S □	Yes	pendent child	vilities of a spouse or dependent child Committee on Ethics.	"unearned" income, transactions, or liabilitie unless you have first consulted with the Co	arned" income, is you have firs	er assets, "une wer "yes" unles	n this report any othe emption? Do not ans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	EXEMPTION -because they n
No C	Yes	ot be	excepted trusts" need not be lent child?	and certain other "excepouse, or a dependent	nittee on Ethics ling you, your s	d by the Comm a trust benefit	Blind Trusts" approve report details of sucl	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS—Det disclosed. Have
S	QUESTIONS	EACH OF THESE	ANSWER EACH O	1	T INFORM	OR TRUS	DEPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIO
	response.	each "Yes"	le attached for	propriate schedu	and the ap	e answered	this part must b	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	
8	Yes 🔲	\$5,000 from	nmpensation of more than \$5,000 from two prior years?	VI. Did you receive compo a single source in the two If yes, complete and atta	8	Yes 🔼	ild have any report- reporting period?	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.	III. Did you, your able liability (mor lif yes, complete
8	es C	rangement	eportable agreement or arrattach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	8	Tes D	ld receive "unearned" eriod or hold any the end of the period?	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.	II. Did you, your income of more t reportable asset If yes, complete
\	Yes	xefore the date	eportable positions on or becalendar year or in the prio	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.	No	Yes 🗹	ome (e.g., salaries or reporting period?	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 1.	I. Did you or you fees) of \$200 or I
\				9F THESE QUESTIONS	OF THESE	ANSWER EACH	l å	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW	PRELIMINA
assessed who files	A <i>\$200 penalty</i> shall be a against any individual version more than 30 days late.	A <i>\$200 per</i> against an more than	Amendment	6/24/14	Election:	Office:	atives District:	House of Representatives New officer or employee	Filer Status
	(Office Use Only)	8		Dayume relephone:	Dayume		S WILLIAM S	4 6	Name: /
RK	DEFICE OF THE CLERK HOUSE OF REPRESENTATIVES	SOH'S	,	Felosboso		1	11/100	James &	//
Page 1 of _4 E CENTER 2: L	Page 1 of LECUSLATIVE RESOURCE CENTER 2014 HAR IO PM 2: IL	3011 	B nd new employees	FORM B For use by candidates and new employees	Fo	TIVES	REPRESENTA TATEMENT - PONUMA	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1.20 1 - 120 10 10 10 10 10 10 10 10 10 10 10 10 10	FINANCIAI Period cover

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name SARA SO Page

, 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) 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.	rement programs, and benefits re	eceived under the Social	Security Act.
Solings (include date of receipt for honoraria)	Type	Amount	unt
Source (include date of receipt for florioraria)	- ype	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
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
/ Harris County, Texas Public Schools	Spouse Salary	NA	NA
New YORK Semale on	Sa/aky	\$91302 3	87.332 2
New York (Paralle (12k diem)	ese ment	343,000° 5	12305 P
		,	
			77.1

	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	n (r) n / 0		Examples:	SP Mega Corp. Stock	homes and vacation homes (<i>unless</i> 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.	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 focation 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 "unearned" income during the year.	Asset and/or Income Source	BLOCK A
			×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		B C D E F G H - J K L M	by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report-	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.	Value of Asset	BLOCK B
			 ×	Royaties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		during the reporting period.	interest, and capital gains, even if reinvested, must be dis- closed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	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)	Type of Income	BLOCK C
			×	×	X	None \$1 - \$200 \$201 - \$1,000 \$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 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500		Current Year		* 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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as	Amount of Income	BLOCK D
			×	×		\$2,501 - \$5,000 \$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 Spouse/DC Income over \$1,000,000*		ceding Year		ets solely held by your	ed or generated.	necked "Tax-Deferred" in Block C, you may or all other assets, indicate the category of propriate box below. Dividends, interest, if reinvested, must be disclosed as		

