| <u>S</u> | Yes | ependent child | ies of a spouse or dependent child ommittee on Ethics. | | rned" income, s you have first | ner assets, "unea swer "yes" unles | EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabiliti because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Co | -Have you excluded meet all three tests for | EXEMPTION because they |
|-----------------------|---|---|--|--|------------------------------------|--|---|---|--|
| <u>N</u> | Yes 🔲 | not be | epted trusts" need n t child? | and certain other "exce | ittee on Ethics ng you, your sp | ed by the Commi th a trust benefiti | 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? | stails regarding "Quali ve you excluded from | TRUSTS—De |
| S | QUESTION | OF THESE | — ANSWER EACH OF THESE QUESTIONS | | T INFORM | , OR TRUST | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION | ON OF SPOUS | XCLUSIO |
| | esponse. | each "Yes" r | le attached for | propriate schedu | and the ap | e answered | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response | Each question | |
| | Yes II | \$5,000 from | mpensation of more than two prior years? | YL- 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. | No - | Yes 🗌 | nt child have any report- the reporting period? III. | 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. | III. Did you, you able liability (mo If yes, comple t |
| S S | Yes | rrangement | rtable agreement or an | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. | No No | Yes [] | 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. | II. Did you, your spouse, or a dependent income of more than \$200 in the reporting reportable asset worth more than \$1,000 if yes, complete and attach Schedule II. | II. Did you, you income of more reportable asset f yes, complet |
| Z S | Yes 🔲 | before the date or two years? | rtable positions on or I indar year or in the privi ich Schedule IV. | 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 II | Yes I | "income (e.g., salaries or n the reporting period? I. | l. Did you or your spouse have "earned" income (e.g., salaries fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | l. Did you or yo fees) of \$200 or if yes, complet |
| | | | | ANSWER EACH OF THESE QUESTIONS |)F THESE | ER EACH (| I | RELIMINARY INFORMATION | RELIMIN |
| : | | | * | * | | ` | all sections, please type or print clearly in blue or black ink. | please type or print cle | n all sections, |
| assessed who files | · - m | A <i>\$200 penalty</i> shall be against any individual more than 30 days late | Check if Amendment | 126 14 | Date of Election: | 0ffice: | sentatives State: 444 | House of Representatives New officer or employee | Filer Status |
| | (Office Use Only) | CC " | | | | 7 | , | • | |
| | | | | Daytime Telephone: | Daytime T | Q.d.s | Edwin M. EdwARds | dwin 1 | Name: 左 |
| YTIVES | OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES | JESUOH OFFIC | | | | | , / / | _ / | • |
| ENTER O | 2014 MAY 14 PH 12: 45 | LEGISLATI | B nd new employees | FORM B For use by candidates and new employees | <i>L</i> 4 For | ATIVES | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT ・Period covered: January 1, <u>名の</u> は、カルトトラウン | UNITED STATES HOUSE OF REPRESE FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013- 402 | FINANCIA Period cove |
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Edwin W. EdWARds Page 2 or 6

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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

| Amount | 4 | Amount | unt |
|---|------------------------|------------------------|----------------|
| Course (include case of receipt to Individuals) | lype | Current Year to Filing | Preceding Year |
| XYZ Corporation, Houston, TX | Salary | \$6,300 | \$28,450 |
| First Bank & Trust, Houston, TX | Director's Fee | \$400 | \$3,200 |
| XYZ Trade Association, Chicago, IL (Rec'd December 2) | Honorarium | 0 | \$1,000 |
| Harris County, Texas Publio Schools | Spouse Salary (,), > | NA | NA |
| Lett Field Reductions -Chad Alan Row | 6 - TALENT FEE | -0- | #79.50.00 |
| STEAKING PEES | tee | + 14, 400.00 | 46,600.00 |
| Book SALES | PROTIT | 921.00 | 9,45.0 |
| LA. STATE KetiRement Sustem | Retirement | 18.460.60 | 55, 328.74 |
| ON OKESSIONAL RELIGEMENT | Retikement | 4.916.04 | 14.748.00 |
| SokiAL Security | Tetizement x | 8,612.00 | 25,863.0 |
| NELSON ENERGY | Roualty | 929.00 | 2787.0 |
| PLAINS MARKETING | Book Royt / Yu | 2780.00 | 8341.19 |
| Herray Panducks | Roughlyn / | 56.46 | 169.30 |
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|-----------------------------|--|--|--|--|--------------|---------------------------------|------------------|---------------------|--|--|--|--|
| a | 1/2 | > | Sotial decuci | Con | , / _ | | Examples: | | ing \$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 (OC) 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 fromes and vacation homes (unitess there was rental thomas and vacation homes (unitess there was rental thomas during the second from the s | 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 tracks in 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. |
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| 7 | ~ | 2 | 7 | 3 | The same | ▐ | ō | SP Mega Corp. Stock | s in straight |) – 100 100 100 100 100 100 100 100 100 100 | trad | B B set F ir man ymbor the r read the and the read of |
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| 30 | 30 | हु | = | <u> </u> | तुष | ╄- | ! | | Spouse/DC Asset over \$1,000,000* | | ≤ | |
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Edwin M. Edward Page Lotte

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| | | | | | | | | | | | | Spouse/DC income over \$1,000,000* | | | |

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SCHEDULE III — LIABILITIES

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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 sibowed 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.

| | | | | | | | | \moui | nt of L | Amount of Liability | ۲ | | | |
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| ٦ <u>,</u> | Creditor | Incurred mo/year | Type of Liability | \$10,001 \$15,000 | \$15,001 \$50,000 | \$50,001 \$100,000 \$100,001 | \$100,001— \$250,000 \$250,001— | \$500,000 \$500,001— | \$1,000,000 \$1,000,001 | \$5,000,000 \$5,000,001— \$25,000,000 | \$25,000,000 \$25,000,001- \$50,000,000 | Over | \$50,000,000 Spouse/DC | Liability over \$1,000,000 |
| | Example: First Bank of Wilmington, DE | May 1998 | Mortgage on 123 Main Street, Dover, DE | | | Ш | Н | \vdash | | | | | | |
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SCHEDULE IV -- POSITIONS

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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

and positions solely of an honorary nature **Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

| alla pusitions solety of all horlorary fiature. | aule: |
|---|------------------------------------|
| Position | Name of Organization |
| ACTOR ACTRESS | LetTrickoductioNs/Chad ALAN TROOS. |
| | |
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| | |

SCHEDULE V — AGREEMENTS

NAME EdWIN W. EdWARds

Page 6 of 6

| NONE | Date | Identify the date, parties to, and general te service; continuation or deferral of paymen efit plan maintained by a former employer. |
|------|--------------------|---|
| | Parties To | meral terms of any agreement or arrangement with payments by a former or current employer other than ployer. |
| | Terms of Agreement | 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. |

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.

| Source (Name and Address) | Brief Description of Duties |
|---|-----------------------------|
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting services |
| Left Field TRODUCTIONS/Chad ALAM Rad. | d. Actor + Actress (# +w) |
| [Jayments by: Chad ALAIN | • |
| troductions, LLC, 545 | |
| 81001 NN, NN 20018 | |
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GPO: 2013

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