8 ⊠	Yes 🔲	∌pendent child	ies of a spouse or de ommittee on Ethics.	, transactions, or liabiliti st consulted with the Co	arned" income, s you have firs	er assets, "unea wer "yes" unles	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.	EXEMPTION—Habecause they meet
8	Yes 🔲	ot be	epted trusts" need no	s and certain other "exc spouse, or a dependent	ittee on Ethics ing you, your s	d by the Comm า a trust benefit	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?	TRUSTS—Details I
S	QUESTION	OF THESE (ANSWER EACH OF THESE QUESTIONS	1	T INFORN	OR TRUS	XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	XCLUSION
	esponse.	each "Yes" n	le attached for	ppropriate schedu	and the ap	e answered	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	Ee
₹	Yes 🔲	\$5,000 from	ensation of more than a prior years? ach Schedule VI.	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.	<u>\$</u>	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.	III. Did you, your spouse, or a dependent able liability (more than \$10,000) during th If yes, complete and attach Schedule III
8	Yes 🔲	rangement	ortable agreement or an	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	8	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.
N ₀	Yes 🔲	before the date or two years?	ortable positions on or bendar year or in the prior ach Schedule IV.	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.	₹	Yes 🔲	t. 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.	t. Did you or your spo fees) of \$200 or more if yes, complete and
				ANSWER EACH OF THESE QUESTIONS	OF THESI	ER EACH	in all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW	RELIMINAR
	more than 30 days late.	more than 3				Office:	employee Employing Office	
assessed who files	A \$200 penalty shall be a	A \$200 pen against any	Check if Amendment	Date of June 3,2014	Date of Election:	California	Candidate for the State: Ce House of Representatives District:	Filer Status
	(Office Use Only)	CC «						
ATIVES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE		Daytime Telephone:	Daytime [']		Melvin E. Levey	Name: Me∣
26	2013 DEC "4 PM 1: 26	2013 DE	nd new employees	To use by candidates at		22, 2013	Period covered: January 1, 2013	Period covered
Page 1 of 3	Page 1 o LEGISLATIVE RESOURCE CENTER	LEGISLATI	8			ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	UNITED STAT

Microsoft Stock		American Express Stock	Merco Credit Union Aucts	USAA Federal Sovings Money Madde	USAA Accts - Checking		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 breation in Block A	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.	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	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.	BLOCK A Asset and/or Income Source
✓	<u> </u>	\(\)	<	<	<	×	Indefinite	X	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 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000		A B C D E F G H - J K L M	This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report-	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.	BLOCK B Value of Asset
\ 	<	_	<	<	<	×	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)		during the reporting period.	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	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))	BLOCK C Type of Income
						×		×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Cver \$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 \$1,001 - \$2,500 \$1,001 - \$2,500 \$1,001 - \$5,000 \$1,001 - \$5,000 \$50,001 - \$1,000,000 \$100,001 - \$5,000,000 Cver \$5,000,000 Spouse/DC Income over \$1,000,000 \$1,000,001 - \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year		* This column is for income derived from assets solely held by your spouse or dependent child.	=	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	Amount of Income

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Melvin E. Levey

Page 3 of 2

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AMCAP Fund - Class	AMCAP Fund - Class	American Funds Roth IRA	Loan to Mel Levey for Longer	UBS Bank USA Deposit Auct	USAA Universal Life Insurance	Apple	Samson bas and Oil Stock	Armour	Annaly Capital Stock	Wells Fargo Stock	Bank of America	Harley Davidson	IMAX		Asset and/or income Source	
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