| | | 1. |
|---|--------------------------------|--------------|
| UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2014 - 19 Au 15, 2012 For use by candidates and new employees | JUN 0 5 2012 | 2012 2012 |
| Name: \(\); ; am Parne (\(\D); qas\) Daytime Telephone | 2012 JUN 13 PM 1: 16 | 16 (() |
| | U.S. HOUSE OF REPRESENTATIVES | TIVES |
| Filer Candidate for the State: SC Date of 11/0/12 Check if House of Representatives District: OT Election: 11/0/12 Amendment | | assessed |
| Employing Office: | more than 30 days late. | |
| in all sections, please type or print clearly in blue or black ink. | | |
| I. Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period? Yes VI No I filling in the current calendar year or in the prior two years? | ore the date | ₹ |
| | | |
| 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 Myes, complete and attach Schedule V. If yes, complete and attach Schedule V. | Yes | ₹ |
| iii. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes 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 III. | ,000 from Yes [V] | ₹ |
| Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | ach "Yes" response. | |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OI | ANSWER EACH 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 benefiting you, your spouse, or a dependent child? | bө 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. | endent child Yes | ₹ |
| | | |

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name William Parnell Diggs Page 20 of 15

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.

| Excluse: williarly pay (sections included or income pay), receive the | Sugar biograms; and ponome is | Correct discountry occurs. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|---|-------------------------------|----------------------------|---|
| College (include date of speciet for homograph) | Type | Amount | ST. |
| Conce (include date of receipt of floridation) | - y poo | Current Year to Filing | Preceding Year |
| XYZ Corporation, Houston, TX | Salary | \$6,300 | \$28,450 |
| 7 | Director's Fee | \$400 | \$3,200 |
| XYZ Trade Association, Chicago, IL (Rec'd December 2) | Honorarium | 0 | \$1,000 |
| Harris County, Texas Public Schools | Spouse Salary | NA | * |
| Diads Law Firm | orefits | 0 | 47, 944, co |
| | | | : |
| Digas Law Firm | spouse salary | NA | νA |
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|----------|--|--------------|--|--------------|----------------|----------|-----------|--|--|--|
| | | | | | EGEdwards -IRA | | Examples: | SP Mede Corp. Stock | icocurrit and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly tracted, state the name of the business, the nature of its activities, and its geographic location in Biock A. Exclusion in Biock A. Including A. Exclusion in Biock A. Exclusion in Biock B. Exclusion in B | 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 seet 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 the and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you plans) that are self-directed (i.e., plans in which you have the power, even if not self-directed, to each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, for exitement accounts which are not self-directed. |
| | <u> </u> | | - | 1 | × | 1 | - | | | |
| | | | | | | | | i . | None > \$1 - \$1,000 : 00 | 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." |
| | | | | | | | 3 | | \$1,001 - \$15,000 O | me, set of the set of |
| - | 4 3 | | | | | | ndefinite | | \$15,001 - \$50,000 U | BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a raluation method other than fal market value, please specify th method used. If an asset was sold during the eporting year and is included only because it generated moome, the value should be None." |
| 1 17. | <u> </u> | 138. | - | 1283 | 1 | | <u>:₹</u> | × | \$50,001 - \$100,000 m | BLOCK B Value of Asset value of asset at thing year. If you u n method other th railus, please spe used. Je was sold durin generated ause it generated the value should |
| | | | | | 12.50 | × | | | \$100,001 \$250,000 ກ \$250,001 \$500,000 | BLOCK B LIFE OF As LIFE OF ASS |
| ٠., | | - | | 970 | 1 | | - | 18 | \$500,001 - \$1,000,000 Z | Short Services |
| | ┰ | | 1 | | 1 | 1 | 1 | | \$1,000,001 - \$5,000,000 - | ate of the special spe |
| | | | | | | | | | \$5,000,001 - \$25,000,000 | pe de la city |
| | | | | | | L | | | \$25,000,001 - \$50,000,000 × | |
| | | | | | | | | | Over \$50,000,000 | |
| 12 72 | | 17.77 | | | X | | _ | × | NONE | 글로로크로로 등로 유 |
| <u> </u> | | 120 s.c." | 1 2 | | 3 13.3 | × | | | DIVIDENDS RENT | Type of In Check all columns retirement account allow you to choose ments or InAs), you plane or IRAs), you interest, and capit if relimested, must be income. Check asset generated no the reporting period |
| ····· | † | | 1000 | | 135 | | | | INTEREST | one of the series of the serie |
| | | | 1 | | 1 | | | | CAPITAL GAINS | and |
| | | | | 100 | | | | 1 | EXCEPTEMBLIND TRUST | BLOCK C B of Inc b of Inc blumns the coounts that ger that ger ome (suc ome (suc ome (suc as), you mu d'column d'c |
| | | | | | | | | | TAX-DEFERRED | |
| | | | | | | | Royalties | | Other Type of Income (Specify e.g., Partnership Income or Farm Income) | BLOCK C 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 "lax-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 | | | | None | |
| | ļ., | 1 | | | _ | . | ļ., | | \$1 - \$200 = | 1 |
| ٠ | | 4.5. | | 1000 | | 1 | 1 | | \$201 - \$1,000 = | |
| <u> </u> | 1 | 1 | 1 | 113 | 1 - | | × | × | \$1,001 - \$2,500 | ing approve |
| · | | | | † | 1 | t | | - | \$5,001 − \$15,000 ≤ 3 | Amount of Income Amount of Income 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. |
| 1 | | | | | | | | | \$15,001 - \$60,000 | * * * * * * * * * * * * * * * * * * * |
| | | | L | | | | | | \$50,001 - \$100,000 | |
| | | | | | | | | | \$100,001 - \$1,000,000 | BLOCK D Amount of Income for which you che Block C, you mey mn. For all other ass ry of Income by ch box below. Dividend gains, even it relined das income. Check earned or generated. |
| | | | | 45 2 2 | | 1 | | | \$1,000,001 - \$5,000,000 × | e no be no co |
| | | 1 | | 100 | k - | | | 1000 | Over \$5,000,000 × | Mhich you k C, you or all other lincome elow. Diving or general or general control or gen |
| | | - | | - | +X | 1 | - | | None – | you you other of inc |
| | | | 1 | | 1 | ╁ | <u> </u> | × | \$1 - \$200 = \$201 - \$1,000 = 70 | THE STATE OF THE S |
| | - | - | 1 | 1 | 1 | 1 | | - | \$1,001 - \$2,500 = 3 | ed. |
| | | 1 | 1 | 1 | 1 | × | × | | \$1,001 - \$2,500 | Income you checked "Tax- you may check the ther assets, indicate e by checking the Dividends, interest, if reinvested, must h. Check "None" if no merated. |
| : | | | | | | | | | \$5,001 - \$15,000 <u>S</u> | |
| | | | | | | | | | \$15,001 - \$50,000 \(\leq\) \(\frac{1}{2}\) \(\frac{1}{2}\) | "Tax-ck the ck the rdicate ng the terest; must no e" if no |
| | ļ · · · | | | | | | _ | | \$50,001 - \$100,000 | 0 A + 0 0 0 0 7 |
| | <u> </u> | ļ | ļ | | <u> </u> | 1 | | | · · · · · · · · · · · · · · · · · · · | |
| : | <u> </u> | 1 | 1 | 1: | | - | | | \$1,000,001 - \$5,000,000 × | 1 |
| | <u></u> | <u> </u> | 1 | 1 | | 1_ | : | <u>: </u> | Over \$5,000,000 ≚ | |

