

AUG 29 2014

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LEGISLATIVE RESOURCE CENTER

2014 SEP -8 PM 1:15

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U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

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

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT		FORM B For New Members, Candidates, and New Employees	
Name: <u>Melvin E. Levey</u>		Daytime Telephone: _____	
FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>CA</u> District: <u>16</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/> Candidates	Date of Election: <u>3 June 2014</u>	
<input type="checkbox"/> New Officer or Employee Employing Office: _____		Period Covered: January 1, _____ to _____	

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?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Do you have any reportable agreements or arrangements with an outside entity?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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 that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Use additional sheets if more space is required.