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? 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 exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: WILLIAM BLAING LUCTRUBYET 2014 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES **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. reporting period? this report details of such a trust that benefits you, your spouse, or your dependent child? 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 IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS REPORT TYPE FILER STATUS end of the reporting period? or b. Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the asset during the reporting period? X U.S. House of Representatives 2014 Annual (Due: May 15, 2015) Member of or Candidate for District: State: Myssouru Yes | ž × Yes Yes Yes No **Daytime Telephone:** <u>×</u> ₹ Amendment š 몽 중 For Use by Members, Officers, and Employees X X **G.** Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar H. Did you, your spouse, or your dependent child receive any year up through the date of filing? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" lieu of paying you for a speech, appearance, or article during the reporting period? Did any individual or organization make a donation to charity in reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? source during the reporting period? Form A Employee Officer or Employing Office: Termination Date of Termination: U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTE 2015 MAY 12 AM 11:28 (Office Use Only) PLIVE GRADE Υes Yes Yes Ύes Yes Yes ¥es <u>×</u> ĕ Š Š

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Mera, MU	TT St. GUZABBTH DAICS	JT SP Mega Corp. Stock Smon & Schuster Exemples: Smon & Schuster ABC Hedge Fund		For ential 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 homes and vacation homes (unless there was rental income during the reporting period); and any financial interest 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.	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.	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. 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.
	Haces II.C	ndefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$1,000,000 \$500,001-\$1,000,000 \$500,001-\$1,000,000 \$500,001-\$5,000,000 \$500,001-\$5,000,000 \$500,001-\$5,000,000 \$500,001-\$5,000,000 \$500,001-\$5,000,000 \$500,001-\$500,000,000 \$500,001-\$500,000,000 \$500,001-\$500,000,000 \$500,001-\$500,000,000 \$500,001-\$500,000,000	# # # # # # # # # # # # # # # # # # #	Value of Asset Value of Asset If you use a se valuation method other than fair market value, please specify the method year. If an asset was sold during the reporting period and is included only because it generated income, the value should be "Nore." **Column M is for assets held by your spouse or dependent child in which is you have no interest.
	Income	Royalbes Pathership	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income Check all columns that apply. For accounts that a generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, Interest, and capital gains, oven if reinvested, must be disclosed as income for assets held in taxable accounts. Check "tone" if the asset generated no income during the reporting period.
	×	,	×	None \$1,4200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 Spouse/DC Asset with Income over \$1,000,000*		Amount of Income If For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the f category of income by checking the appropriate box below. In Dividends, Interest, and capital gains, even if reinwested, e must be disclosed as income for assets held in taxable if accounts. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest.
			S(part)	P, S, S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate os, please indicate os, follows: (S (part)).

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SCHEDULE B – TRANSACTIONS

Name: WILLIAM BLANE LUBTICENERS

Page 4 of 9

											Marie		Sp Example Mega Corp. Stock	SP.DC, JT Asset	a portion of an asset is said, please choose "partial sale" as the type of transaction. 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. *Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactors between you, your spouse, or dependent children, or the nurchase or sale of your exchange transactors.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting belief of any security or real property held by you, your spouse, or your
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SCHEDULE C - EARNED INCOME

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Page 5 of 9	

					Sporse-Board of DIMENSONS-BANK of Ir ELIMSON		STATE OF MISSOURI		Angrican Jamius Jusuraves	Ontario County Board of Education	Examples: Civil War Roundable (Oct. 2)		Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government 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	
				•	Diascoon Fee		Rangagut Bangat		Renrement Bevern	Spouse Salary	Spouse Speech	Approved Teaching Fee	Type		nment) totaling \$200 or more during the elow. Social Security Act	
	,		,		N/A	•	12,600	4	B.460 =	N/A	\$1,000	\$6,000	Amount	at or above the "senior staff" rate was \$26,955. In addition, certain y prohibited.	t) totaling \$200 or more during the reporting period. For a spouse, list Security Act	

SCHEDULE D - LIABILITIES

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.

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	Example			
Node	First Bank of Wilmington, DE	Creditor		
	5/98	Date Liability Incurred MO/YR		
	Mortgage on Rental Property, Dover, DE	Type of Liability		
		\$10,001~ \$15,000	>	
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		\$25,000,001- \$50,000,000	-	
		Over \$50,000;000	د .	
		Over \$1,000,000* (Spouse/DC Liability)	~	

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.

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SCHEDULE F - AGREEMENTS

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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 leav continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an em
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LEAISEATERS (ETTASMENT BENEFIT	6-08 STATE OF MISSOURI	80-9
Terms of Agreement	Parties to Agreement	Date

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.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal triendship received from the Ethics Committee)	\$400
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Page 8 of 9

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: 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

ute mer.	j		•			
	Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (YIN)	Family Member included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DCBeijing, China - DC	٧	*	z
cxampes:	Habitat for Humanity (charity fundralser)	Mar. 3-4	DC-Boston-DC	٧	*	Y
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.			
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech	Feb, 2, 2014	\$2,000
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FILER NOTES (Optional)

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