Page 1 of _

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

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

Filer Status

New officer or

Employing Office:

X

Candidate for the House of Representatives

State: FLORIDA
District: 13

Date of Election:

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Jan 2014

Check if Amendment Name:

DANID WILSON JOILY

Daytime Telephone

Period covered: January 1, 2012-

Deci

2013

For use by candidates and new employees

FORM B

FINANCIAL DISCLOSURE STATEMENT

UNITED STATES HOUSE OF REPRESENTATIVES

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Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes, complete and attach Schedule III.	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? Yes X If yes, complete and attach Schedule II.	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? Yes X
and the	×	S S	S N
appropriate schedule attached for each "Yes" r	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.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	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.
response.	Yes	Yes	Yes
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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? **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

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name DAVID WILLSON JOLLY, FLIS Page _

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. 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.

Exclude: Military pay (such as National Guard or Heserve pay), rederal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	eceived under the Social	Security Act.
Course (include date of receipt for honoraria)	Type	Amount	ount
Ocarco (include date di lecelpt di Individual)	. Jbc	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
ī	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Three Bridges Admisis Inc., Indian Shores, FL	Salary	\$5,000.00	*97,000.00
BOSTON FINANCE GROUP, CLEARWAYER, FL	Salary	£229,166.74	4166,666.72
Alaka: Defense Systems, Lorgo, Fr	Salary	\$27,840.00	₹39,360.00
CSG- Creative, Atexandria, VA	Spouse Salary	N/14	N/A
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Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other

Asset and/or Income Source **BLOCK A**

reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

please specify the method used. method other than fair market value,

reporting year. If you use a valuation

Indicate value of asset at close of Value of Asset BLOCK B

If an asset was sold during the report-

investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. **Dividends**,

allow you to choose specific retirement accounts that do not Check all columns that apply. For Type of Income BLOCK C

ing year and is included only because

For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the

it generated income, the value should be "None."

during the reporting period if the asset generated no income closed as income. Check "None" if reinvested, must be disinterest, and capital gains, even

(do not use ticker symbols).

Provide complete names of stocks and mutual funds

account that exceeds the reporting thresholds.

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<u> </u>		4-				7	DC, Examples:	SP,	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); any deposits totalincome during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial 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 income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state. For an ownership interest in a privately-held business
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For additional assets and unearned income, use next page.

Amount of Income

BLOCK D

and capital gains, even if reinvested, must be disclosed as For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income. Check "None" if no income was earned or generated. income by checking the appropriate box below. Dividends, interest,

spouse or dependent child. * This column is for income derived from assets solely held by your

SCHEDULE I

Continuation Sheet (if

II — ASSETS AN	II — ASSETS AND "UNEARNED" INCOME		Name DAVID WILSON JOLE	OLY Pageof
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID WILSON LOCKY PA

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Name DAVID WILSON JOLLY Page

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ture, 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. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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

				SP, DC, JT
	_	N/A	Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
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				\$500,000 m \$500,001— \$1,000,000 m \$1,000,001— \$5,000,000 G \$5,000,001— \$25,000,000 T
 				\$5,000,001— \$25,000,000 =
				\$25,000,001— \$50,000,000
				Over \$50,000,000
				Spouse/DC Liability over ス \$1,000,000

SCHEDULE IV — POSITIONS

cer, 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. 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 offi-

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

Position	Name of Organization
Officer + Director	Three Bridges Admisors, Inc. Indian Shores, FL
Office + Dreicher	1924 Communitations Indian Shores, FL
Office + Director	Three Bridges Law P.C. Washington DC
Director	os As
Imector	Support Jessie's Law, Homosassa, FL

Name DAVID WILSON LOLLY Page

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling 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. ture, 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 sib-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

					JT, DC,	
				Example: First Bank of Wilmington, DE	Creditor	
				May 1998	Date Liability Incurred mo/year	
			14.0	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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<u>.</u>				╀	\$1,000,000 TI \$1,000,001— \$5,000,000 D	≓ 약 ⊏
	ļ			╁	\$5,000,000 #7 \$5,000,001— \$25,000,000 #	Amount of Liability
		<u> </u>	1		\$25,000,001— \$50,000,000	•
		<u> </u>		T	Over \$50,000,000	
					Spouse/DC Liability over ス \$1,000,000	_

SCHEDULE IV - POSITIONS - CONTIN

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

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

Position	Name of Organization
ADVISOR	TAMPA BAY VETERWS ALLIANCE, Clearwater, FL
ADVISOR	Stetson Law School Elder Law Advisory Buard, Gulfpart, FL
ADVISOR	Boys + Girls Clubs of the Suncoast Largo, FL
Drector	Tenths Fean Communications Arlington, VA
Consultant	Knowledge Knidge Int'l Roston VA

