

Name: **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. this report details of such a trust that benefits you, your spouse, or dependent child? 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 exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics **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 IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS 2013 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES REPORT TYPE 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 FILER STATUS end of the reporting period? or × \times Marlin Andrew Stutzman 2013 Annual (Due: May 15, 2014) U.S. House of Representatives Member of or Candidate for District: State: Ī åd Yes Yes Yes Yes Yes Daytime Telephone: 202-225-4436 × × × × Amendment Š 충 ĕ ç ş For Use by Members, Officers, and Employees × 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? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" H. Did you, your spouse, or your dependent child receive any G. 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? reportable gift(s) totaling more than \$350 in value from a single source during the reporting period? year up through the date of filing? Form A Employee Officer or **Employing Office** Termination Date: Have you excluded from LEGISLATIVE RESCURCE CENTER OFFIDE OF THE CLERK 2014 AUG 13 PM 4: 23 (Office Use Only) Yes Yes Yes Yes Yes Yes Yes × Š z Š Z Z 8 중

×

×

×

×

×

×

SCHE

EDOLE A - ASSE S & ONEARNED INCOME	
Name: Marlin Andrew Stutzman	
ıtzman	
Page 2 of 9	

							11	9,8,	For requ	incor depe	Exce	Excl home incor inten retire	For a that busin	For r	For I	For 401(the a	(do r	incor	bue 1	prod		
Retirement Investment Fund	Gold Investment	Ford Motor Company	Fidelity VIP MtdCap	Stutzman Farms Howe, Indiana	College Choice Indiana 529 Plan	ABC Hedge Fund	Examples: Simon & Schuster	SP Mega Corp. Stock	(o.f., in the uphone Coulding of the later. For a detailed discussion of Schedule requirements, please refer to the instruction booklet.	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 of the facility in the processor of the facility.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second tomes and vecation 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.	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.	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 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.	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.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	income during the year.	and (b) any other reportable asset or source of income that generated more than \$200 in "uneamed"	identity (a) each asset need for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period.	Asset and/or Income Source	BLOCK A
		_				×		#	>	불성덕	ሻቜ	5 <u>a 8 a 3</u>	<u> </u>	Ģ <u>3</u>								
				_				<u> </u>	None			<u></u>				-	ou ha	Colun	H an			ı
		×				\vdash		<u> </u>	\$1-\$1,000						α	<u>'</u>	ve no	M M	1988et	On val		- 1
	×		×		×		Indefinite		\$1,001-\$15,000	o		10.1	<u></u>				you have no interest.	s for a	was	attood or		ı
									\$15,001-\$50,0	00					-		ş	led in	sold	other		
				┢				×	\$50,001-\$100,	000					,,,	,		held	during	than	· <	:
×			·	П	П	Г			\$100,001-\$250	000,0								ecause it generated income, the value should be none. Column M is for assets held by your spouse or dependent child in which	If an asset was sold during the reporting period and is included only	Indicate value of asset at close of the reporting period. It you use a valuation method other than fair market value, please specify the method itself.	Value of Asset	· 📮
Г		_				×			\$250,001-\$500	0,000						7		ur spo	пород	arket n	9	BLOCK B
				×			-		\$500,001-\$1,0	00,000	,	125-7				1		Shortic	ā	yalue	SSe	۳
					ļ	ı	!		\$1,000,001-\$5	,000,000								or dep	<u>9</u>	, plea	_	`
									\$5,000,001-\$2	5,000,000								ender	and	se sp		ı
								Г	\$25,000,001-\$	50,000,000					7	:		nt Chiji	`ĕ` ≌	- ec (-		- 1
				 	,	Г			Over \$50,000,0	000			V		г	1		o. 5	ludec	H Y		
						i –	<u> </u>		Spouse/DC As	set over \$1,	*000,000			···········	3	1		함	only	ethoc a		ſ
×	×	×	×		×		<i>.</i>	, · ·	NONE		, ,						period			_		
Ĺ						!		×	DIVIDENDS	****	-	.,					2	355-01 e 355	column.	erate	ļ ,	
		<u> </u>		×		i —		\vdash	RENT				-	***************************************		1		99 3		lax-d	<u>.</u>	
						1		╁	INTEREST		·			-		1		d in I	dend	vot efeme	Y	!
	П					Г			CAPITAL GAIL	NS			*		 .	1		or per per	3 °	nd inc	8	ß
×						┖	1	1	EXCEPTED/B	LIND TRUS	ī					1		incor	teres:	Creeck an committee and apply. For generate tax-deferred income (such as 529 accounts), you may check the	Type of Income	BLOCK C
						t –		T	TAX-DEFERR	ED						1		ne du	0 an	ķς, ⇒sign	Š	Ĭ
) }	\$53,898		Partnership Income	Royalbes		Other Type of (Specify: e.g.,		Income or Fa	arm Income)	<u></u>						capital gains, ed as income	401(k), IRA, or Tax-Deferred*		
×	×	×	×		×				None							· §	ξ	gener	DIVID DIVID	may o	7	
		L			<u> </u>	L	1.	ļ_	\$1-\$200							chiad in which you have no interest	3	accounts. generated.	Dividends, interest, must be disclosed	sheck	1	
L		$oxed{oxed}$	Ý		<u> </u>				\$201-\$1,000				<u>-</u>			E Si	. ≡		inte	ing in	Ž.	
<u> </u>	L	L.		_	<u> </u>	L		×	\$1,001-\$2,500) 						i nav	for as	eck.	rest,	None	2	.
	L						_		\$2,601-\$5,000) 							sets	Žon		다. 당 다 달	Amount of Income	
<u> </u>	<u> </u>				L_	L	<u> </u>	ļ	\$5,001-\$15,00)O						i niere	e E	e.	capit	eckin d	T C	BLOCK D
<u> </u>	L	L	_	_		L	_	_	\$15,001-\$50,0	000			·		4	1	γ	3	o	Foral	1 5	ă
<u> </u>	L	_		×	L_	L	_		\$50,001-\$100,								St. zt	incon	35.	i othe	201	
	<u>L</u>		Ľ	<u> </u>		<u> </u>	<u> </u>	<u> </u>	\$100,001-\$1,0	000,000							ouse	Te ≨	E PAGE	monia	•	'
<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	L	ļ	<u> </u>	\$1,000,001-\$5						>	<u> </u>	g a	es e	五二	6 8 5 5 10 6	2. 2.	
<u> </u>	L.		_		L_	<u> </u>	<u> </u>	_	Over \$5,000,0						2	-1	Column XII is for assets held by your spouse or dependen	Check "None" if no income was earned or	Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable	roll desired in which you unlocked to receive to the control of most check the "None" column. For all other assets indicate the calledory of income by checking the appropriate box below.	}	
<u> </u>	<u> </u>	<u> </u>	ļ	_	_	L	_	ļ ,,	Spouse/DC As	sset with Inc	ome over \$1	.000,000*			<u> </u>		-					
			į					S(part)	P, S, S(part), or E						Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold. please indicate as follows: (S (part)).	period. If only a portion of	exceeding \$1,000 in the reporting	sales (S), or exchanges (E)	asset had burchases (P).	I ransaction	BLOCK E

