100,000	ດ	·	
															\$100,001- \$250,000			<u>}</u>
															\$250,001- \$500,000	m		ount
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		 													\$1,000,001- \$5,000,000	G		Amount of Transaction
															\$5,000,001- \$25,000,000	I		š
			 	 											\$25,000,001- \$50,000,000	_		
															Over \$50,000,0	000 _		
															Over \$1,000,00 (Spouse/DC As			

SCHEDULE C - EARNED INCOME

Name: Janice D Shakowsky Page 7 of 11

	Space Salary	C++1 Com H. Com NA
\$25,907	Legislative Pension	State of Illinois
\$1,000 \$1,000	Spouse Speech Spouse Salary	Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education
\$6,000	Approved Teaching Fee	Keene State
Amount	Туре	Source (include date of receipt for honoraria)
was \$26,955. In addition, certain	Social Security Act. ansated at or above the "senior staff" rate totally prohibited.	EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. NCOME 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 ypes of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.
reporting period. For a spouse, list	mment) totaling \$200 or more during the below.	ist 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 he source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

					Jestorn Mutual	Stategic Cosselling Group NA	State of Illinois	Ļ	Kenne State Kamples: State of Maryland State of Maryland (Cr. 2)	Source (include date of receipt for honoraria)
					Member required	Spouse Salery	Logislative Pension	Spouse Salary	Approved Teaching Fee Legislative Pension Snouse Sneach	Туре
					2008 74		\$25,907	N/A	\$6,000 \$18,000 \$1,000	Amount

SCHEDULE D - LIABILITIES

Name: Lance D Shakawatry Page S of

period. Nembers: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting 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 the reporting period exceeded \$10,000. 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 Column K is for liabilities held solely by your spouse or dependent child

					1	··· <u></u> ·		_
		77	7.7	꾸		SP. DC. JT		
Book	Bank	Devo	chase	Chase	Example			
Bunk of America -	Bank of America Credit Card 1 12/14	Devon Bank	-		First Bank of Wilmington, DE	Creditor		
17/4	12/14	10/13	3/15	5/13	5/98	Date Liability Incurred MO/YR		
Credit Card	Credit Card	Home Equity Loan	Mortgase rec: Hidigan city.	Mortgage reli Plot Ploige, Evanston IL	Mortgage on Rental Property, Dover, DE	Type of Liability		
メ	X					\$10,001- \$15,000	>	
		×				\$15,001- \$50,000	₽	
						\$50,001- \$100,000	C	
			×		×	\$100,001- \$250,000	0	
				X		\$250,001- \$500,000	ſĦ	moun
						\$500,001- \$1,000,000	п	Amount of Liability
						\$1,000,001- \$5,000,000	9	bility
						\$5,000,001- \$25,000,000	I	
						\$25,000,001- \$50,000,000	-	
						Over \$50,000,000	<u>د</u>	
	.i					Over \$1,000,000* (Spouse/DC Liability)	^	

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 held in any reliables profit organizations? and profit and profit of an honorary nature

ı		1	- 1			Ī.
				Roard Member	Position	neid in any religious, social, fraternal, or political entities (suc-
			0	Externational Labor Richts Forum	Name of Organization	neid in any religious, social, fratemat, or political entities (such as political parties and campaign organizations), and positions solely or an introduct individual.

SCHEDULE D - LIABILITIES

eriod by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	Name: Janici) Solutionsty Page 9 of 11
ding mortgages on their personal residence. Evaluate: Any mortgage on your personal residence (unless you	eriod by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you 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 the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

			92		SP. DC, JT		
			がい	Example			
			bank A	First Ba	Crec		:
		(Citibent A Advantage	First Bank of Wilmington, DE	Creditor		
			Hoches	5/98	Date Liability Incurred MO/YR		
			Credit-Card	Mortgage on Rental Property, Dover, DE	Type of Liability		
		1			\$10,001- \$15,000	>	
				-	\$15,001- \$50,000	œ	
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					\$1,000,001- \$5,000,000	၈	bility
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					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	۲	1
.					Over \$1,000,000* (Spouse/DC Liability)	*	

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 held in any religious social fraternal or political entities (such as political parties and campaign propriets); and positions social fraternal or political entities (such as political parties and campaign propriets); and positions socially of an honorary parties.

Position			1
			Position
Name of Organization			Position Name of Organization

SCHEDULE F - AGREEMENTS

Name: Denice D Shatowsky Page ! Ö 앜

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 or current employer.

		,	800	Date
			Aute of IL - Jan Schikausky	Parties to Agreement
			Dec1998 Aute of IL - Jan Schekowsky continued participation in State Pension Han	Terms of Agreement

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your 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 \$150 or less need not be added towards the \$375 disclosure threshold. **Note**: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

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

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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	Name: Jun (ci)
,	Shakowsk
	Page 11 of 11

Identify the source and list travel itinerary, 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 Giffs 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-Beijing, China - DC	۲	٧	Z
Ехатрю :	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	4 Y	۲	Υ
pood		Feb 6-8	DC - Philadelphia PA - DC	イ	イ	N.
Auspel	Aspen Inst. Congressional Program	April 11-18	April 11-18 Chicago - Tokyo Jupan - Char	~	~	×
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Name:
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA	Name:	Page_	ge of
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.	onsor of an event to a charitable organ	nization in lieu of paying	an honorarium to you. A
Source	Activity	Date	Amount
Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2014 Aug. 13, 2014	\$2,000 \$500
	:		
			•

FILER NOTES (Optional) NOTE NUMBER NOTES Name: Page_ 앜