× 	Yes	pendent child	e, transactions, or liabilities of a spouse or dependent child irst consulted with the Committee on Ethics.	nearned" income less you have fir	nis report any other assets, "u otion? Do not answer "yes" un	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the
ĭ K	Yes	ot be	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 benefiting you, your spouse, or a dependent child?	nmittee on Ethic ≆fiting you, your	d Trusts" approved by the Cor ort details of such a trust ben	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?
Ś	QUESTION	OF THESE (MATION — ANSWER EACH OF THESE QUESTIONS	ST INFOR	:PENDENT, OR TRU	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	esponse.	each "Yes" r	appropriate schedule attached for each "Yes" response	ed and the a	Each question in this part must be answered and the appropriate scheme	Each question in this
Ž Ž	Yes	\$5,000 from	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.	₹ Q	ave any report- rting period? Yes	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.
₹ C	Yes 🔲	rangement	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.		ceive "unearned" d or hold any end of the period? Yes	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.
S C	¥ _e s □	pefore the date or two years?	IV. 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.	No C	(e.g., salaries or orting period? Yes	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? If yes, complete and attach Schedule I.
			SE QUESTIONS	EACH OF THESE	- ANSWER	PRELIMINARY INFORMATION — ANSW
assessed who files	\P	A <i>\$200 penalty</i> shall be against any individual more than 30 days late.	n: Arnendment	Date of Election:	State: CA District: 24 Employing Office:	Filer Candidate for the House of Representatives Status New officer or employee
	(Office Use Only)					
TIVES	OFFICE OF THE CLERK IVES U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE	Daytime Telephone:	Daytime	V	Name: JUSTIN FAREED
30 s 5	LEGISLATIVE RESOURCE CERTER OF 5	LEGISLATIVE	FORM B For use by candidates and new employees		EPRESENTATIVES TEMENT NOVEMBER 26, 2013	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - November 26,

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name JUSTIN FAREED

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the flier's current employment by the U.S. Government) totalling \$2000 or exceeding \$1,000. See examples below. Exclude: Milliary pay (such as National Guard or Reserve pay), federal retirement programs, and benefits neceived under the Social Security Act. Source (include date of receipt for honoraria) Type Type				
Exclude: Millary ray (such as National Guard or Reserve pray), federal retirement programs, and benefits received under the Social Security Act: Source (include date of receipt for honoraria) Type Amount Amount Amount	List the source, type, and amount of earned income from any source (other t more during the preceding calendar year. For a spouse, list the source and a	than the filer's current employme amount of any honoraria; list only	ent by the U.S. Governme y the source for other spo	nt) totalling \$200 or use earned income
Source (include date of receipt for honoraria) Amount Type Amount Amount Type Current Year to Filling ANZ Corporation, Houston, TX First Bank & Trust, Houston, TX ANZ Trade Association, Chausgo, II. (Recold December 2) Horize County, Teas Public Schools PERFESENTATIVES, WASHINGTON, PC PERFESENTATIVES, WASHINGTON, PC SALARY O SALARY OO SANDD SPORTS INDUSTRIES, SANTA BARBARA, (A SALARY 400 ANDD SALARY 400	exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retire	ement programs, and benefits re	eceived under the Social	Security Act.
Salary \$6,300 Director's Fee \$4,00 Honorarium 0 Spouse Salary NA SALARY 30,000 2 SALARY 400 SALARY 400	Course (include date of receipt for honoraria)	Type	Amo	unt
Salary \$6,300 Director's Fee \$400 Honorarium 0 Spouse Salary 30,000 SALARY 00 SALARY 400	Source (include date of receipt for Horioralia)	- ype	Current Year to Filing	Preceding Year
Director's Fee \$400	XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Honorarium 0 Spouse Salary NA SALARY 30,000 SALARY 400		Director's Fee	\$400	\$3,200
SALARY 30,000 SALARY 400		Honorarium	0	\$1,000
SALARY 30,000 SALARY 400	Harris County, Texas Public Schools	Spouse Salary	NA	NA
SALARY 400	U.S. HOUSE OF REPRESENTATIVES, WASHINGTON, DC	SALARY	30,000	20,550
SALARY 400	UNIVERSITY OF CALIFORNIA, LOS ANGELES, CA	SALARY	0	460
	PRO BAND SPORTS INDUSTRIES, SANTA BARBARA, CA	SALARY	400	0

THRIFT SAVINGS PLAN FORS RETIREMENT MENT ACT THE NORTHERN TRUST CO. SANTA BAR BARA, UT	CHARLES SCHWAB ONE	SANTA BARBARA, CA	1st Bank of Paducah, KY	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	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.	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	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.
*	× ×	7	×	Indefinite	X	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 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000		A B C D F F G H - L K C M	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.
*	×	×	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inco	ome)		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 reinvested, must be disclosed as income. Check "None" of the asset generated no income during the reporting period.
××	× × ×	×	×	X	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$15,000 \$50,001 - \$15,000		Current Year Preceding Year	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 III — LIABILITIES

Name JUSTIN FAREED

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ling 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. 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-

								Amo	unt of	Amount of Liability	lity			
DC,	Creditor	Date Liability Incurred	Type of Liability) W	00 C		хо пт	000	000	, ₀₀₀ =			over 大
JT		mo/year		\$10,001 \$15,000	\$15,001— \$50,000	\$50,001— \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,00	\$1,000,00 \$5,000,00	\$5,000,00 \$25,000,0	\$25,000,0 \$50,000,0	Over \$50,000,0	Spouse/D Liability ov \$1.000,00
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				Ь.,					Ш		
	NONE			_										
		_												

SCHEDULE IV — POSITIONS

cer, 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. 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 offi-

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

and positions solely of an inclineary nature.	lature.
Position	Name of Organization
EXECUTIVE VICE PRESIDENT	EXECUTIVE VICE PRESIDENT PRO BAND SPORTS INDUSTRIES
LEGISLATIVE AIDE	HOUSE OF REPRESENTATIVES
FOOTBALL COACH	UNIVERSITY OF CALIFORNIA, LOS ANGIELES

SCHEDULE V — AGREEMENTS

NAME JUSTIN TARRED

Page 5 or 5

identify the date service; continu efft plan maintal	Identify the date, parties to, and general terms of any agreement or arrangement with service; continuation or deferral of payments by a former or current employer other the other that the plan maintained by a former employer.	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
	NONE	
•		

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.

Tanagari Board by the same same same same same same same sam	
Source (Name and Address)	Brief Description of Dutles
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
NONE	