Name DAVID WILSON LOCCY Page

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling 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 ture, 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 sib-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

Date Liability Type of Liability Type of Liability		 					
Date Liability Type of Liability Type of Liability Type of Liability Type of Liability A B C D E \$10,001- \$15,000 \$15,001- \$50,000 \$500,000 \$500,000 \$500,000 \$500,000 \$500,000 \$1,000,						SP, DC, JT	
Type of Liability Type of Liability \$10,001- \$15,000- \$50,000- \$50,000- \$100,000- \$1,000,000- \$500,000- \$1,000,000- \$5,000,000-					Example: First Bank of Wilmington, DE	Creditor	
\$10,001— \$15,000 B \$15,001— \$50,001— \$100,000 C \$100,000 M \$250,001— \$500,001— \$1,000,000 M \$5,000,001— \$5,000,000 M \$25,000,000 M \$25,000,000 M \$5,000,001— \$5,000,000 M \$5,000					May 1998	Date Liability Incurred mo/year	
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SCHEDULE IV - POSITIONS - Conti

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

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

Position	Name of Organization
Consultant	Fanewil, Virginia Brach, VA
Consultant	Boston Finance Grosp, Clearwater, FL
Consultant	Association of United States Postal Lessors, Scottsdale, AZ
Cousu Hont	Colorado Mountain College, Glenwood Springs, CD
Couso)tent	AUSTIN COLRY CO., Cheminater FL

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ling 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. 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 sib-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

					SP, DC,	
				Example: First Bank of Wilmington, DE	Creditor	
				May 1998	Date Liability Incurred mo/year	
				Mortgage on 123 Main Street, Dover, DE	Type of Liability	
					\$10,001— \$15,000	
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					\$5,000,001— エ	bility
			-		\$25,000,001— \$50,000,000	
					Over \$50,000,000	
					Spouse/DC Liability over ス \$1,000,000	

SCHEDULE IV - POSITIONS - Contra

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

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

Position	Name of Organization
Consultant	Dermazone St. Fetersturg, FC
Consuldant	Eclipse Energy Systems, St. Pertersturg, FL
Consultant	Florida Assoc. of Broadcasters, Tallahassee FL
Como Hont	Integral Systems Inc., Colombia, MD
Consultent	Las

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ture, 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 sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ling 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.

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		JT JT JT
	Example: First Bank of Wilmington, DE	Creditor
	May 1998	Date Liability Incurred mo/year
	Mortgage on 123 Main Street, Dover, DE	Type of Liability
		\$10,001 \$15,000
		\$15,001— \$50,000
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		\$25,000,001 \$50,000,000
		Over \$50,000,000 — Spouse/DC
		Liability over \$\\$1,000,000
		First Bank of Wilmington, DE May 1998 Mortgage on 123 Main Street, Dover, DE

SCHEDULE IV - POSITIONS - Cantle

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

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

Position	Name of Organization
Consultant	Florida Keys Community College Key West FL
Come Itam+	General Dynamics. OTS St. Jetersburg, FL
Pousu Henry	N+D Manufacturing, Clearwater, FL
Comer Hart	ן א
Consultant	345

Name DAWID WILLOW DOLLY PO

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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 sib-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 ling 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
				Example: First Bank of Wilmington, DE	Creditor
				May 1998	Date Liability Incurred mo/year
		THE PARTY OF THE P		Mortgage on 123 Main Street, Dover, DE	Type of Liability
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					\$50,001— \$100,000
				×	\$100,001— \$250,000
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	<u> </u>		,	-	\$25,000,001
				-	\$50,000,000 — Over \$50,000,000 —
					Spouse/DC Liability over \$1,000,000

SCHEDULE IV - POSITIONS -Control

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

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

Position	Name of Organization
Com tant	Capital Insight Tallahassec, FC
Comes Hout	New Mexica Assoc. of Broadcasters Albumrague, NM
(susu)tent	け
(mrsv) tout	Xcel Emergy Washington DC
Consultent	Vom Scoyec Assoc. Washington DC

Name DAWIS WILLSON LOLLY

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ling 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. ture, 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 sib-

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				L	DC, JT
				Example: First Bank of Wilmington, DE	Creditor
			i	May 1998	Date Liability Incurred mo/year
				Mortgage on 123 Main Street, Dover, DE	Type of Liability
					\$10,001— \$15,000
	 	_			\$15,001 \$50,000 D
				_	\$50,001— \$100,000 ? \$100,001—
-				×	\$250,000
					\$500,000 m a b b c c c c c c d
<u> </u>	 				\$500,000 m Amount (\$500,001—\$1,000,000 G Liability \$5,000,000 G \$5,000,000 H \$25,000,000 H
<u> </u>				-	\$5,000,001— \$25,000,000 I
	 				\$25,000,001 \$50,000,000
					Over \$50,000,000
					Spouse/DC Liability over ス \$1,000,000

