No No	Yes 🔲	ot be	cepted trusts" need no	s and certain other "ex spouse, or a depender	nittee on Ethics	d by the Comi n a trust benef	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?	۵-1
S	QUESTION)F THESE	SWER EACH OF THESE QUESTIONS	MATION — ANS	T INFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSW	1 m
	response.	each "Yes"	ule attached for each "Yes" response.	ppropriate sched	d and the a	e answere	Each question in this part must be answered and the appropriate schedule	
No No	Yes	\$5,000 from	pensation of more than \$5,000 from to prior years?	VI. Did you receive compens a single source in the two pr H yes, complete and attach		Yes 🗸	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.	≖ ≗≡
8	Yes	angement	V. Did you have any reportable agreement or arrangement with an outside entity?If yes, complete and attach Schedule V.	V. Did you have any reportal with an outside entity? If yes, complete and attach	<u>\$</u>	Yes 🗔	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.	= a 5′ =
□ S	Yes 🔽	efore the date r two years?	ortable positions on or b lendar year or in the prio tach Schedule IV.	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.	S _S	Yes 🔽	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.	=8-
				ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWE	모
		more than				Office:	Status New officer or Employing Office:	
assessed	A <i>\$200 penalty</i> shall be assessed	A \$200 per	Check if Amendment	Date of 4 Nov 2014	Date of Election:	Sesuen	Candidate for the House of Representatives District:	
	(Office Use Only)							
. CLERK ESENTATIVES	U.S. HOUSE OF REPRESENTATIVES	M u.s.		Daytime Telephone:	Daytime		Name: Margie Walteld	7
URCE CENTER N12: 06	LEGISLATIVE RESOURCE CENTER 2014 MAY 22 PM 12: 06	21 21	I B and new employees	FORM B For use by candidates and	F	20/4	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 一种人 30, 2014	ם חכ
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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

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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Margie Walcheld

Page Z of Lo

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 Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	eceived under the Social S	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Control (include case of tecept of totologial)	1 y po	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Margic Walesteld Law Offices 7A	Salary	Full 901	73,333
Margie Walefield Law Offices, 179	Distributions	108,378	113 422
			-

First State Book & Ings	American turde	first Eagle Funds		Examples:	SP, SP Mega Corp. Stock	income during the reporting period); any deposits total- ing \$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 depen- dent 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.	Exclude: Your personal residence, including second	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 or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	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 ticker symbols).	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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or Income Source	BLOCK A
st ×		×	unts	Indefinite		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$56,000	ond	A B C D					<u> </u>	
	×		×	ite	×	\$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 - \$25,000,000		ті О Т	This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report-	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	BLOCK B
			×		×	Over \$50,000,000 Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS RENT INTEREST CAPITAL GAINS		2		limerest, and capital gains, even lid If reinvested, must be dis- closed as income. Check "None" if the asset generated no income		Check all columns that apply. For refirement accounts that do not allow you to choose specific, investments of that generate tax-deferred income (such as 4011k).	Type of Income	BLOCK C
	×	×		Royalties		EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm In	come)		ng period.				Income	X C
>			×	×	×	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,601 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000	= = = = = = = = = = = = = = = = = = =	Curre		* This column is for income derived from assets solely held by your spouse or dependent child.	income. Check "None" if no income was earned or generated	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 by checking the appropriate box below. Dividends, interest, and cantral cains, even if reinvested, must be disclosed as		
						\$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	¥II VIII IX X XI XII	-		or income derive ent child.	one" if no incom	ch you checked " column. For all oth g the appropriat s. even if rein	Amount of Income	BLOCK D
		3	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000	=	recec		d from assets s	e was earned or	Tax-Deferred" in ner assets, indica e box below. Div	of Income	ΧD
						\$15,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	VIIIVIII X			olely held by yo	generated.	Block C, you mate the category idends, interest a disclosed		

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SCHEDULE III — LIABILITIES

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Page 5 of La

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 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

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			USBONC	lapital City Back	Example: First Bank of Wilmington, DE	Creditor
					May 1998	Date Liability Incurred mo/year
		10	Mortege, on 3000 Univ.	Mortgage on 3000 Univ.	Mortgage on 123 Main Street, Dover, DE	Type of Liability
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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.

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).

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Position	Name of Organization
President	Marzie Walufield law Offices DA
- larae	Board - Bia Brothers and Bia Sisters of Doubles Nowship

SCHEDULE V — AGREEMENTS

Name Margie Wakefield Page Le of Le

Citt plan mana	on plan maniamed by a follow 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!**

GPO: 2013

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