Name: MILLIAM BLANE LUETKEMEYEX Daytime Telephone: 573-493-2395 2013 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** REPORT TYPE FILER STATUS 2013 Annual (Due: May 15, 2014) U.S. House of Representatives Member of or Candidate for District: State: Missour Amendment For Use by Members, Officers, and Employees Form A Employee Officer or Employing Office: Termination Date: OFFICE OF THE CLERK W.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 2014 MAY -8 AM 11: 13 HAND DELIVERED Page 1 of 4 (Office Use Only)

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

TREE MINISTRAL AND OKAROLION - CHOWER CAOL OF THE OF MOLOTON	10000		
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 unearned income from any reportable asset during the reporting period?	Yes X 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?	Yes No
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?	Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	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?	Yes No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes 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?	Yes No
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	YOU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	OR TRUST INFORM	ATION - ANSWER EACH OF THESE QUESTIONS	ONS

Yes No	EXEMPTION – 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.
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 dependent child?
t yes No X	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.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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				2	¥		Examples:		For a detailed discussion of Schedule 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 "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived 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 city and state.	For bank 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.	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).	Identify (a) each asset held for investment or production of income and with a fair market value	As
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									TAX-DEFE	RRED							529 accounts), you may check the Tax-Deferred column. Dividencts, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or	BLOCK C
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									Over \$5,00	` \` ^	**:				×	1	category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed 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 "Column XII is for assets held by your sp	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the	
										Asset with Inc	ome over \$1	*000,000			<u>×</u>				
								S(part)	P S						Leave this colubiank if there a no transactions that exceeded \$1,000.	an as pleas follow	purchases (P), sales (S), or exchanges (E) exceeding \$1.0 in the reporting period.	Indicate if asset had	Tra
	• •								S(part						Leave this colum blank if there are no transactions that exceeded \$1,000.	set wa e indik s: (S (purchases (P), sales (S), or exchanges (E) exceeding \$1.0 in the reporting period.	Indicate if the asset had	BLOCK E
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SCHEDULE A - ASSETS	SCHEDULE A – ASSETS & "UNEARNED INCOME"	With war Brance her	LETYLEM BYSK Page 3 of
BLOCK A	ВLОСК В	вгоск с	BLOCKD
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
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SCHEDULE B – TRANSACTIONS

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	•						99 99 90 90 90 90 90 90 90 90 90 90 90 9			Nowle	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.	dependent child for investment or the production of income, include transactions that 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."	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the recording region of any security or real moneyly hald by you your spouse, or your
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					. 7								Over \$1,000,900 (Spouse/DC Asse	H) ~	

SCHEDULE C - EARNED INCOME

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Page 5 of 9	

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N/A	Dawson 756	Storge Boom of Directors - DANK of St. ELIZARUM
12,600	Rangemui Beneat	Store of Missouri
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24.600	Rengency Devent	AMERICAN TAMINY INSURANCE
N/A	Spouse Salary	Onlario County Board of Education
\$18,000 \$1 000	Legislative Pension	Examples: State of Maryland
\$6,000	Approved Teaching Fee	Keene State
Amount	Type	Source (include date of receipt for honoraria)
was \$26,955. In addition, certain	ensated at or above the "senior staff" rate re totally prohibited.	INCOME LIMITS and PROHIBITED INCOME: The 2013 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.
	Social Security Act.	EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act
totaling \$200 or more during the reporting period. For a spouse, list	arnment) totaling \$200 or more during the repelow.	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

SCHEDULE D - LIABILITIES

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Page 6 of 9
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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 reporting period exceeded \$10,000.

*Column K is for liabilities held solely by your spouse or dependent child.

:					SP, DC, JT		
	•	4		Example			
		NONE	<i>A</i>	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
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					Over \$50,000,000	د	
, ,					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 listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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and B, LLC	CEDAN KIOGE PRESE, LEC	2 BROTTERS THENT WELL LIC	Name of Organization

SCHEDULE F - AGREEMENTS

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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 employer.

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DUFFERED RESTREMENT BANGTON	STORE OF MISSOURI	1-99
LOBISLATUR'S REFIREMENT DEMOFIT	6-08 STATE OF MISSORI	6-08
Terms of Agreement	Parties to Agreement	Date

SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a 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 \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 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: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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.

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Lodging? (Y/N)	Υ	٧		, programme and the second									,	
Food? (Y/N)	Y	Υ									d Landon			
Family Member Included? (Y/N)	Z	۲						***************************************						

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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List the source, activity (<i>i.e.</i> , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to 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	charitable organization in lieu of paying an honorarium to you. A	honorarium to you. A
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2013 Aug. 13, 2013	\$2,000 \$500
None			

FILER NOTES (Optional)

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