Š	Yes	ependent child	lities of a spouse or de	e, transactions, or liabiles transactions, o	arned" income	er "yes" unles	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.	EXEMPTI because th
Š	Yes	ot be	rnt child?	s and certain other "ex spouse, or a depender	nittee on Ethica	d by the Comm	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?	TRUSTS- disclosed.
S J	NESTIONS	OF THESE G	ANSWER EACH OF THESE QUESTIONS	MATION — ANS	TINFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —	XCLUS
	sponse.	each "Yes" re	dule attached for each "Yes" response	ppropriate sched	and the a	answered	Each question in this part must be answered and the appropriate sched	
No.	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.	VI. Did you receive corr a single source in the th If yes, complete and at	8	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.	II. Did you, able liability f yes, comp
<u>\$</u>	Yes	rangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did you have any rep with an outside entity? If yes, complete and at	8	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.	Did you, ncome of meportable as yes, comp
S S	Yes	before 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.	IV. Did you hold any rep of filing in the current ca If yes, complete and at	8	S S	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.	Did you or ses) of \$200 yes, comp
	:			ANSWER EACH OF THESE QUESTIONS	OF THES	REACH	PRELIMINARY INFORMATION — ANSWE	RELIM
	dayo laro.					лпсе:	In all sections, please type or print clearly in blue or black ink	all section
assessed who files	10	A \$200 penalty shall be against any individual	Check if Amendment	Date of 비계/4이나	Date of Election:		e for the Representatives er or	Filer Status
TIVES	U.S. HOUSE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	U.S. HOUSE O	<u>509.6063</u>	Daytime Telephone: 6ിഠ ട്രാ പ്രദേ	Daytime		Malthew Dietz	Name:
ENTER	MAY 1 4 2014 Page 1 of S LEGISLATIVE RESOURCE CENTER 2014 MAY 21 PM 12: 16	MAY LEGISLATIV 2014 MAY	∄ B and new employees	FORM B For use by candidates and new employees		TIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - 「竹みりまれるの」	INITED INANC Period co

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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.	ement programs, and benefits re	eceived under the Social t	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
שלים לוויבישים שנים טו ופניפולי וטו ויטויטומוומ)	ואָסְפּ	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
LR Services, Allentown PA	Salary	A8,500.00	60,596.43
Daley Dental, Quakerbun PA	Spouse Salary	18,378,15	44,942.96
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8	8	8	38	SP		7	<u></u>	SP.	incorring the True accorderive the True incorring the True incorring the True in the True in the True in the True in the True pleas	Excl	For a that i	Ident of inc the crepos more Provi (do n For a plans accordance accordance)
	College Bound A	College Bound Age-Bood (A)	Opporhermer SAR/SEP	Americantunds Target 401(K)	MFS Growth Albe A(IRA)	1st Bank of Paducah, KY accounts	Examples:	SP Mega Corp. Stock	incomes during the reporting period); any deposits total- 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 depen- dent 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 location in 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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				 	1	┞			None		8 3	Value of Asset 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.
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		1				t	₹		Other Type of Income			ate a special and a special an
						ı	Royalties		(Specify: e.g., Partnership Income or Farm Inc	come)		rote tax-
	X	X	×	X	×	T			None	_		
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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.

		l						Amount of Liability	nt of L	iabilit	Y		
D sp	Creditor	Date Liability	Type of Liability	>	8	ဂ					11—		er 🛪
۶ٍ ٦	Ciedilo	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 \$1,000,00 1-	\$5,000,000 \$5,000,001	\$25,000,000 \$25,000,00 \$50,000,00	Over \$50,000,000	Spouse/DC Liability ove \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE		,					Н			
SP	Chase Visa		Revoluma Credit Card	×									
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		-											

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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 nonorary nature.	ature.
Position	Name of Organization

SCHEDULE V — AGREEMENTS

Name
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Page 5 of 5

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				Date	Identify the date service; continu efit plan mainta
				Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employ service; continuation or deferral of payments by a former or current employer other than the U.S. Government; efft plan maintained by a former employer.
	•			в То	ny agreement or arrangement with ormer or current employer other th
					respect to: future employment; a an the U.S. Government; or conti
				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
LR Services 602 Handen Circle Allemban PA 18091 Aircraft Referred	Arcraft Referral

GPO: 2013

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