J		4									ļ				SP	ታ ያ έ			1	SC
	Stutzman Farms, LLC - White Pigeon, MI (25%)	Ave Laurenne, LLC - Fredericksburg, VA (50% Owner of Bridal Salon)	Thrift Savings Plans Fund G	HealthSouth Corp	Roth (RA-Fidelity VIP MidCap	Rath IRA-Select Bond	Roth IRA-Focused Appreciation	Roth IRA-Small Cap Value	Roth IRA-Russell Global Real	Roth IRA-Research International Core	Roth IRA-International Equity	Roth IRA-High Yield Bond	Roth IRA-Fidelity VIP Contrafund	Northwestern Mutual CSV	Life			Asset and/or Income Source	2	SCHEDULE A – ASSETS & "UNEARNED INCOME"
_				_	<u> </u>				-				_			¥	None	1	┨	Ço
4		_			_		<u> </u>		L							<u> </u>	P4 P4 000	1	l	ثُ
				_	L							×							ı	Ž
			×	×	×	×	×	×	×	×	×		×	×	×		\$1,001-\$15,000		ı	¥
			,	,							ν						\$15,001-\$50,000	Ī	ł	2
																	\$50,001-\$100,000	٧a		Ð
	×	×					, ,										\$100,001-\$250,000	Value of Asset		Z
																匚	\$250,001-\$500,000 o	¥ 2	3	္ပ
\Box		_		L		<u> </u>										<u> </u>	\$500,001-\$1,000,000 ±	iset "	1	Ž
_								\square	Ĺ		Ш					[\$1,000,001-\$5,000,000	4	1	រដូ
\dashv			_	_	<u> </u>						Щ						\$5,000,001-\$25,000,000	Į	ı	
_					ļ			_		<u></u>			_			ļ	\$25,000,001-\$50,000,000		ı	
				ļ		<u> </u>		_								<u> </u>	Over \$50,000,000		ı	
_	_		U				U		V		J	<u> </u>)	Spouse/DC Asset over \$1,000,000*	ļ.——	-	
	_	\dashv	X	<u> ~</u>	×	×	×	×	×	×	×	×	X	×	×	<u> </u>	DIVIDENDS			Name:
				<u> </u>			_				_		_	_		<u> </u>	RENT	-	ı	ne:
-				├-			-	<u> </u>	ļ					\vdash		 	INTEREST	∮	ı] s
4				 	<u> </u>	├ ─		_	ļ	_				_	_	_	CAPITAL GAINS	¥ b	2	arlir
_			<u> </u>	-		├	<u> </u>	_					_	_	_		EXCEPTED/BLIND TRUST	ye of Inco	3	l _₹
\dashv	-			-	<u> </u>	-				-				-		┢	TAX-DEFERRED	Type of Income	5	idrev
	Farm Income \$22,914	LLC Income															Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	ă		Marlin Andrew Stutzman
`		×	×	×	×	×	×	×	×	×	×	×	×	×	×		None		1	
				Ĺ	<u> </u>	<u> </u>		L		ļ <u>.</u>							\$1-\$200		ı	1
						٤.											\$201-\$1,000		ļ	ļ !
							L	L				<u> </u>	<u> </u>			<u></u>	\$1,001-\$2,500	. ≥	ı	
			٠.		_			L	ļ			L	L			_	\$2,501.\$5,000	. ₫		1 1
				_				L						L		<u> </u>	\$5,001-\$15,000	3 5	P 0000	
					<u> </u>	Ŀ		<u> </u>									\$15,001-\$50,000 ≦	1 7 2	Ś	
				L	<u> </u>	_	_	ot	L		ļ	_	L			1	\$50,001-\$100,000	Amount of Income		20
		L.						L			<u> </u>						\$100,001-\$1,000,000			Page
		<u> </u>		_	L			L	<u> </u>					_	<u> </u>	lacksquare	\$1,000,001-\$5,000,000	.]	l	ω
				$oxed{oxed}$		Ľ	<u> </u>	<u> </u>	_	ļ			L.			_	Over \$5,000,000	1	1	
			<u>L</u> .		Ļ.,	<u> </u>	Ļ	Ļ	L		_	_	<u> </u>			<u> </u>	Spouse/DC Asset with Income over \$1,000,000*		1	<u>_</u>
																	P, S, S(part), or E	Transaction	BI OCK	9