SCHEDULE IV - POSITIONS - Cont)

cer, 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. 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 offi-

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

Cousy Homt Rkros Sinctons / was Fil	Consultant DRS Technolo		Convitant Free Enterprise Nation,	Consultant STS Interne	Position
< /rage FL	DRS Technologies Arlmyton, VA	Wheeling Hospital, Wheeling WV	ise Nation, Tampa, FL	STS Internetronal, St. Petersburg, FL	Name of Organization

SCHEDULE V — AGREEMENTS

Name DAMIS WILLSON LOCKY

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nent; a leave of absence during the period of government or continuing participation in an employee welfare or ben-

elit plan manic	פוג לומו וומוומוים כי א היווופו פוווייטיפוי	
Date	Parties To	Terms of Agreement
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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 1.

coognized by law. Bo not repeat information usted on Solledgie	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Assoc. of United States Postal Lessers	
Scutsdale, AZ	Consulting + Advocacy Svcs.
Capital Insight, Tallahussee, FL	Consulting + Advocacy Sucs.
Austin College Co., Clearmanter, Fil	Consulting & Advocacy Svcs.
Cobrado Manibal College, Glanwood Springs, Co	Conso Hing + Advocacy Svcs.
Dermazone St. Petersburg FL	Consultating & Athrocam Sucs.
DRS Technologies Arlington V#	Consulting+ Advocacy Sucs.
Than San Jose CA	Consulting + Advocacy Sucs.

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SCHEDULE V -- AGREEMENTS

Name DAVID W

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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.

	() is 10 is	City from the control of the control	
_	Date	Parties To	Terms of Agreement
			

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE pitaso-

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
1924 Communications, Indian Shores, FL	Monagement Sucs.
Eclipse Energy Systems St. Robershing FL	Consulting + Advocacy Sves.
Florida Association of Brondowsters Tallahauser, FE	Consulting & Advocacy Sucs.
Florida Keys Community College, Key West Fil	Coussilting + Advocacy Sucs.
General Dynamics OTS St. Robissons, FC	Consulting + Business Development Sucs.
Integral Jystems Inc., Columbia MD	Consulting + Advocacy Sies.
Milcros Systems, Largo, FL	Consulting + Advocacy Sucs.

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SCHEDULE V — AGREEMENTS

Name DAVID WILLSON LOCKY

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efit plan maintained by a former employer. 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 ben-

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Date	Parties To	Го	Tern	Terms of Agreement
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SCHEDULE VI - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE - Contid

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.

_	. Congress of the constraint o	
	Source (Name and Address)	Brief Description of Duties
	Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
	Mt Desert Island Bulogical Cabunday Solishing Cone,	Consulting + Advocacy Svcs.
	N+D Manufacturing, Clearwater FL	Business Davelopment Sycs.
	New Mexico Assoc of Brighterstory Albuquere Vin	Consulting + Business Development Sucs + AduraySia
	NAC Group St. Februshing Fil	Cosultray Business Development Sucs.
	Annibouse Commons Davelopment, New York, NY	Consulting + Advocacy Svcs.
,	Robotics a Conceptal Engineering Daylong FL	Robotics a Conceptal Engineering Daylong FZ Consulting + Bushus Development Sucs.
	SKH Hatenetional St. Veterstoia Fr Consulting + A	Consulting + Lewocaca Sver

SCHEDULE V — AGREEMENTS

Name David Wicson Jocey

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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.

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	Date	Parties To	Terms of Agreement

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE · confld

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. 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

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
STS International, SJ. Februshurg, FC	Consultary + Advocacy Sves.
The Free Enderprise Nation, Trumper, Fir	Comsulting + Alwocacy Sucs.
Three Bridges Law P. C., Washington DC	Munagement + # duinistrative Svcs.
Wheeling Hospital Wheeling, WV	Consulting + Adwormen Sics.
Xcel Energy Washington DC	Consulting + Advacacy Svcs.
BOSTON FINANCE Grap Clearwiter, FL	٤,
Fonevil, Vivginia Beach, JA	Consulting + Adwocacy Sucs

SCHEDULE V -- AGREEMENTS

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Date	Parties To	Terms of Agreement

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE - contid

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
Knowledge Bridge Intil, Reston, VA	Legal + Consolthy Sucs.
Three Bridges Advisors, Indian Shares, FL	Management Services Legal Services