S ⊠	Yes	ependent child	ilities of a spouse or dependent child Committee on Ethics.	<u> </u>	arned" incomess you have fir	er assets, "une swer "yes" unle	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabi because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	N—Have you exclud by meet all three tests	EXEMPTION because the
<b>§</b>	Yes	ot be	cepted trusts" need not be nt child?	other "e) depende	nittee on Ethic ting you, your	d by the Comn h a trust benefi	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "ex disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a depende	Details regarding "Qualave you excluded fro	TRUSTS-I
S	QUESTION	OF THESE	SWER EACH OF THESE QUESTIONS	I A	TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	ION OF SPOU	EXCLUS
	esponse.	each "Yes" r	ule attached for each "Yes" response.	ppropriate schedu	and the a	e answerec	Each question in this part must be answered and the appropriate sched	Each questio	
Š	Yes	\$5,000 from	npensation of more than \$ № prior years? ttach Schedule VI.	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.	<b>№</b>	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.	our spouse, or a dependence than \$10,000) during the standard strack Schedu	III. Did you, y able liability ( If yes, compl
\ <u>§</u>	Yes	rangement	oortable agreement or arritach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	No U	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.	our spouse, or a depend re than \$200 in the repo set worth more than \$1,0 ete and attach Schedu	II. Did you, yo income of mo reportable as the yes, complete the yes, yes, yes, yes, yes, yes, yes, yes
S ⊗	Yes	oefore the date or two years?	portable positions on or before the date alendar year or in the prior two years?	IV. Did you hold any report of filing in the current calc if yes, complete and att	No U	Yes X	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>	your spouse have "earn or more from any sourc ete and attach Schedu	I. Did you or fees) of \$200 If yes, compl
				E QUESTIONS	EACH OF THESE		RELIMINARY INFORMATION — ANSWER	PRELIMINARY INFORMATION	PRELIMI
assessed who files	. — 0	A \$200 penalty shall be against any individual more than 30 days late	Check if Amendment	Date of Nov 4,2014 Election: Nov 4,2014	Date of Election	State: #1/5504.RI District: #5/6/17 H  Employing Office:	the resentatives	Candidate for the House of Representatives New officer or employee	Filer Status
	(Office Use Only)	9							
(-	CC		J 2252 }	Telephone:	Daytime	KER	HAMILL STO	BARBARA	Name:
TIVES	OFFICE OF THE CLERK	OFFICE						:	
•	2013 OCT -9 PM 2: 1	2013 0C1	nd new employees	For use by candidates and new employees		+ 30, 2013	Period covered: January 1, 2012 - September	Period covered: January 1, 2012 -	Period co
Affeix of 6	LEGISLATIVE RESOURCE CENTER OF 6	LEGISLATIV	В	FORM		TIVES	UNITED STATES HOUSE OF REPRESENTATIVES	STATES HOUSI	UNITED
ly v									

## SCHEDIJI F 1. FARNED INCOME (INCI LIDING HONORARIA)

Name BARBARA STOCKER Page 22 of 6

SCHEDOLE I EARINED INCOME (INCLODING FIONORANIA)	(115)		
List the source, type, and amount of parned income from any source (other than the filer's current en more during the preceding calendar year. For a spouse, list the source and amount of any honoraria;	han the filer's current employme mount of any honoraria; list only	<del>nployment by the U.S. Government) totalling \$200 or</del> , list only the source for other spouse earned income	nt) totalling \$200 or use 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.	ement programs, and benefits re	ceived under the Social S	Security Act.
	Timo	Amount	unt
Cource (include date of receipt for nonoraria)	- <del>y</del> C 0	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
HAR BLOCK	SALARY	2.862	1.000