SCHEDULE B - TRANSACTIONS

Name: Marlin Andrew Stutzman Page_ 으

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child the investment or the production of income. Include transactions that resulted in a capital loss. Provide a blief 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. Capital Galms: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gain income on Schedule A. SP, DC, JT Asset Health South Corporation X Type of Transaction revulted resulted in the capital gain capital remaindent on the provide and transaction. Asset X
d \$1,000 in the spouse, or your transactions that noe transaction, or the lincome, if only transaction. s of \$200, check ant, and disclose
d \$1,000 in the spouse, or your transactions that nege transaction, or the lincome. If only transaction. s of \$200, check ant, and disclose
d \$1,000 in the spouse, or your transactions that nege transaction, or the lincome. If only transaction. s of \$200, check ant, and disclose
d \$1,000 in the spouse, or your transactions that noe transaction, or the lincome, if only transaction. s of \$200, check ant, and disclose
d \$1,000 in the spouse, or your transactions that noe transaction, or the lincome, if only transaction. s of \$200, check ant, and disclose
d \$1,000 in the spouse, or your transactions that noe transaction, or the lincome, if only transaction. s of \$200, check ant, and disclose
d \$1,000 in the spouse, or your transactions that neg transaction. Or the lincome. If only transaction. s of \$200, check ant, and disclose
× Purchase
× Purchase
Purchase
Sale Sale Of Trains as a C
× Partial Sale
Exchange S
Charles are Control Cale
Check Box if Capital Gain Exceeded \$200
Date (MODA/YR) or Quarterly, Monthly, or Bi- weethy, or Bi- sppikable appikable 10/10/2013
× \$1,001- \$15,000 >
× \$15,001- \$50,000 @
\$50,001- \$100,000
\$100,001- \$250,000
\$250,001- \$500,000 m
\$500,001- \$1,000,000
\$250,001- \$500,000 m unit \$500,001- \$1,000,000 n Trans \$1,000,001- \$5,000,000 c cti
\$5,000,001- \$25,000,000 ±
\$25,000,001- \$50,000,000
\$50,000,000
Sou,000,000 Over \$50,000,000

SCHEDULE C - EARNED INCOME

Name: Marlin Andrew Stutzman	
Page5of9_	
<u>e</u>	
9	

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.

types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally	orally prohibited.	
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
Ontano County Board of Education	Spouse Salary	NA.
NONE		

SCHEDULE D - LIABILITIES

Name: Marlin Andrew Stutzman Page 6 of 9

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.

							 ≥	moun	Amount of Liability	ability				
		!		>	В	c	b .	m	F		G	Н		
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		\$5,000,000 \$5,000,001-	\$5,000,000 \$5,000,001- \$25,000,000 \$25,000,001-
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							
JT	Indiana PERF	04/2009	Borrowed on Retirement Funds		×									
Ţ	Wells Fargo Bank	05/2009	Indiana Mortgage				×							
JT	Fifth Third Mortgage	02/2011	Virginia Mortgage						×					
<u></u>	Wells Fargo Bank	06/2011	Home Equity		×									
٦	Phil & Dorothy Yunker	03/2013	Mortgage on real property in Howe, IN						×					

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
Proprietor	Stutzman Farms
Chairman of the Board	Ave Laurenne, LLC
Board Member	Stutzman Farms, LLC (Michigan)

SCHEDULE F - AGREEMENTS

Name: Marlin Andrew Stutzman	
Page 7	
약	
of 9	

Identify the date, parties to, and general terms of any agreement or arrangement that you have 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.

001111111111111111111111111111111111111	commence of country by manus by a remove content corpected under under the decignment, or comments participation of	attitionis, at optimizing posteroposition on outprogree method of method plant the member of a forther outprogree.
Date	Parties to Agreement	Terms of Agreement
Nov. 2002	Nov. 2002 Myself and State of Indiana	Public Employee/Legislative Retirement Fund for Service in State Legislature

SCHEDULE G – GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a 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 \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

- C.		
Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
NONE		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Marlin Andrew Stutzman	
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 \$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 —	Lodging?	Food?
			city of romin	(1774)	(111)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	¥	¥
Examples:	Habitat for Humanity (charity fundralser)	Mar. 3-4	DC-Boston-DC	¥	γ
NONE					
			9		

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Marlin Andrew Stutzman Page 9 of 9

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	sor of an event to a charitable organ	iization in lieu of paying an	honorarium to you. A
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2013 Aug. 13, 2013	\$2,000 \$500
NONE			
		1	
			i.