⊠ S	Yes	pendent child	bilities of a spouse or dep Committee on Ethics.	e, transactions, or liaterst consulted with the	sarned" incomess you have fi	y other assets, "une it answer "yes" unle	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.	se they meet all thr	becaus
×	Yes	of be	excepted trusts" need no lent child?	spouse, or a depend	nittee on Ethic ting you, your	proved by the Comr	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?	rs—Details regardi ed. Have you exclu	TRUST
ଊ	QUESTION)F THESE (- ANSWER EACH OF THESE QUESTIONS		TINFOR	NT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	USION OF S	 XCL
	esponse.	each "Yes" r	edule attached for each "Yes" response	appropriate sche	and the a	st be answered	Each question in this part must be answered and the appropriate sched	Each q	
No X	Yes	\$5,000 from	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.	VI. Did you receive compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI.	8	r. 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.	you, your spouse, or bility (more than \$10,0 complete and attach	III. Did able liab If yes, c
No X	Yes	rangement	 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 reportable agreemer with an outside entity? If yes, complete and attach Schedule V.	8	iod? 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.	II. Did you, your spouse, or a dependent income of more than \$200 in the reporting reportable asset worth more than \$1,000 if yes, complete and attach Schedule II.	II. Did y income reportat
No No	Yes	pefore the date	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.	IV. Did you hold any reportable positions o of filing in the current calendar year or in the figure, complete and attach Schedule IV.	No	s or 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.	I. Did you or your spouse have "earned" in fees) of \$200 or more from any source in If yes, complete and attach Schedule I.	I. Did y fees) of If yes, c
			S	ANSWER EACH OF THESE QUESTIONS	OF THES	SWER EACH		PRELIMINARY INFORMATION	PREL
	o days late.	lifore trials 30 days late				Employing Office:	employee Emp	L emp	:
assessed who files	– e	A \$200 penagainst any	Check if Amendment	n: 2014	Date ofElection:	State: M, NURSOTA District: A	or the Representatives er or		Filer Status
VES (V	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	U.S. HOUSE OF (C		i Giopiiolie.	рауппис	<u>.</u>	OK ILVO~	# C # 4 C B	Mail
пес 8 // /	2013 APR 10 PM 1: 48	2013 APR		Davtime Telephone:	Davtime)	Name.
Page 1 of	APR U 2 2013	APR 0 2 2013 APR 0 2 2	FORM B For use by candidates and new employees	FORM For use by candidates		NTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, בין אאנובין און און	UNITED STATES HOUS FINANCIAL DISCLOSU Period covered: January 1,	UNIT FINA Perio

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Genson

Page 2 of

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.

								MEGGITT PLC	Harris County, Texas Public Schools	XYZ Trade Association, Chicago, IL (Rec'd December 2)	First Bank & Trust, Houston, TX	XYZ Corporation, Houston, TX	Scarce (ilicade date di lecelpi loi ridilotalia)	POLITOB (include date of receipt for honoraria)	
							4	SACARY	Spouse Salary	Honorarium	Director's Fee	Salary	lype	Time	
							,	50,000	NA	0	\$400	\$6,300	Current Year to Filing	Amount	
		5 5 5 5 5 5 5		į			,	198,000	NA	\$1,000	\$3,200	\$28,450	Preceding Year	unt	

The STABLE VALUE FUND THE STABLE VALUE FUND	DAILY SMALL CAP BRAN DIR CYLON SMARRES 3X BEAR ETF	Tanco A		DC, Examples: Simon & Schuster	For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second 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 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.	account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address.	BLOCK A 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 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. 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) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, invokes only the name of the institution, holding the
*	× ×	< ×	×	Indefinite	\$1,0 \$15,0 \$15,0 \$100 \$250 \$500 \$1,0 \$5,0 \$25,0	- \$1,000 001 - \$15,000 ,001 - \$50,000 ,001 - \$100,000 0,001 - \$250,000 0,001 - \$500,000 0,001 - \$5,000,000 000,001 - \$5,000,000 000,001 - \$25,000,000 ,000,001 - \$50,000,000		ABCDEFGHIJKL	BLOCK B Value of Asset 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
×		*	X	Royalties	DIVI REM INTI CAF EXC TAX	IDENDS	Farm Income))	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) 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.
X X	* *	× ×	×	>	\$20 \$1,0 \$2,5 \$5,0 \$15 \$10 \$1,0 Ove Non \$1 - \$20 \$2,5 \$5,0	- \$200 11 - \$1,000 101 - \$2,500 501 - \$5,000 1001 - \$15,000 1001 - \$15,000 1001 - \$100,000 1001 - \$1,000,000 1000,001 - \$5,000,000 1000,001 - \$5,000,000 1000,001 - \$5,000,000		Current Year Preceding Year	Amount of Income 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 capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

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Name DAVID GREESSON

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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. 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

					JT SP,
			HELLS FARGO	Example: First Bank of Wilmington, DE	Creditor
			Homeonser 2012	May 1998	Date Liability Incurred mo/year
			Live of CREDIT	Mortgage on 123 Main Street, Dover, DE	Type of Liability
					\$10,001— \$15,000
			×		\$15,001— \$50,000 W
-		 			\$50,001— \$100,000
-		:		×	\$250,000
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t				-	\$25,000,001— \$50,000,000
					Over \$50,000,000

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 nonorary nature. Position			
ature.			, , , , , , , , , , , , , , , , , , , ,
Name of Organization			1

Use additional sheets if more space is required.