

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

For use by candidates and new employees

Period covered: January 1, 2013 - April 30, 2014

MAY 15 2014

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LEGISLATIVE RESOURCE CENTER

2014 MAY 22 PM 1:22

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Name: LORE HOGANS - CAVANAUGH

Daytime Telephone:

*(Signature)*

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>CONNECTICUT</u>	Date of Election: <u>5/16/14</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	District: <u>2ND</u>	Employing Office: <u>CONVENTION</u>		

In all sections, please type or print clearly in blue or black ink.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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 I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

**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 benefiting you, your spouse, or a dependent child?

Yes ☐ No ☒

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or 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 ☐ No ☒

Name LORE HOKINS-CAVANAGH Page 2 of 11

**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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Name JOE HARRIS-CAVANAGH Page 3 of 11

**For additional assets and unearned income, use next page.**

# SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOELI HOPKINS - CAVANNAH Page 4 of 11

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		None	\$1 - \$1,000	\$1,001 - \$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	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income--(Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	Spouse/DC Income over \$1,000,000*	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	Spouse/DC Income over \$1,000,000*																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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LOAN TO LOREI'S CAMPAIGN FOR CONGRESS

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## Continuation Sheet (if needed)

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# SCHEDULE III - LIABILITIES

Name Jane Hopkins-Cavanagh

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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 dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); 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 a spouse, or the child, parent, or sibling 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.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	\$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	Spouse/DC Liability over \$1,000,000
SP	Wells Fargo Home Mortgage	JUNE 2003	MORTGAGE ON 249 REEDS AVE, NEW LONDON, CT					X						
SP	LANEBANK FUNDING CREDIT UNION	FEB. 2010	2ND MORTGAGE ON 249 REEDS AVE, NEW LONDON, CT											
JT	CITIBANK CREDIT UNION	AUG. 2010	MORTGAGE ON 249 REEDS AVE, NEW LONDON, CT											
SP	BAYVIEW LOAN SERVICES, LLC	DEC. 2005	MORTGAGE ON 253 3RD ST., NEW LONDON, CT											
SP	AMERICAN EXPRESS CREDIT CARD	OCT. 2013	CREDIT CARD											

\* - HIGHEST AMOUNT OWED DURING REPORTING PERIOD

## SCHEDULE IV - POSITIONS

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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
OWNER	SPROEVINGUS LLC
OWNER	HOPKINS REALTY
MEMBER	249 REEDS AVE LLC

# SCHEDULE V - AGREEMENTS

Name JANE HARRIS-CAVANAGH

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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.

Date	Parties To	Terms of Agreement

## 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
HERITAGE 601 MONTAUK AVE. <del>NEW LONDON, CT</del> <u>SOLD PROPERTY ADDRESS</u>	REAL ESTATE BROKERAGE SERVICES
TEOPPEITIES 106 BROOKLYN RD. <del>NEW LONDON, CT</del> <u>"</u>	"
HOUSING & URBAN DEVELOPMENT (HUD), CANTERBURY, CT <u>"</u>	"
HUD, 53 BAEBARA LANE <del>DURHAM, CT</del> <u>"</u>	"
ANGELA M. KERR, 32 TERRACE AVE. <del>EAST LYME, CT</del> <u>"</u>	"
NADINE CHANEY, 5 WINTHROP CT <del>WINTERFORD, CT</del> <u>"</u>	"
THOMAS DOMINIA YUHAS, 34 SOUTH COBBLEBUSH CT <del>WINTER, CT</del> <u>"</u>	"
HUD, 15 CLOAKED TRAIL <del>WOODSTOCK, CT</del> <u>"</u>	"

# **SCHEDULE V - AGREEMENTS**

Name DAVID HARRIS-CAVANAUGH

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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.

Date	Parties To	Terms of Agreement

## **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
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting services
CADWELL BANKER, 70 HOPE ST., SUITE 200, NEWTON, MA 02459	REAL ESTATE BROKERAGE SERVICES
HUD, 2 GORDON PARK, NEWTON, MA 02459	"
RANDY GILGILIO, 59 HILL CREST RD., SOUTH LYNN, CT	"
HUD, 159 WYLLIE SCHOOL RD., VOLUNTOON, CT	"
HUD, 106 WEST RD., COASTESTER, CT	"
HUD, 31 FLEMING CT., GLETON, CT	"
HUD, 17 IRON ST., LEDYARD, CT	"



# **SCHEDULE V - AGREEMENTS**

Name JOSE HORVATH-CAVANAUGH

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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.

Date	Parties To	Terms of Agreement

## **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
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting services
ESTATE OF JOHN CHRISTOPHER, 58 SHURE RD, SOLD TO PROPERTY ADDRESS, NIAHTC, CT	REAL ESTATE BROKERAGE SERVICES
HUD, 40 STANLEY WOOD DR, " "	" "
HUD, 265 ELM ST, EAST LYME, CT	" "
HUD, NEW LONDON, CT	" "
HUD, 500 LAUREL HILL RD, NORWICH, CT	" "
HUD, 88 BAUER LANE, EAST HADDAM, CT	" "
HUD, 3 QUAKER FARM RD, MYSTIC, CT	" "
RANDALL REALTIES, 53 TOUCHING WILLET RD, HARTFORD, CT	" "

# SCHEDULE V - AGREEMENTS

Name JOICE HORRIS-CAVANAUGH

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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.

Date	Parties To	Terms of Agreement

## 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
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting services
HUD - 383 ROUTE 32 NORTH FRANKLIN, CT	REAL ESTATE BROKERAGE SERVICES
HUD - 52 AD GATES RD. EAST HADDAM, CT	" "
ESTATE OF DUKROS - 26 PARK RIDGE RD. WATERBURY, CT	" "
DEMONS, BRIGGS - 543 OCEAN AVE NEW LONDON, CT	" "
HUD - 282 NORDWICH RD. SARUM, CT	" "
CADWELL BANKER, 48 SHERWOOD DR, WESTFIELD, RI	" "
HUD - 89 GUNFIELD AVE NEW LONDON, CT	" "

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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	
PETER FABRYKIEWICZ - 11 GOSHEN RD. <sup>SUB</sup> WATERTOWN, CT <sup>PROPERTY ADDRESS</sup>	REAL ESTATE BROKER SERVICES	
SUSAN McBERND - 30 GARDEN BEACH WEST BRADLEY, CT "	" "	
DAVID FONTAINE - 67 MARBLEWOOD VILLAGE, CT	" "	
AND - 27 LEWISWOOD DR. LEDYARD, CT	" "	