UNITED STATES HOUSE OF REPRESENTATIVES 2013 FINANCIAL DISCLOSURE STATEMENT	For Use by Mem	Form A For Use by Members, Officers, and Employees	DELIVERED 1 of 10
Name: Eni F. H. Faleomavaega Da	Daytime Telephone:	e: 202-225-8577	LEGISLATIVE RESOURCE CENTER 2014 MAY 14 PM 3: 56 0FF102 OF THE CLERK
State:	Samoa		
FILER X Member of or Candidate for State: American Samoa	<u>\ \Sa</u> moa	Officer or Employing Office: Employee	ice:
TYPE X 2013 Annual (Due: May 15, 2014)	Amendment	Termination Date:	on Date:
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? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No	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?	or arrangement with an rin the current calendar Yes No X
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes X exceeding \$1,000 during the reporting period?	No repr	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	nt child receive any Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes X reporting period?	Z o	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	t child receive any ves X No Let totaling more than very totaling period?
D. Did you, your spouse, or your dependent child have any reportable X liability (more than \$10,000) at any point during the reporting period?	8	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?	a donation to charity in e, or article during the
E. Did you hold any reportable positions during the reporting period or in Yes X	No	т	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	ST 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.	fering during the reportin	g period? If you answered "yes" to this	question, please contact Yes No X
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?	thics and certain other "e	3	need not be disclosed. Have you excluded from Yes No X
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.	ne, transactions, or liabili nmittee on Ethics.	ities of a spouse or dependent child bec	or dependent child because they meet all three Yes No X

SCHEDULE A ~ ASSETS & "UNEARNED INCOME"

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SP USBank, NA: Cash Accounts	SP Capital One Bank: Money Mkt	JT Residential rental: Henderson, NV	JT Congressional FCU: checking	- Columbia Income Opp-A	AMERIPRISE TRUST - IRA:	ABC Hedge Fund X	Exemples:	SP, SP Mega Corp. Stock EF	Asset and/or income Source Identify (a) each asset held for investment or it production of income and with a fair market value v exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that garerated more than \$200 in "unearned" in 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(kt) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all inherest-bearing accounts, total the amount in all inherest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in inverest bearing accounts. For rental 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 income during the reporting period); and any financial interest in, or income derived from, a federal interest in, or income derived from, a federal 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 frome source is that of your spouse (SP) or dependent citid (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.
×	×		×	×			Indefinite	X	None None I a seet was sold during because it generated income, You have no interest. I a seet was sold during you have no interest. I a seet was sold during the come, You have no interest. I a c b c c c c c c c c c c c c c c c c c
		X				×			None Value of Asset Value please specify the method Value proving period and is included only Value should be "None." Value only your spouse or dependent child in which Value please on the relation of the relation only Value only your spouse or dependent child in which Value please on the relation only Value only your spouse or dependent child in which Value please specify the method Value only your spouse or dependent child in which Value please specify the method Value only your spouse or dependent child in which Value please specify the method Value only your spouse or dependent child in which Value please specify the method Value only your spouse or dependent child in which Value only value please specify the method Value only your spouse or dependent child in which Value only value please specify the method Value only value please o
X		×	×	X				×	
	X					Partnership Income	Royalties		Type of income Check all columns that apply. For accounts that apply accounts that ap
×			*	*			1000	×	For assets for which may check the "None category of income burkented." \$1-\$200 #1-\$200 #1-\$200 #1-\$200 #1-\$200 #1-\$200 #1-\$200 #1-\$200 #1-\$200 #1-\$200
		X						A STATE OF THE STA	Amount of Income Block C, you Amount of Income Amount Check "None" if no income for assets indicate the Amount of Income Check "None" if no income was earned or Amount of Income Check "None" if no income was earned or Amount of Income Check "None" if no income was earned or Amount of Income Check "None" if no income was earned or Amount of Income Check "None" if no income of assets held by your spouse or dependent Income was earned or Amount of Income Check "None" if no income was earned or Amount of Income Check "None" if no income of assets held by your spouse or dependent Amount of Income Check "None" if no income of assets held by your spouse or dependent Amount of Income Check "None" if no income of assets held by your spouse or dependent Amount of Income Check "None" if no income of assets held by your spouse or dependent Amount of Income Check "None" if no income of assets held by your spouse or dependent Amount of Income Check "None" if no income of assets held by your spouse or dependent Amount of Income Check "None" if no income of assets held by your spouse or dependent Amount of Income Check "None" if no income of assets held by your spouse or dependent Amount of Income Check "None" if no income of assets held by your spouse or dependent Amount of Income Check "None" if no income of assets held by your spouse or dependent Amount of Income of assets held by your spouse or dependent Amount of Income of assets held by your spouse or dependent Amount of Income of assets held by your spouse or dependent Amount of Income of assets held by your spouse or dependent Amount of Income of Income of Income of Income o
	Closed			P (reinvests)				S(part)	Transaction Indicate if the asset had asset had purchases (P), sales (S), or exchanges (E) or exceeding \$1,000 in the reporting period. If I only a portion of an asset was sold, please indicate as follows: (S (part)). Leave this column blank if there are no transactions that exceeded \$1,000.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SP	- dS	- AS	SP -		SP	Ş	- AS	- dS	SP -	SP -	SP -	- GS	SP ,	ş	ds/	두 못 %		-	
- Invesco Global Health II	Columbia VA Global Bond-CL3	Columbia VP Dividend Opp-3	Columbia High Yield Bond-CL3	ADVISOR VARIABLE ANNUITY:	RIVERSOURCE RETIREMENT	Wells Fargo Adv Hi Inc-A (1)	John Hancock Bond-A	Columbia Income Opp-A	Invesco American Franchise-A	AIM Invesco Leisure Fund-A	AIM Invesco Energy Fund-A	Ameriprise Insured Money Mkt	AMERIPRISE TRUST - IRA;	Lord Abbett Short Dur Inc Fund	Ameriprise Financial: Cash	ASSET NAME		Asset and/or Income Source	BLOCK A
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×	×	×				×	×			100		×			×		\$1,001-\$15,000		
			*					*	×					×			\$15,001,000,000 W	~	
																	\$190,001-5776.000 \$250,001-\$500,000	Value of Asset	BLOCK B
																	\$1,000,001-\$5,000,000	sset	8
																	\$25,000,001-\$50,000,000 × Color \$20,000,000 ×		
X	X	×	X														Spouse/DC Asset over \$1,000,000*		_
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						×	×		*	×				×			INTEREST CAPITAL DAME EXCEPTED/BLIND TRUST	Type of income	BLOCK C
																	(AACCHINED)	1come	ô
-						i											Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
X	X	×	X								×				4.4		\$1-\$200		
							x	X	×	*				×			\$1,001-\$2,500 <	À	
																	\$5,001-\$15,000 < \$5,001-\$25,000 <	Amount of Income	BLOCK D
																	\$50,001-\$100,000 <u>\$</u>	Income	Ĝ
																	\$1,000,001-\$5,000,000 × Dw- \$5,000,000 35		
				P(systematic		P, S(partial)	P(reinvests)	P(reinvests)	E (In)	E (In & Out)	E (Out)			P			Spouse/DC Asset with Income over \$1,000,000° Do Spouse/DC Asset with Income over \$1,000,000° Spouse/DC Asset with Income over \$1,000,000° Moreover Spouse/DC Asset with Income over \$1,000,000° Spouse/D	Transaction	BLOCK E

