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UNITED STATES HOUSE OF REP FINANCIAL DISCLOSURE STATE Period covered: January 1, 2012 -	OF REPRESENTATIVES STATEMENT 이2 - 그녀나 11, 2013	FORM B For use by candidates and	)RM B tes and new employees	Page 1 of L	Page 1 of 4
Name: Jeffrey	Lamar Chapman	Daytime Telephone:	9.5	U.S. HOUSE of All All	; ; ;
Filer Candidate for the House of Representatives  Status New officer or employee	e State: SEOTG I Q sentatives District: TICS+ Employing Office:	Date of <u>07-15-2014</u>	Check if A \$200 ps Amendment against a more than	A <i>\$200 pensity</i> shail be assessed against any individual who files more than 30 days late.	assessed who files
In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSW	1 0	ANSWER EACH OF THESE QUESTIONS	-		
<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or less) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>	income (e.g., salaries or the reporting period? Yes	No III IV. Did you hold any reports of filing in the current calend if yes, complete and attact	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 yea, complete and attach Schedule IV.	Yes	S S
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.	t child receive "unearned"  ng period or hold any ) at the end of the period?  N.	V. Did you have any reportable agreemen with an outside entity? If yes, complete and attach Schedule V.	<ul> <li>V. Did you have any reportable agreement or arrangement with an outside entity?</li> <li>If yes, complete and attach Schedule V.</li> </ul>	<b>6</b>	S S
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.	t child have any report- the reporting period? Yes	VI. Did you receive compen a single source in the two property and attact	compensation of more than \$5,000 from ne the prior years?  nd attach Schedule VI.	₩   	S No
Each question	Each question in this part must be answered and the appropriate sch		edule attached for each "Yes" response	response.	
EXCLUSION OF SPOUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION		ANSWER EACH OF THESE QUESTIONS	QUESTION	(C)
TRUSTS—Details regarding "Qualit disclosed. Have you excluded from	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain othe disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a depe	ittee on Ethics and certain other "excepted ting you, your spouse, or a dependent child?	r "excepted trusts" need not be ndent child?	¥ <sub>8</sub>	<b>₹</b>
EXEMPTION — Have you excluded because they meet all three tests to	<b>EXEMPTION</b> —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.	arned" income, transactions, or liabilities s you have first consulted with the Com	abilities of a spouse or dependent child he Committee on Ethics.		<b>₹</b>

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Jeffrey \_amac naoman Page 2 of 4

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.

Exclude: Military pay (such as National Guard or Heserve pay), federal retirement programs, and benefits received under the Social Security Act.	rement programs, and benefits re	ceived under the Social S	Security Act.
Source (include date of receipt for honoraria)	Туре	Amount	
		Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Fxamples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	. NA
State of Georgia	Salary	4888.00	Ø
TRA	Distribution	Q	40,000.00
Woodman of the World	Distribution	Q	19,241.00
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			lewc		FR	[Rf	_	Examples:	S	Exclude: Your personal residence, including second fromes and vacation homes (unises there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings secounts; and any financial interest in, or income derived from, a federal refirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouss (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.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi- ness, the nature of its activities, and its geographic location in Block A.	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.	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	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 "unearmed" income during the year.	BLOCK A  Asset and/or income Source
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				Δ_			8			None	ದ∓ಹ ➤	1		_		
ı										\$1 - \$1,000	<b>.</b>	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	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.	
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								Ì		(Specify: e.g., Partnership Income or Farm Income)	1			ŠŠ	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))	
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							ب			\$15,001 - \$50,000	Current Year	1	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.	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</b>	
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## SCHEDULE III — LIABILITIES

Name Jeffrey Lamar Chapman

Page H of H

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 furnitively. 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 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.

Creditor   Date   Liability   Type of Liability   Type of Liability	SP, DC, JT					
Type of Liability   Amount of Liability			Ø.			
\$10,001— \$15,000 \$.  \$15,001— \$50,000 \$250,000 \$3250,000 \$1 \$250,000 \$1 \$250,000 \$1 \$250,000 \$1 \$250,000 \$1 \$250,000 \$1 \$250,000 \$1 \$250,000,0	Date Liability Incurred mo/year	May 1998				
\$15,000	Type of Liability					
\$50,000	5,000		-			
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## 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 offiany 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

and positions solely of an honorary nature 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 inclinary rigidity.	
 Position	Name of Organization
President	J. L. Chaoman Co Inc