#### **B.** Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? 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 **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. **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. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS **UNITED STATES HOUSE OF REPRESENTATIVES 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, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS A. Did you, your spouse, or your dependent child: Name: VCOT 2013 FINANCIAL DISCLOSURE STATEMENT REPORT TYPE FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the b. Make more than \$200 in unearned income from any reportable asset during the reporting period? end of the reporting period? or X U.S. House of Representatives 2013 Annual (Due: May 15, 2014) Member of or Candidate for State: District: **63** š X Yes Yes ×es No Yes Daytime Telephone: 202-225-5836 Amendment Š Z 몽 For Use by Members, Officers, and Employees **G.** Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single 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? 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 reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any Form A Employee Officer or Employing Office: Termination Date: Page 1 of 6 U.S. HOUSE OF THE CLERK LEGISLATIVE RESOURCE CENTER 2014 JUL 29 PH 2: 43 Office Use Only Yes Yes Yes Yes Yes Yes Yes No Š Š ᆼ 중 Š 중

X

X

X

# SCHEDULE A - ASSET

|   | TS & "UNEARNED INCOME"   |
|---|--------------------------|
| 2 | Name: Scott Gordon Perry |
|   | Page a of ()             |

| , J  |  | <br>₩                   | For bank an in all interes \$5,000, list with more than \$5,000, list more than \$5,000, list more that a provide a rental proper for an owner that is not business, 1 geographic geographic geometric fromes and income duril interest in, retirement p if you have Excepted in the poor.  If you so of income so of the for a dependent of the for a defendent and income so of the for a defendent for a defen | Provide<br>(do not<br>For all<br>401(k)   | Ass<br>Identify (a<br>production<br>exceeding<br>and (b) au<br>income the  |          |   |
|--|--|-------------------------|---|---|--|----------|---|
| CONTROL OF THE PROPERTY OF THE | Examples: Simon & Schuster  ABC Heage Fund X | SP Mega Corp. Stock EIF | 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 interest 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 thomes and vacation homes (unless there was rental increast in, or income derived from, a federal increme during the reporting period); and any financial increast in, or income derived from, a federal retirement program, including the Thrift Savings Plan, if you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held 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.   | Provide complete names of stocks and mutual funds (do not use only 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. | Asset and/or income source identify (a) each asset held 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.  | BLOCK A  |   |
|  |  | R*168                   | None  |   | Indicativaluativaluatiused. If an abecaus  |          |   |
|  | 軸  |                         | \$1,001-\$15,000  | you have no interest  | e value<br>on methu<br>sset wa<br>se it geno   |          |   |
| <b>X</b>   | Indefinite                                   | ×                       | \$55.001.\$100,000  | erest.  | Value of Asset Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please 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   | •        |   |
|  |  |                         |   |   | alle o<br>close of<br>fair mar<br>g the re<br>s, the vair  | E BEO    |   |
|  | ×  |                         | \$250,001-\$500,000   |   | Value of Asset t close of the report an fair market value, and fair market value, fing the reporting period by your spouse or  | BLOCK B  |   |
|  |  |                         | \$1,000,001-\$5,000,000   | <u>.</u>  | e, please<br>e, please<br>period a<br>fd be "No  |          |   |
|  | 107 85                                       | (4)                     | \$25,000,001-\$50,000,000 ::  | 1   | period. If a specify and is in one."   |          |   |
|  | Carl Car                                     | 0.20                    | Company of the Compan    |   | t you us<br>the men  |          |   |
| ase also been seed the said  |  |                         | Spouse/DC Asset over \$1,000,000*   |   |  |          | ł |
|  |  | ×                       | DIVIDENDS   | period.   | Check all generate to 529 accoum. column. even if references   |          |   |
|  |  |                         | INTEREST  |   | columns the columns the columns of t | ,        |   |
|  |  |                         | EXCEPTED/BLIND TRUST  |   | Check all columns that apply. For ac generate tax-deferred income (such as 40 529 accounts), you may check the "1" column. Dividends, interest, and car even if reinvested, must be disclosed for assets held in taxable accounts. Of reasest sheld in taxable accounts.   | BLOCK C  |   |
|  |  |                         |   |   | For For Such as such a |          |   |
|  | Partnership                                  | Povelline               | Other Type of Income (Specify: e.g., Partnership Income or Farm Income)   |   | check all columns that apply. For accounts that generate tax-deferred income (such as 401(%), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income even if reinvested, must be counts. Check "Nore" for assets held in taxable accounts. Check "Nore" if the asset negretated no income during the reporting  |          |   |
|  |  |                         |   | 4 0 4 6   |  |          | 1 |
|  | (157) P./C                                   |                         | \$1-\$200<br>\$30-\$4,000   | *Column XII is for assets held be child in which you have no interest   | For assets for which y may check the "None category of income Dividends, interest, must be disclosed accounts. Check repersised.   |          |   |
|  |  | ×                       | \$1,001-\$2,500   | s for assouthave  | which you check e "None" column ncome by chec iterest, and ca closed as ince check "None"  | >        | L |
|  |  |                         | \$5,001-\$15,000  | sets held   | tount to check column, y check and cap is incol None   | <u> </u> |   |
|  |  |                         |   | d by yo   | Amount or income hypu checked Tax-Deferre ne" column. For all other is e by checking the approp st, and capital gains, ev st, and capital gains, ev st and income for assets k "None" if no income   | BLOCK D  |   |
|  |  |                         | \$50,001-\$100,000<br>\$1,000,001-\$5,000,000   | spouse  |  |          |   |
|  |  |                         | Come should be s    | r depender  | d" in Block C, you ssets indicate the priate box below. an if reinvestath held in taxable was earned or  |          |   |
|  |  | S(part)                 | blank if there are no transactions that exceeded \$1,000.   |   | Indicate if the easset had v. purchases (P), sales (S), or exceeding \$1,000 in the reporting  | BLOCKE   |   |

