

**HAND
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**UNITED STATES HOUSE OF REPRESENTATIVES
2014 FINANCIAL DISCLOSURE STATEMENT**

Form A
For Use by Members, Officers, and Employees

Name: FILEMON VELA

Daytime Telephone: 202-225-9901

FILER STATUS	<input checked="" type="checkbox"/> Member of or Candidate for U.S. House of Representatives	State: <u>TX</u> District: <u>34</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
REPORT TYPE	<input checked="" type="checkbox"/> 2014 Annual (Due: May 15, 2015)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 your dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Use additional sheets if more space is required.

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Use additional sheets if more space is required.

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Capital Gains. If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

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SCHEDULE D - LIABILITIES

Name: FILEMOND VERA

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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 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 you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
JT	PLAINS CAPITAL BANK	1/2010	THE LIABILITIES LA				X							
JT	PLAINS CAPITAL BANK	6/2011	Personal Note						X					
JT	PLAINS CAPITAL BANK	3/2008	Personal Line Credit				X							
SP	CLEM LYONS	5/2013	LEARN TO RHOODES VERA LTD					X						
JT	American Express	8/2012	CREDIT CARD	X										

SCHEDULE E - POSITIONS

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 other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
LIMITED PARTNER	STATES KENNEDY BUILDING LTD
LIMITED PARTNER	THE PROOFHOLERS LP

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: FILEMONO VELA

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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 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 you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
JT	INDY MAC BANK	3/2008	GLENNVIEW PLAZA #12ND COLUMBIA HOUSE				X							
JT	PLATONUS CREDIT BANK	4/2011	375 GLENNVIEW AVE BIRMINGHAM, AL				X							

SCHEDULE E - POSITIONS

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 other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization

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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.

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SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your 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 \$150 or less need not be added towards the \$375 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

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EXCLDUE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Use additional sheets if more space is required.

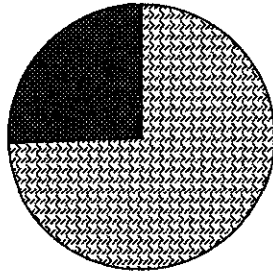
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Exhibit "A"

How is my account invested?



74.39% Bond
25.61% Balanced

	<u>Beginning Balance</u>	<u>Deposits</u>	<u>Change in Value</u>	<u>Transfers</u>	<u>Withdrawals /Expenses</u>	<u>Ending Balance</u>	<u>Ending Units/ Shares</u>
Balanced							
Vanguard Wellington Adm	59,622.27		1,888.74		-11.24	61,499.77	909.625
Bond							
BlackRock Bond Index Fund	175,579.91		3,114.83		-32.89	178,661.85	14,612.509
Totals	235,202.18		5,003.57		-44.13	240,161.62	

Who are my beneficiaries?

<u>Type</u>	<u>Name</u>	<u>Relationship</u>	<u>Percent</u>	<u>Address</u>
Primary	Fileman Vela Jr	Spouse	100.00%	

What activity took place this period?

	<u>Effective Date</u>	<u>Dollar Amount</u>	<u>Investment Option</u>	<u># Units /Shares</u>	<u>Unit/Share Price</u>
Expenses					
Account Admin Fee	Oct 08, 2014	-3.71	Vanguard Wellington Adm	-0.054	68.590
Account Admin Fee	Oct 08, 2014	-11.00	BlackRock Bond Index Fund	-0.907	12.122
Account Admin Fee	Nov 04, 2014	-10.97	BlackRock Bond Index Fund	-0.905	12.117
Account Admin Fee	Nov 04, 2014	-3.74	Vanguard Wellington Adm	-0.054	69.430
Account Admin Fee	Dec 04, 2014	-10.92	BlackRock Bond Index Fund	-0.897	12.175
Account Admin Fee	Dec 04, 2014	-3.79	Vanguard Wellington Adm	-0.053	70.990
Total Expenses		-44.13			

EXHIBIT B

FBO ROSEMARIE VELA

Account Number: 608-11189

24-Hour Assistance: (800) MERRILL
Access Code: 63-682-1189**ACCOUNT INVESTMENT OBJECTIVE**

November 29, 2014 - December 31, 2014

INCOME: Objective is to obtain a continuing stream of income from investments. In order to satisfy current yield requirements, the investor should be willing to accept the risk of principal loss.

If you have changes to your investment objective, please contact your Financial Advisor(s).

YOUR RETIREMENT ACCOUNT ASSETS

CASH/MONEY ACCOUNTS		Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Est. Annual Yield%
Description							
CASH		0.57	0.57		.57		
+BANK OF AMERICA, NA RASB		7.00	7.00	1.0000	7.00		.01
+FIDC INSURED NOT SPC COVERED							
TOTAL			7.57		7.57		

EQUITIES		Symbol	Acquired	Quantity	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Estimated Current Yield%
Description											
SANDRIDGE ENERGY INC		SD 10/26/11		770	7.5200	5,790.40	1.6200	1,401.40	(4,389.00)		
TOTAL						5,790.40		1,401.40	(4,389.00)		

LONG PORTFOLIO		Adjusted/Total Cost Basis	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Estimated Current Yield%
TOTAL		5,797.97	1,408.97	(4,389.00)		

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EXHIBIT 11C

FBO FILMION B VELA JR

Account Number: QJB-11224

24-Hour Assistance: (800) MERRILL
Access Code: 63682.11224

ACCOUNT INVESTMENT OBJECTIVE

November 29, 2014 - December 31, 2014

TOTAL RETURN: Objective is to strike a balance between current income and growth. Despite the relatively balanced nature of the portfolio, the investor should be willing to assume the risk of price volatility and principal loss.

If you have changes to your investment objective, please contact your Financial Advisor(s).

YOUR RETIREMENT ACCOUNT ASSETS

CASH/MONEY ACCOUNTS		Total	Estimated	Estimated	Estimated	Estimated	Est. Annual
Description	Quantity	Cost Basis	Market Price	Market Value	Annual Income	Yield%	
+BANK OF AMERICA NA RASP	955.00	955.00	1.0000	955.00		.01	
+FIDC INSURED NOT SIPC COVERED							
(1800 FRACTIONAL SHARE)	.18		1.0000	.18		.01	
TOTAL		955.18		955.18		.01	

EQUITIES		Symbol	Acquired	Quantity	Unit	Cost Basis	Total	Estimated	Estimated	Estimated	Unrealized	Estimated	Estimated	Current
Description							Cost Basis	Market Price	Market Value	Annual Income	Gain/(Loss)	Annual Income	Yield%	
PETROLEO BRAS SA ADR	PBR.A	01/27/09	270	20.8789		5,637.31	7.5800	2,046.80	(3,590.71)					
SANDRIDGE ENERGY INC	SD	10/25/11	755	7.8895		5,956.59	1.8200	1,374.10	(4,582.49)					
TOTAL						11,593.90		3,420.70	(8,173.20)					

LONG PORTFOLIO		Adjusted/Total	Estimated	Unrealized	Estimated	Estimated	Current
		Cost Basis	Market Value	Gain/(Loss)	Annual Income	Yield%	
TOTAL		12,548.08	4,375.88	(8,173.20)			

YOUR RETIREMENT ACCOUNT TRANSACTIONS

DIVIDENDS/INTEREST INCOME TRANSACTIONS				Income	Year To Date
Date	Transaction Type	Quantity	Description		
	Subtotal (Tax-Exempt Dividends)				240.25
NET TOTAL					240.25

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