SI ST / LONG DIMESSON	<b>y</b>	100 Su Almiered Street	FIRST MISSOURI CREDITULION		DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	Exclude: Your personal residence, including second 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.	location in Block A.	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	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.	(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	Identity (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	BLOCK A  Asset and/or income Source
			\(\sigma\)	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$50,000 \$250,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000		A BB C C D E F F G C F F K K K K K K K K K K K K K K K K K	nn is for assets solely held ouse or dependent child.		If an asset was sold during the report-	
	<	<u> </u>		×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ne)		citiosed as income. Check "None" if the asset generated no income during the reporting period.	"lax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be dis-	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	BLOCK C  Type of Income
	2	5			×	X X X	\$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 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 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		Current Year Preceding Year		* This column is for income derived from assets solely held by your spouse or dependent child.	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. <b>Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income</b> . Check "None" if no income was earned or generated.	BLOCK D  Amount of Income

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BARBARA STOCKER

Page 4 of 6

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WELLSFAR GO INCC	WAL- MART STORES"		REALTY INCOMEGE	PFIZER INC	McDowners Corp "	IP MORGAN CHASTAR'	GENERAL ELECTRICO	HOTORCO "	EXXXIN HOBIL CORP.	ROEING CO "	AT+T IN C STOCK	PHERICAN HIGH INCOHE	AMERICAN MUTUALED			Asset and/or Income Source	вгоск у
	7	<b>\</b>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			~	~					<u> </u>		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 \$25,000,000 \$25,000,001 \$25,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000	ABCDEFGHIJKLM	Value of Asset	вгоск в
2	7	7	5	<u> </u>	7	•	8	7	7	7	\ \ \	5	4	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specify Partnership Income or Farm Income	/: e.g.,	Type of Income	вгоск с
<i>y</i>				*	*			<b>X</b>	<b>\</b>		<b>T</b>			None	Current Year	Amount o	вго
<u> </u>					<			<b>S</b>	\$	\$				None	Preceding Year	Amount of Income	BLOCK D

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	INCOME

SCHEUULE II — ASSETS AND "UNEARNED" INCOME	C CHEATNED INCOME		Name BARBARD STOCK	CKER Pages
BLOCK A	BLOCK B	вгоск с	вгоск в	X D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	f Income
SP,	ABCDEFGHIJKLM	fy: e.g.,	Current Year	Preceding Year
3 .T.	00 00 000 00,000 00,000 000,000	TRUST	000 × ≚	X
5	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,00 \$250,001 - \$1,000,0 \$1,000,001 - \$5,00 \$5,000,001 - \$25,00 \$25,000,001 - \$25,00 \$25,000,001 - \$25,00 \$25,000,001 - \$25,00 \$25,000,001 - \$25,00	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TAX-DEFERRED Other Type of Inco	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$2,000,000 \$2,000,000 \$2,000,000 \$3,000 \$3,000 \$	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000
BOND FUND OF AMERICA	\ \ \	· ed	7	
ARD SO	<b>\</b>		7	2
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ELITYIN K-MONUS	V			
MONSANTO PENSION			_	
TEACHERS INSUPANCES	-		2	
MORTH WESTERN HUTUAL LIFE INSURANCE	V .			
			•	
RENTAL PROPERTY		•	-	
RENTAL PROPERTY		*		2

## SCHEDULE III — LIABILITIES

Name BARBARA STOCKER

Page 6 of 6

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 furniling 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. 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

			<u>.</u>										
										Mortgage on 123 Main Street, Dover, DE	May 1998	Example: First Bank of Wilmington, DE	
Spouse/DC Liability over ス \$1,000,000	Over \$50,000,000	\$25,000,001 \$50,000,000	\$5,000,000 \$5,000,001— \$25,000,000 <b>x</b>	\$1,000,000 " \$1,000,001—	\$250,001— \$500,000 M \$500,001—	\$100,001— \$250,000 U	\$50,001— \$100,000 O	\$15,001— \$50,000 <b>W</b>	\$10,001— \$15,000	Type of Liability	Date Liability Incurred mo/year	Creditor	JT DC,
			lability	Amount of Liability	Amou						J .		

## **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,

**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 poture.

and positions solely of an nonorary nature.	ature.
Position	Name of Organization
TAX PREPARER	H+R BLOCK