#### A. Did you, your spouse, or your dependent child: 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. 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? 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. IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point 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 exceeding \$1,000 during the reporting period? 8. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: 2013 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** reporting period? REPORT TYPE end of the reporting period? or by Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the **STATUS** FLER isset during the reporting period? 2013 Annual (Due: May 15, 2014) U.S. House of Representatives Member of or Candidate for District: State: 20 0 3 **4** × × × No Daytime Telephone: イロノースコンーナンのも × Amendment \$ Ş For Use by Members, Officers, and Employees $\geq$ H. Did you, your spouse, or your dependent child receive any reportable travel or relmbursements for travel totaling more than \$350 in value from a single source during the reporting period? 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? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the source during the reporting period? Form A **Employee** Officer or **Employing Office:** Termination Date DELIVERED Page 1 of 6 LEGISLATIVE RESOURCE CENTER 2014 MAY -9 PH 12: 55 POST OF REPRESENTATIVES (Office Use Only) 8 **ĕ** \* Š 8 \$ š <u>≻</u> ₹ Z Z Z 중 중 중

X

X

X

X

X

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

a XXVIII		
	Name: Um CACY CLAY	
	Page 2 of 6	

DHILLIP MORRIS	WICROSOFT CAR	emeasal electration	CONOCO PHILLIPS	Accounts	conferencials than	ABC Hedge Fund X	Examples: Simon & Schuster	SP, Maga Corp. Shock Elf	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 nuterest bearing accounts.  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 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.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal interest in, or income achieved from, a federal interest in, or income achieved from a federal from a check the "EIF" box.  If you have a privately-traded that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly had with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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.	BLOCK A  Asset and/or Income Source Identity (a) each asset hald for Investment or production of income and with a fair market value 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).
×	X	X	×				Indefinite	×	None  \$1,51,001  \$1,001-\$15,000  \$1,001-\$15,000  \$1,0001-\$100,000  \$250,001-\$500,000  \$1,000,001-\$5,000,000  \$250,000,001-\$5,000,000  \$250,000,001-\$5,000,000  \$250,000,001-\$5,000,000		BLOCK B  Value of Asset  Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, pleases specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be None.*  *Column M is for assets held by your spouse or dependent child in which you have no interest.
	×	X	X			Partnership Income	Royaltes		DIVIDENDS  SCHOOL  INTEREST  CAPTAL GABS  EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "lax-Deferred column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' for the accounts of the column.
	X	X	<b>X</b>	X				X X X	\$1,001-\$2,500	child in which you have no interest.	Amount of income  Amount of income  Amount of income  it For assets for which you checked "Tax-Deferred" in Block C, you  ref may check the "Nore" column. For all other assets indicate the  category of income by checking the appropriate box below,  Dividends, interest, and capital gains, even it reinvested,  must be disclosed as income for assets held in taxable  caccounts. Check "None" if no income was earned or  generated.  **Column XII is for assets held by your spouse or dependent
								S(part)	Leave this column blank if there are no transactions that exceeded \$1,000.	n only a portion or an asset was sold, please indicate as follows: (S (part)).	

Other Type of income (Specify: e.g., Partnership income or Farm Income)  \$1.4200 == \$1,001-\$2,500	BLOCK A  Asset and/or income Source	BLOCK B  Source  Value of Asset	Name: Wm CACY BLOCK C Type of income	BLOCK D Amount of Inc
1,000,001	Asset and/or income Source	Value of Asset	Type of Income	Amount of Income
AMILLIAI BY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		\$1,001-\$15,000 C \$50,001-\$100,000 m \$250,001-\$500,000 C \$250,001-\$50,000,000 C \$250,001-\$50,000,000 C \$250,001-\$50,000,000 C \$250,000-\$250,000,000 C \$250,000-\$250,000,000 C \$250,000-\$250,000,000 C \$250,000-\$250,000,000 C	DAVIDENDS  ATT  NTEREST  EXCEPTED/BLIND TRUST  Other Type of income	11,5200 = 201,57,000 = 11,001,\$2,500 = 2,001,\$15,000 ≤
MICROURI X A A A A A A A A A A A A A A A A A A	ASSET NAME			
Alliant American Control of the cont	66			
	MISSOU			
	1			
			Acc	
				(40) (66) (F)
				81, 37 AP

SCHEDULE A - ASSETS & "UNEARNED INCOME"

# SCHEDULE C - EARNED INCOME

Name: com cacy ccay Page 4 of 6

List the source, type, and amount of serned 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 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. 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. MISSOURI STATE EMPLYEES Examples: Keene State State of Maryland State of Maryland Chril War Roundtable (Oct. 2) Omtario County Board of Education Source (include date of receipt for honoraria) KETIKEWENT WELSTS ess caraci MOISING Approved Teaching Fee Legislative Pension Spouse Speech Spouse Selary 21,090 Amount \$8,000 \$18,000 \$1,000

### SCHEDULE D - LIABILITIES

Name: Un CACYCLAY

Page 5 of 6

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 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. 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

Type of Liability	Type of Liability	Type of Liability  Amount of Liability  Amount of Liability
Type of Liability	Amount of Liability  Type of Liability	Amount of Liability  Type of Liability  Amount of Liability  Amount of Liability
01-	Amount of Liability	Amount of Liability  01- 000  01- 000  1- 000
00 660 001- 000	Amount of Liability  001- 0000  001- 0000  001- 00000  001- 00000  001- 00000	Amount of Liability  001- 000  001- 000  001- 000  001- 0000  001- 00000  T  00000  #
,001- ,000	Amount of Liability  0,001- 0,001- 0,001- 00,000	Amount of Liability  0.001- 0.000  0.001- 0.0000  F  0.001- 0.0000  F  0.001- 0.0000  H  0.0001- 0.0000  H
Amount of Liability 1,000	0,001-	0,001- 00,000 ±
001- 0,000 " Lability 0,000 @ IIII	00,001-	00,001- 000,000 ±
	000 001-	000,001-

### **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.

Position DIRECTOR	Name of Organization  White the season of th
DIRECTOR	PROJECT VOTE SMART

## SCHEDULE

parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence	F - AGREEMENTS
duni	Name: Wan CACY Class
ng the period of government service;	Page 6 of 6

identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: nature employee with respect to a manufacture 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.

		,	9/11	Date
		•	RETIREMENT SYSTEM	Parties to Agreement
			MISSONAL STATE LEGISCATOR'S RETRIEMENT	Terms of Agreement

#### 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 triendship received from the Ethics Committee)	\$400
NIA		