	SCHEDULE A - ASSETS & "UNEARNED INCOME"	
Name:		
Eni F.H. Faleomavaega		

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Ş Ą Ş Ş Ş SP ANNUITY: RVS RETIREMENT ADVISOR - VP BlkRk Global Infl Prot - CL3 MFS Utilities Fund - Svc CL Columbia High Yield Bond-3 **ADVANTAGE PLUS VARIABLE** - VP BIKRk Global Infl Prot - CL3 MFS Utilities Fund - Svc CL Columbia VP Global Bond-CL3 Asset and/or income Source Invesco Global Health II Columbia VP Dividend Opp CL BLOCK A ASSET NAME 띢 None > \$1,001-\$15,000 × O \$50,001-\$100,000 Value of Asset BLOCK B F \$250,001-\$500,000 6 1490.001 \$1.000 BXD \$25,000,001-\$50,000,000 ** Σ DIVIDENDS INTEREST Type of Income BLOCK C MALLY COME EXCEPTED/BLIND TRUST Other Type of Incom (Specify: e.g., Partnership Income or Farm Income) \$1-\$200 = \$1,001-\$2,500 ₹ Amount of Income BLOCK D \$5,001-\$15,000 ≤ ≦ \$1,000,001-\$5,000,000 × × Spouse/DC Asset with Income over \$1,000,000* ≚ Transaction S, S(part), or E BLOCK E