SCHEDULE III — LIABILITIES

Namo William Parnell Diggs

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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 sibling 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. 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 owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-

| Liability Type of Liability mo/year May 1998 Morigage on 123 Main Street, Dover, DE | Type of Liability A BIS.0000 S15.000 S15. | \$10,001— > \$15,001— to \$50,000 C | Type of Liability Amount of 15,001 - 50,000 - 61,000 - 6 | Type of Liability 15,001— 30 15,000— 30 15,000— 60 100,000— 60 |
|--|--|--|--|--|
| | \$10,001— \$15,000 > \$15,001— m | \$10,001— > \$15,001— D \$15,001— D \$50,000— O | F10,001— P15,000 P150,000 C1100,000 C1100,000 P15250,000 P1550,000 P15500,000 | 115,001— 20 115,000— 20 115,000— 20 1100,000— 20 1100,000— 20 1100,000— 20 11,000 |
| | \$15,000 m | \$15,000 | 115,000 | 15,000 00 00 00 00 00 00 00 00 00 00 00 00 |

SCHEDULE IV - POSITIONS

cer, 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. 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 offi-

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);

| _ | and populary percit of an increase, natural | Ç. | |
|---|---|----------|--|
| | Position | | Name of Organization |
| _ | President | National | National Federation of the Blind of South Carolina |
| | Member Board of Director | National | ′ |
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SCHEDULE V — AGREEMENTS

Name William Parnell Diggs Page 505

| Date | Parties To | Terms of Agreement |
|------|------------|--------------------|
| | | |
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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 |
| Social Security Admin, Baltimore, MD | legal services, appointed rep. |
| Nettonal Fideration of the Blind Service Frendetto Legal service | legal services |
| Bx/Hmore,MD | |
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