| DI OOK V                           | ם אייי ס  | al OCK C  | - 0 00K D                |
|------------------------------------|---|---|--------------------------|
| BLOCK A Asset and/or Income Source | BLOCK B Value of Asset  | BLOCK C Type of Income  | BLOCK D Amount of Income |
| None > \$1,001-\$15,000 C          | \$50,001-\$100,000 m  \$100,001-\$200,000  \$250,001-\$500,000  \$1,000,001-\$5,000,000  \$250,000,001-\$50,000,000  \$250,000,001-\$50,000,000 | Spouse/DC Asset over \$1,000,000*  SCHEE  DIVIDENDS  REST  INTEREST  CAPITAL GAME  EXCEPTED/BLIND TRUST  ANALYSISSES  Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | \$1-\$200 = \$1-\$200    |
| ASSET NAME                         |   |   |                          |
| X paudoglock und sound la          |   |   |                          |
| Marg-Andread                       |   | X   | X                        |
| Vandvard-Lift Strakey              |   | <b>X</b>  |                          |
| X STATES 1967. SPENETION           |   | <b>×</b>  | <b>X</b> :               |
| ነ <u>ረነ</u>                        |   |   |                          |
| 321                                |   | <b>X</b>  |                          |
| 7                                  |   |   | X:                       |
|                                    |   | <b>×</b>  | X                        |
| COM Fy                             |   | X   | X                        |
| S<br>U                             |   |   |                          |
| X Stary West Consultation          |   |   |                          |
| With mesting the X                 |   |   |                          |
| Hydrotech Herwinal Savies          |   |   |                          |
| nklintown, PA                      |   |   |                          |
|                                    |   |   |                          |
|                                    |   |   |                          |

## **SCHEDULE C - EARNED INCOME**

| 7 | Name: Scott Gordon Perry |
|---|--------------------------|
|   | Page 4 of 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) 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.

| types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were | totally prohibited.                          |                     |
|--|--|---------------------|
| Source (include date of receipt for honoraria)   | Туре   | Amount              |
| Keene State  State of Maryland   | Approved Teaching Fee<br>Legislative Pension | \$6,000<br>\$18,000 |
| Ontario County Board of Education  | Spouse Speech Spouse Salary                  | \$1,000<br>N/A      |
| Golden Living/AcgisTherapies Plano, TX   | Spouse Salary                                | NIA                 |
| Pennsylvania State Employee Retirement System  | State Retirement                             | \$15,597.66         |
|  |  |                     |
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### SCHEDULE D - LIABILITIES

Name: Scott Gordon 797 Page 5 <u>|</u>

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. \*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 Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000.

|         |                                  |  |  | B       | D         | Amo                   | unt of                | Amount of Liability   |
|---------|----------------------------------|--|--|---------|-----------|-----------------------|-----------------------|-----------------------|
| DC 17.  | Creditor                         | Date<br>Liability<br>Incurred<br>MO/YR | Type of Liability                      | 310,001 | \$15,001- | \$15,001-<br>\$50,000 | \$15,001-<br>\$50,000 | \$15,001-<br>\$50,000 |
| Example | First Bank of Wilmington, DE     | 5/98                                   | Mortgage on Rental Property, Dover, DE |         |           | ×                     | ×                     | ×                     |
|         | Setens Inc.<br>Grand Roads, MI   | 11/03                                  | Hertgoge on Narnsburg, HI              |         |           |                       |                       |                       |
|         | Suntrust Mortgage                | 101                                    | Hortgage on Dillsburg (PH              |         | eus Va    |                       |                       | <b>X</b>              |
|         | Hembers 1 # FUU<br>Houghton M.F. | 9/10                                   | Hotogode on Atronia by                 |         |           |                       |                       |                       |
|         | Hemberts 12 Federal Credit       | 6) IZ                                  | Personal Line Of                       |         | i ka      |                       |                       |                       |
|         | Whem ber's 1st Federal Crisist   | 51074                                  | Personal Line of                       | 1000    |           | X                     | X                     |                       |
| ₽ .     | SCHEDULE E - POSITIONS           |  | 1                                      |         |           |                       |                       |                       |

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 officer than the United States. Exclude: Positions labor organizations, or educational or other institution officer than the United States. Exclude: Positions labor organizations); and positions solely of an honorary nature.

| Position            | Name of Organization                |
|---------------------|-------------------------------------|
| Secretary Treasurer | Hydrotech Nechanical Services. Inc. |
|                     |                                     |
|                     |                                     |
|                     |                                     |
|                     |                                     |
|                     |                                     |

### **SCHEDULE F - AGREEMENTS**

| t that you have with respect to: future employment; a leave of absence during the period of government service; | 2 | Name: Shott Gordon Perry |
|---|---|--------------------------|
| of government service;  |   | Page (0 of(0             |

Identify the date, parties to, and general terms of any agreement or arrangement that you have 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.

|  |  |                  | 3-8-13  | Date                 |  |
|--|--|------------------|---|----------------------|--|
|  |  | land Leave Leave | 3-8-13 Scott 6 Perniand Fennsylvania State        | Parties to Agreement |  |
|  |  | 1 2 100          | Continued participation in the Pennsylvania State | 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 rule.

| Source                                   | Description  | Value |
|--|--|-------|
| Example: Mr. Joseph Smith, Arlington, VA | Silver Platter (determination of personal friendship received from the Ethics Committee) | \$400 |
|  |  |       |
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