	ACT -2 ont	1
UNITED STATES HOUSE OF REPRESENTATIVES FORM B Period covered: January 1, 2013 - 0 1 1 2014 For use by candidates and new employees	LEGISLATIVE RESOURCE CENTER:	Page 1 of
Name: / h () Should Daytime Telephone	OFFICE OF THE CLERK S. HOUSE OF REPRESENTATIVES A	m Ø
	(Office Use Only)	
Filer Candidate for the State: 11 Date of House of Representatives District: Election: Ud IU Amendment	10	assessed h
Status New officer or Employing Office:	more than 30 days late.	THE STATE OF THE S
In all sections, please type or print clearly in blue or black ink.		
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
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? Yes No 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.	r two years? Yes	š Ţ
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 Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	angement Yes	S S
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No III. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule III.	55,000 from Yes	□ S
Each question in this part must be answered and the appropriate schedule attached for	dule attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH O	ANSWER EACH OF THESE QUESTIONS	S
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?	of be Yes	№
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.	pendent child Yes	8 1

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name
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Page of 1

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

Excitoe: Military pay (such as National Guard of Heserve pay), lederal retirement programs, and benefits received under the social security Act. Amount	T	Amount Amount	unt
Source (include date of receipt for nonoraria)	Type	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
See atheled (m-23)			

Gary Powell, Delaware County, PA - consulting fees - \$300

Jessica Crane, Maricopa County, AZ - consulting fees - \$300

Diane Gochin, Huntingdon Valley, PA - consulting fees - \$1500

Brian Humphries, Bethlehem, PA - consulting fees - \$500

John Kulesa, Montgomery County, PA - consulting fees - \$300

Nancy Maresh, Colorado - consulting fees - \$200

Dorcas Holmes, Harrisburg, PA - consulting fees - \$15000

John Kistler, Caron County, PA consulting fees - \$300

Mickey Paoletta, Mechanicsburg, PA - consulting fees - \$500

2014

Cheryl Cohens, Baltimore, MD - consulting fees - \$600

Brian Humphries, Bethlehem, PA - consulting fees - \$500

Gary Ford, Delaware County, PA - consulting fees - \$300

Mickey Paoletta, Mechanicsburg, PA - consulting fees - \$2500

Kelly Conard, South Carolina - consulting fees - \$500

Frances Scott, Conifer, CO - consulting fees - \$1000

Raymond Welby, Moosic, PA - consulting fees - \$500

Cory Jones, Elizabethville, PA - consulting fees - \$500

Larry Snyder, Mercer County, PA - consulting fees - \$300

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			-	_		Examples:		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 homes and vacation homes (unless there was restall	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 Riock A	Identify (a) each asset heid for investment or production of income with a fair market value exceeding \$1,000 at 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) 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.	BLOCK A Asset and/or income Source
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				1	1st Bank of Paducah, KY accounts	Simon & Schuster	SP Mega Corp. Stock	portin propertin propertin propertin propertin properties and the properties of the properties of the properties and the properties are properties are properties are properties and the properties are properties are properties and the properties are pro	3 8	eres aded	mark mark orting ource near near near reti value s the s add the c	3 E
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						Indefinite		\$15,001 \$50,000		Ö	valuand tred	<
				ļ		튭	X	\$50,001 - \$100,000		т	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." *This column is for assets solely held by your spouse or dependent child.	BLOCK B
	<u> </u>	 	<u> </u>	ļ	×		Ш	\$100,001 - \$250,000		77	f you sold included for a	BLOCK B
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	├		┼─	+	×	-		INTEREST			Check all columns that appretirement accounts that of allow you to choose spinvestments of that general deferred income (such as plans or IRAs), you may che "fax-Deferred" column. Divid interest, and capital gains, if reinvested, must be closed as income. Check "if the asset generated no ir if the asset generated no ir during the reporting period.	BLOCK C
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								TAX-DEFERRED			t apphat as as a single like to be as as a single like to be a sin	3
			-			Royalties		Other 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.	D
	<u> </u>	ļ		ļ	ļ	8	,	(Specify: e.g., Partnership Income or Farm In			8 4 4 3 4 2 7 7 7 7 9 9	
<u>-</u>	—	ļ	├		╀			None \$1 – \$200	=	-	sport in the sport	
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	ļ.,	-	 	 	L	 		\$50,001 - \$100,000	<u>≅</u> ×	Current Year	For assets for which you check the "None" column. Fincome by checking the apand capital gains, even income. Check "None" if no * This column is for income spouse or dependent child.	
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	₩	 	 	 		-		\$1,001 - \$2,500	<u> </u>		For assets for which you checked "Tax-Deferred" in Block C, yecheck the "None" column. For all other assets, indicate the cate income by checking the appropriate box below. Dividends, in and capital gains, even if reinvested, must be disclos income. Check "None" if no income was earned or generated * This column is for income derived from assets solely held I spouse or dependent child.	U
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	<u> </u>	ļ	∔	-	1	┞-		Over \$5,000,000	×		may y of est, as	
	1	1 .			I			Spouse/DC Income over \$1,000,000*	¥			

SCI Conti	SCHEDULE II — ASSETS ANI Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME		Name AMIA OATIONAL Page of of
	BLOCK A	BLOCK B	вгоск с	BLOCK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
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D _C		000 0,000 50,000 00,000 000,000 5,000,000	IS LIND TRU ED	0 000 000 000,000 ,000,000 ver \$1,000,000 0 0 00 000
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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 furniling 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-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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Size Market	My Toky	185	US 1) I Education	Example: First Bank of Wilmington, DE	Creditor	
	29050	9105	Mr.)(1)(May 1998	Date Liability Incurred mo/year) ,
	line d Crest	Replaces	stable was tracked	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
					\$10,001— \$15,000	
	×	ļ	×		\$15,001— \$50,000 W	
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<u> </u>				L	\$1,000,000 TI	Amount of Liability
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					\$50,000,000	
					\$50,000,000 Spouse/DC	
					Liability over 大 \$1,000,000	

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States 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,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position Position	JJ/A	-		
lature.				
Name of Organization				
			i.	

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE SCHEDULE V — AGREEMENTS Example: 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 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 benrecognized by law. Do not repeat information listed on Schedule I. efft plan maintained by a former employer. Date Doe Jones & Smith, Hometown, Homestate Likeliany 1 compa Source (Name and Address) Parties To Accounting services SS S Name 12000 **Brief Description of Duties** Terms of Agreement

GPO: 2013

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