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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - March 31, 2014	<b>FORM B</b> For use by candidates and new employees	LEGISLATIVE RESOURCE CENTER  2014 APR 16 PM 1: 56	WEED ATER
Name: MIN CIOMMEN Daytin	Daytime Telephone:	U.S. HOUSE OF THE CLERK  U.S. HOUSE OF REPRESENTATIVES  (Office Use Only)	IVES
Filer  Candidate for the State: AC Date of House of Representatives District: 2 Election  Status  New officer or Employing Office:	Date of 5-30-14 Check if Amendment	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	assessed who files
In all sections, please type or print clearly in blue or black ink.			
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	ESE QUESTIONS		
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  No  No  No  No  No  No  No  No  No  N	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.	or two years? 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? Yes No If yes, complete and attach Schedule II.	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	rangement Yes	No
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No No	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.	\$5,000 from Yes	
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	e appropriate schedule attached for	each "Yes" response.	(
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —		ANSWER EACH OF THESE QUESTIONS	σ
<b>TRUSTS</b> —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?	thics and certain other "excepted trusts" need no	ot be Yes	No X
<b>EXEMPTION</b> —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.	ome, transactions, or liabilities of a spouse or de first consulted with the Committee on Ethics.	ependent child Yes	<u>₹</u>

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name

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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 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

<b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits rea	ceived under the Social S	Security Act.
Source (include date of receipt for honoraria)	- Cont	Amount	unt
Course (liminae date of fecerbi for florioratia)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
University of ARat Little Rock, Little Rock AR	Salary	6817	40,900
State of KR - General Assembly	Salwy + rembursance	7,818.	48, 674
	_	,	,

Arvest Brank	REF	Farmland, Miss. Co. AR	JT 1st Bank of Paducah, KY accounts	Examples:	SP, Mega Corp. Stock	homes and vacation homes ( <i>unless</i> there was rental income 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.	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	rine end or me reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols).  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.  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.	Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at	BLOCK A
X	×	×	×	Indefinite	×	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 \$5,000,000 \$25,000,001 \$50,000,000 \$25,000,001 \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		> B C D E T G H	method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."  *This column is for assets solely held by your spouse or dependent child.	Value of Asset Indicate value of asset at close of reporting year. If you use a valuation	вгоск в
*	*	X	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	ome)		allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Type of Income Check all columns that apply. For retirement accounts that do not	BLOCK C
×.	× ×	× × ×		×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$60,000 \$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* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$1,000,000 Spouse/DC Income over \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$1,000,000 \$50,001 - \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year		For assets for which you check the "None" polymer For	BLOCK D

#### SCHEDULE III — LIABILITIES

Name Ann Clemmer

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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-

		1						Amo	ınt of	Amount of Liability	lity			
SP,		Date Liability		٧	В	ဂ	0	m	71	( <sub>4</sub> )	<u> </u>	, <u> </u>	, <u>-</u>	
DC, JT	Creditor	Incurred mo/year	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	\$5,000,001— \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Spouse/DC Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				Ь							
	none								<del></del>					
									-					

#### 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	 	 			_
		-	O/R	Position	allu positioris solely of all floriorary flature.
				Name of Organization	ature.

### SCHEDULE V — AGREEMENTS

Name In Cleumer

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Identify the date service; continue fit plan mainta	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future emploservice; continuation or deferral of payments by a former or current employer other than the U.S. Government efft 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 benefit plan maintained by a former employer.
Date	Parties To	Terms of Agreement
01-01-14	01-01-14 De Chiv. of AR-Lithe Rock	unconspensated- 1/2 time leave. Simely
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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 I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
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GPO: 2013

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