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 benefiting you, your spouse, or a dependent child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF	Each question in this part must be answered and the appropriate schedule attached for ea	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No X If yes, complete and attach Schedule III.	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? Yes X No III yes, complete and attach Schedule V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	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? Yes X No II. 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.	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	Office:	the State: Nebraska 3rd Date of May 13, 2014 Check if resentatives District: Election: Hay 13, 2014 Check if		Name: Thomas R. Brewer Daytime Telephone:	FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 Jan 2, 2014 For use by candidates and new employees
ndent child Yes	Yes	EACH OF THESE QUESTIONS	attached for each "Yes" response.	XX0 from Yes	ement Yes	re the date Yes		more than 30 days late.	A \$200 penaity shall be assessed against any individual who files	(Office Use Only)	U.S. HOUSE OF REPRESEN	LEGISLATIVE RESOURCE CENTER Pege 1 of 2014 FEB - 7 PM 1: 07 OFFICE OF THE CLERK
×	×	NS NS		×	× ×	×			who files		1 A L 2	Page 1 of

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Thomas R. Brewer Page N 9

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.

						City of Grand Island, NE	The Insurance Co State of Pennsylvania Claimant, Brewer, Thomas R.	The Insurance Co State of Pennsylvania Claimant, Brewer, Thomas R.	Harris County, Texas Public Schools		First Bank & Trust, Houston, TX	XYZ Corporation, Houston, TX	שיים כי (וויאמים ממים כי ופכפוף: כי ויאויסימומ)	Source (include date of receipt for honoragia)	
				<i>(</i>		refund - Zombie Shoot	disability mileage to appts (non-tax)	medical disability (non-tax)	Spouse Salary	Honorarium	Director's Fee	Salary	1)00	Tuna	
	4					\$0	\$0	\$37.04	NA	0	\$400	\$6,300	Current Year to Filing	Amount	
						\$ 600.00	\$5,\$10.53	\$67,531.72	NA	\$1,000	\$3,200	\$28,450	Preceding Year	yunt	

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

ŝ ફ 8 SP. For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi-"nental property," and the city and state. 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. spome source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT). If you so choose, you may indicate that an asset or ing \$5,000 or less in personal checking or savings Exclude: Your personal residence, including second provide a complete address or a description, For rental or other real property held for investment, provide a complete address or a description, e.g., reportable asset or sources of income which generated more than \$200 in "uneamed" income during the year. identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at please refer to the instruction booklet For a detailed discussion of Schedule II requirements in the optional column on the fair left. accounts; and any financial interest in, location in Block A. (do not use ticker symbols). Provide complete names of stocks and mutual funds the end of the reporting period, and (b) any other served from, a tederal retirement program, including ricome during the reporting period); any deposits totaltermes and vaca tess, the nature of its activities, and its geographic Examples: American Equity Investment LI Company American Equity Investment LI Company Asset and/or Income Source Pioneer Investments - Roth IRA SP tion homes (unless there:was rental Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY accounts BLOCK A or income by your spouse or dependent child. it generated income, the value should be "None." If an asset was sold during the report-None please specify the method used. reporting year. If you use a valuation This column is for assets solely held ing year and is included only because method other than fair market value, Indicate value of asset at close of \$1 - \$1,000 8 × C Indefinite \$1,001 - \$15,000 × 0 \$15,001 - \$50,000 Value of Asset \$50,001 - \$100,000 П **BLOCK B** × \$100,001 - \$250,000 T G \$250,001 - \$500,000 \$500,001 - \$1,000,000 I \$1,000,001 - \$5,000,000 Ç. \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 Over \$50,000,000 _ Z Spouse/DC Asset over \$1,000,000 NONE × during the reporting period closed as income. Check "None" "Tax-Deferred" column, Dividends Check all columns that apply. For if the asset generated no income if reinvested, must be displans or IRAs), you may check the deferred income (such as 401(k) investments or that generate taxallow you to choose specific retirement accounts that do not interest, and capital gains, even **DIVIDENDS** Type of Income RENT BLOCKC INTEREST **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED × × × Other Type of Income (Specify: e.g., Partnership Income or Farm Income) × × None × * This column is for income derived from assets solely held by your spouse or dependent child. income. Check "None" if no income was earned or generated. and capital gains, even if reinvested, must be disclosed income by checking the appropriate box below. Dividends, interest, check the "None" column. For all other assets, indicate the category of For assets for which you checked "Tax-Deferred" in Block C, you may = \$1 - \$200≡ \$201 - \$1,000 ₹ \$1,001 - \$2,500 **Current Year** \$2,501 - \$5,000 < \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × Amount of Income × \$1,000,001 - \$5,000,000 × Over \$5,000,000 BLOCK D ≚ Spouse/DC Income over \$1,000,000 × × None _ × \$1 - \$200 = \$201 - \$1,000 ፷ × Preceding Year ₹ \$1,001 - \$2,500 < \$2,501 - \$5,000 VI VIIVIII \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 ⋝ \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × × Over \$5,000,000 98 Spouse/DC Income over \$1,000,000

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Thomas R. Brewei

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														Other Type of Income(Spec		T)		_
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SCHEDULE III — LIABILITIES

Name Thomas R. Brewer Fage ___ of ___

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 owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 a spouse, or the child, parent, or sibling 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.

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	s	s.				SP, DC, JT	
			, ²		Example:		
			none		Example: First Bank of Wilmington, DE	Creditor	
					May 1998	Date Liability Incurred mo/year	
			поле		Mortgage on 123 Main Street, Dover, DE	Type of Liability	
						\$10,001— \$15,000	
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		<u> </u>				Liability over ス \$1,000,000	

SCHEDULE IV — POSITIONS

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, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

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.	nawe.
	Position	Name of Organization
•		
	none	none

SCHEDULE V -- AGREEMENTS

	Thomas R. Brewer	
Page — of —		

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.

	City breath transmission with a control company of	
Date	Parties To	Terms of Agreement
	попе	none
*		

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.

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		Example:		information and a
none		Doe Jones & Smith, Hometown, Homestate	Source (Name and Address)	lowgrazou by lan. Do not reposit mitorimator motor on outreams :
none		Accounting services	Brief Description of Duties	