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Addiano Espar

Page 4 of 4

,	-(0	<u>_</u>																
	SP,	Ţ,	8															
Asset and/or Income Source				/	Nave													
	>			None		+							-					
			20	\$1 – \$1,0			 										-	
				\$1,001 -		_												
	Ö			\$15,001 -		_	1	-										
≨	ш					+	╂	 								_		
<u> </u>			\$100,000				 	ļ								 		
e of As			- \$250,000				-	ļ			<u> </u>					-		
=	<u> </u>		- \$500,000			-	 	-								-	-	<u> </u>
Value of Asset	エ		\$1,000,000		_	\bot	 	 								ļ	ļ	
<u>se</u>			1 - \$5,000,0													ļ	ļ	
	۲		1 – \$25,000			 	-	ļ							ļ	ļ	ļ	
		,000	01 – \$50,00			4_				<u> </u>						ļ		
				Over \$50.			↓	<u> </u>								<u> </u>		
	000* ≤	1,000,0	C Asset over	Spouse/D	}											ļ		
				NONE														
4			DS	DIVIDEN				<u> </u>						<u> </u>		ļ		
Ş				RENT														
0			Т	INTERES														
e of Inco			GAINS	CAPITAL														
2		UST	D/BLIND TF	EXCEPTI			T											
Type of Income	-		ERRED	TAX-DEF														
9	cifv: e.a	(Spec	pe of Income			\top		†		-								
			ip Income or F															
	,						1				<u> </u>					-	 	
	1			None			 	 										
	i I	=	000	\$1 - \$200				ļ									ļ	
	1	≝		\$201 - \$1			1	<u> </u>		ļ					ļ	<u> </u>	ļ	
	5	N		\$1,001 - \$				ļ								ļ	ļ	
	1 3 1	<		\$2,501 - \$			ļ	ļ		ļ				ļ	ļ	<u> </u>	<u> </u>	
	3	≤		\$5,001 - \$				ļ							ļ	ļ		
	7	≦		\$15,001 -			1	ļ						ļ	ļ	<u> </u>		
	Current Year	XI IIIA IIA		\$50,001 -				_					,			<u> </u>	ļ	
₽			- \$1,000,000					<u> </u>	<u> </u>	<u> </u>							ļ	
ᅙ		×	- \$5,000,000	\$1,000,00				ļ	ļ					ļ	ļ	ļ	ļ	
5		×	0,000	Over \$5,00						1					<u> </u>	ļ	<u> </u>	
ō		∞• ≚	come over \$1,000,	Spouse/DC In														
int of In		+		None														
ក្ត	1 1	=		\$1 – \$200														
Amount of Income	_	=	000	\$201 - \$1														
ō	Preceding	₹	2,500	\$1,001 - \$			1	1								T		
	l g	<	5,000	\$2,501 - \$	 	1		1	ļ					<u> </u>		1		
	e d			\$5,001 - \$			†	1	<u>† </u>	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>	 	†	1	
	ו בַּן ן	XI IIIA IIA IA		\$15,001	 	+	+	+	†	 	 			 	†	 		
				\$50,001 -	 	+	+-	1			1						<u> </u>	
	Year	=	- \$1,000,000		+	 	+	-	1	 	-		<u> </u>	 	 	 	 	
			- \$5,000,000	1		+-	+	 	<u> </u>	1	 		_	 	+	\vdash		\vdash
					-	+-	+	+		 	+	+	+					
		<u>×</u>		Over \$5,00			+	 	 	1	 		 			 	 	
		∞ ≚	come over \$1,000,	Spouse/DC In		- 1	_L	1	1	1	I	Ì	1	I	1	1	l	1

This page may be copied if more space is required.

SCHEDULE III — LIABILITIES

Name Adlano Espaulat

Page S of

owed 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. 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 sib-

					SP, DC, JT	İ
			Toyata Fragnois Services	Example: First Bapk of Wilmington, DE	Creditor	
		-	1/31/hd	May, 1998	Date Liability Incurred mo/year	
			1 CASUL cohico	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
İ					\$10,001— \$15,000	
			×		\$15,001— \$50,000 D	
					\$50,001— \$100,000 O	
				×	\$100,001— \$250,000 □ \$250,001—	
				L	\$500,000 III \$500,001—	Amou
	:			_	\$1,000,000 T \$1,000,001—	라오드
	 				\$5,000,000 \$5,000,001— _	Amount of Liability
	 				\$25,000,000 <u></u> \$25,000,001— \$50,000,000 <u></u>	~
					Over \$50,000,000	
					Spouse/DC Liability over ス \$1,000,000	

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-

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);

the property of the second second second second		
Position		Name of Organization
board non SM	[[] [] RU AM) 1	DOMINGIAN KENNEDIC Education Assistance + McMoring hos

SCHEDULE V — AGREEMENTS

Name Admino Espan/A

Page(g of G

	•		tood Polm	Date	Identify the date, service; continua efit plan maintain
			myself+N4s	Parties To	identify the date, parties to, and general terms of any agreement or arrangement with respect to: future emploservice; continuation or deferral of payments by a former or current employer other than the U.S. Governments plan maintained by a former employer.
		Af Ago 68. Registration #38380437	legistation of an inditermined smouth	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

GPO: 2013

78-995 (mac)