SCHEDULE B - TRANSACTIONS

Name: Eni F.H. Faleomavaega Page_ <u>s</u> 10

							SP	SP	SP	SP	SP	SP	SP	SP	SB.	SP, DC, JT	Capital Gai the 'capital the capital g	dependent resulted in Exclude tra purchase or a portion of	Report any
					are below reporting level)	VARIABLE ANNUITY (monthly contributions	RIVERSOURCE RETIREMENT ADVISOR	- Columbia Income Opportunity - CL A (3)	- Invesco American Franchise CL-A (2)	- AIM Invesco Leisure CL-A (2)	- AIM Invesco Leisure CL-A (2)	- AIM Invesco Energy Fund-A (2)	AMERIPRISE TRUST - IRA:	Lord Abbett Short Duration Income Fund-C	Example Mega Corp. Stock	Asset	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 transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
							×	×						X			Paralles		Тур
	- 4	ı							X(In)	X(Out)	X(ln)	X(Out)			*		Pasa Sae.		Type of Transaction
															×		Check Box if Ca Exceeded \$200	pital Gain	
							Monthly	Monthy	07/12/13	07/12/13	05/22/13	05/22/13		01/07/13	3/5/13		Monthly, or Bi- weekly, if applicable	(MO/DA/YR) or Quarterly.	Date
							×	×	X	×	×	×		X	×		\$15,001-		
														(\$50,000 ##0.000 \$100,001-		
		12.5															\$250,000 \$350,004 \$350,000	D	Amount of
																	\$500,001- \$1,000,000 \$1,000,000 \$1,000,000	™	f Transaction
																	\$5,000,001- \$25,000,000 \$25,000,000 \$25,000,000 \$10,000,000 Over \$50,000,000	± (1.67%) (1.67%) (1.67%) (1.67%)	ח
																	\$1.180E		

SCHEDULE C - EARNED INCOME

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EXCLUDE : Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	nen	
rity Act.		t) totaling \$200 or more during the reporting period. For a spouse, li	
		For a spouse, list	

Source (include date of receipt for honoraria) Type Amount	Туре	Amount
Keene State State of Maryland Civil Viar Roundtable (Oct. 2) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$6,000 \$18,000 \$1,000 NVA
Faleomavaega for Congress	Campaign worker	\$1,500
United Airlines	Spouse Imputed Income	\$1,243

SCHEDULE D - LIABILITIES

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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 reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

	ĴΪ					DC, 11
	Wells Far	Nationst	USAA MasterCard	Congress	Example	
	Wells Fargo Bank, N.A.	Nationstar Mortgage LLC (4)	sterCard	Congressional Federal Credit Union: VISA	First Bank of Wilmington, DE	Creditor
	12/2007	11/2006	Jan-Dec 2013	Jan-Dec 2013	5/98	Date Liability Incurred MO/YR
Provo, UT (not rented)	Mortgage on personal residence,	Mortgage on residence, Provo, UT	Credit card	Credit card	Mortgage on Rental Property, Dover, DE	Type of Liability
			×	74		\$10,001 \$15,000
						\$15,001- \$50,000 [™]
						Mis.001 Fred con
×		×			×	\$100,001- \$250,000
						\$500,001- \$500,000- \$1,000,000 F \$1,000,000 B
						\$500,001- \$1,000,000
						\$1,000,000 \$2,000,000 & & Billity
						\$5,000,001- \$25,000,000
	1.2					925,000,000 900,000
						Over \$50,000,000

SCHEDULE E - POSITIONS

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. 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

Position	Position Range of Organization
President and Director (5)	The Faleomavaega Community Service Foundation (uncompensated)

SCHEDULE D - LIABILITIES

Name: Eni F.H. Faleomavaega Page ထ ဒ္ 6

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 reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

	SP. DC. JT	Example	JT Nations		Dr. Jaye		
	Creditor	First Bank of Wilmington, DE	Nationstar Mortgage, LLC (loan transferred	by Bank of America, N.A. during 2013)	Dr. Jaye Khim (Annandale, VA)		
Date	Liability Incurred MO/YR	5/98	03/2005		09/2012		
	Type of Liability	Mortgage on Rental Property, Dover, DE	Mortgage on personal residence,	Alexandria, VA (not rented)	Personal loan, 10 percent interest	(below reporting amount): Paid	in full 03/15/2013.
	#19,001- #15,005						
6	\$15,001- \$50,000						
6	\$100,000						
- A	\$100,001- \$250,000	×		×			
Amount of Liability	\$250,001 \$500,000 \$500,001- \$1,000,000						
iability	81,050,061- 15,000,000						
±	\$5,000,001- \$25,000,000 \$25,500,001- \$50,000,505						
	Over \$50,000,000 Over \$1,005,000* (Squarery: Library)						

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, 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 is the constitution of the profit o

listed in Schedule C; positions neid in any religious, social, tra	listed in Schedule C; positions held in any religious, social, traternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Eni F.H. Faleom	
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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 sponsor or were paid by you and reimbursed by the sponsor.

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	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	DC-Beijing, China - DC	Y	*	z
c.Xemples:	Habitat for Humanity (charity fundralser)	Mer. 3-4	DC-Boston-DC	*	۲	Υ
Governme	Government of Sri Lanka (MECEA)	Feb. 14-22	DC - Colombo - DC	Y	~	Z
Governme	Government of Malaysia (MECEA)	Aug. 20-28	Pago Pago - Kuala Lumpur	~	~	Z
Governme	Government of Uzbekistan (MECEA)	Aug. 28-31	Kuala Lumpur - Tashkent	~	~	z
Governme	Government of Kazakhstan (MECEA)	Aug. 31 - SEP. 5	Tashken - Almaty - DC	Y	Y	Z
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NOTE NUMBER (1)
(3)
(5)
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