UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES		Form A	s, and Employees		HAND of 4	#
Name:	Louie Gohmert	Daytime Telephone:	202	-225-3035 MUS. HOUSE RESOURCE CENT. OFFICE OF THE CLERK U.S. HOUSE RESPONSANTATIVE	2014 MAY , OFFICE C U.S. HOUSE OF	2014 MAY 23 PM 1: 43 OFFICE OF THE CLERK US. HOUSENDE RESPONSIBILITIES	S
FILER	Wethber of or Candidate for State:	lexas /st	Officer or Employee	er or Employing Office:			:
REPORT TYPE	2013 Annual (Due: May 15, 2014)	Amendment		Termination Date:)ate:		
PRELIMIN	PRELIMINARY INFORMATION - ANSWER EACH OF	THESE QUESTIONS					
A. Did you, you a. Own any end of the b. Make moasset dur	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? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period? 	No I	F. Did you have any outside entity during year up through the	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?	rrangement with an the current calendar	Yes No [7
B. Did you, you exchange any exceeding \$1,	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?	No L	G. Did you, your spouse, or your de reportable gift(s) totaling more than source during the reporting period?	ouse, or your dependent child receive any laling more than \$350 in value from a single sporting period?	ild receive any lue from a single	Yes No	7
C. Did you or you honoraria, or pen 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 reporting period?	Yes No	H. Did you, your sporeportable travel or responsible travel or responsible from a	ouse, or your dependent child receive any reimbursements for travel totaling more than a single source during the reporting period?	ild receive any otaling more than eporting period?	Yes	
D. Did you, you liability (more t	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 No	I. Did any individual of lieu of paying you for reporting period?	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?	nation to charity in raticle during the	No No	7
E. Did you hok the current cal	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	m	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	SCHEDULE IF Y	OU ANSWER "Y	ES"
IPO, EXC	IPO, EXCLUSION OF SPOUSE, DEPENDENT, (R TRUST INFOR	DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE	/ER <u>each</u> of th	HESE QUESTIONS	SNC	
IPO - Did you the Committee	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.	il Public Offering during the	reporting period? If you	answered "yes" to this que	stion, please contact	No	7
TRUSTS - De this report deta	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child?	nittee on Ethics and certain		need not be disclosed. Have you excluded from	ve you excluded from	Yes No	7
EXEMPTION tests for exem	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	rned" income, transactions rith the Committee on Ethi	or liabilities of a spouse	or dependent child because they meet all three	e they meet all three	Yes No [4

SCHEDULE C - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. 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. INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	nment) totaling \$200 or more during the reporting period. For a spouse, list elow. Social Security Act. sated at or above the "senior staff" rate was \$26,955. In addition, certain totally prohibited.	reporting period. For a spouse, list was \$26,955. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
	Approved Teaching Fee Legislative Pension	\$6,000 \$18,000
EXAITIDIES: Civil War Roundtable (Oct. 2) Onterio County Board of Education	Spouse Speech Spouse Salary	\$1,000 WA
Christian Women's clob Corps	Some Salary	WN
		. 7.1

SCHEDULE D - LIABILITIES

Name: Louie Gohmert

Page 3 of 4

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 reat property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent tout 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 reporting period exceeded \$10,000. *Column ⊀ is for liabilities held solely by your spouse or dependent child.

comment of the state of the sta	portaons or ma.												
						Ą	Amount of Liability	of Lia	bility				
	D w e		>	8	c	D	m	П	6	Ξ	-	٠.	*
SP, DC, JT Creditor	Date Liability Incurred MO/YR	Type of Liability	\$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				×							
IT Citizens 1st Ank, Tule, Tx	12-2005	Personal			7								
JT Southside Bank Twee Tx	4-2012	Residential Mortgage					7						
IT USDOE	8-2008	Student lours for children	7										
UT AES	2-2011	2-2011 Student Loans for children			7								
JT Rest Buy	9-2013	Personal	7										

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 listed in Schedule C; 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		
Name o		
Name o		. ,
Name o		N/A
	Name of Organization	Position

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

		S
	Name: / Ollip	``
201111151	(30h mer)	ト こ こ
	Page 4 of 4	<i>``</i>

sponsor or were paid by you and reimbursed by the sponsor. identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 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

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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.

	Source	Dete(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member included? (Y/N)
	Covernment of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	۲	۲	z
namaparod.	Habited for Humanity (charity functioner)	Mar. 3-4	DC-Booksy-DC	٧	~	Υ
Herit	Heritage Tourdation	Teb. 7-8	DC-Baltimare - DC	Υ	Y	//
•						