S S S	Yes	of the pendent child	ANSWER EACH OF THESE QUESTIONS other "excepted trusts" need not be dependent child?  yes   or liabilities of a spouse or dependent child  with the Committee on Ethics.	PUST INFORMATION — AN: Committee on Ethics and certain other "exenefiting you, your spouse, or a depende "unearned" income, transactions, or liabil unless you have first consulted with the C	ST INFO	DR TRUS  d by the Com a trust benefit r assets, "une wer "yes" unle	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?  EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependence they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	TRUSTS disclose EXEMP because
	esponse.	each "Yes" r	schedule attached for each "Yes" response.	appropriate	d and the	answere	Each question in this part must be answered and the appropriate sched	
\$   	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.	$\vdash$	8	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 y able liabii <b>If yes, cc</b>
\$   	Yes	angement	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 re with an outside entity? If yes, complete and a	\	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 yo income o reportabl <b>If yes, co</b>
§	Yes	efore the date r two years?	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 ho of filing in the If yes, comple	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes 🖸	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>	l. Did yo fees) of \$ <b>If yes, cc</b>
			TIONS	SE QUESTIONS	EACH OF THESE		In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWER	in all sec
WIIO		more than 30 days late		,		Office:	New officer or Employing Office:	Status
assessed		A \$200 pen	2014 Check if Amendment	do May	Date of Election:	ρ <u>Α</u> Ο 8	Candidate for the State: House of Representatives District:	Filer
	(Office Use Only)	)) (0)						
20.	20 MIL 01	2013 1101 2	<b>e</b> .	Daytime Telephone:	Daytim		e: Kevin R Strouse	Name:
Page 1 of [[	· 33	MAY 1	FORM B	<b>FORI</b> For use by candidates		TIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - بالمناج القرارة المناقبة القرارة المناقبة التقريبة القرارة المناقبة القرارة المناقبة ال	UNITI FINAI Period

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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name	
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Strouse	
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.

	I	Amount	unt
<b>Source</b> (include date of receipt for notionaria)	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
Central Intelligence Agency	Salary	31, 273.80	109, 482.83
The Avascent Group, Washington, DC	Spouse Salary	•	
Motlife Short form disability	Spouse		
C			

I <i>≂</i>	JT Standard and Pools ETF	JT Qualcomm Stock	JT Berkshire Hathanon B Slowes Sta	JT 80 Stock	JT USAA Checking Acounts	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	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.  Exclude: Your personal residence, including second homes and vacation homes (unless 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.	For rental or other real property held for investment, provide a complete address.	BLOCK A  Asset and/or income Source Identity (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 holds in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account self-to-retire nerion periods.
	×	×	×	*	*	×	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 - \$5,000,000 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	3 0 0 0 0 0 0 0 0 0	BLOCK B  Value of Asset  Value of Asset at close of reporting year. If you use a raluation method other than fair narket value, please specify the nethod used.  If an asset was sold during the eporting year and is included only because it generated noome, the value should be None."
*	*	*	*	×	*	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	9)	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.
*	×	*	7X	*	*	×	X	X	None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       ≥         \$2,501 - \$5,000       ≥         \$15,001 - \$15,000       ≦         \$15,001 - \$100,000       ≦         \$100,001 - \$1,000,000       ≥         \$1,000,001 - \$1,000,000       ×         Over \$5,000,000       ×         None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       ≥         \$2,501 - \$5,000       ≥         \$5,001 - \$15,000       ≤         \$50,001 - \$100,000       ≦	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.

	BLOCKA	BLOCK B	BLOCK C	
	Asset and/or Income Source	Value of Asset	Type of Income	ome
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85	1	X		X
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45	- Anne ipal Real Estate Front	X		X
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37	Ö	X	X	

Contin	Continuation Sheet (if needed)		Γ,	Name of the second of the seco
	BLOCK A	BLOCK B	BLOCK C	BLOCK D
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4	BUCKS CUTY PA 57, 6/1/18 BOND	×	×	×
9	57 2/1/23 BOUD	X	X	×
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Contin	Continuation Sheet (if needed)			
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St	PIMCO HIGHYIELD BOND	X	×	X
7	POWER S HARES	×	X	X
4	PROT SECS	×	X	X
4	SHARE	X	X	X
5	SPAR GOLD FUND	X	X	X
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PITAL GAINS PEPTED/BLIND TRUST -DEFERRED  or Type of income oity: e.g., Parinership income	olfy: e.g., Partnership income	olfy: e.g., Partnership income			- \$1,000 ≅	- \$1,000 ≅	- \$1,000	- \$1,000	-\$1,000   E	-\$1,000	- \$1,000   E	\$1,000 E -\$2,600

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Kevin Strouse

	-		
BLOCK A	вгоск в	BLOCK C	BLOCK D
Asset and/or Income Source	e Value of Asset	Type of Income	Amount of Income
SP,	A B C D E F G H I J	K	Current Year
DC JT,	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  Over \$50,000,000  NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Incomor Farm Income)	None \$1 - \$200 == \$201 - \$1,000 == \$1,001 - \$2,500

#### SCHEDULE III — LIABILITIES

Name Kevin Strouse

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

				SP, DC,
	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		Example:   First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001— \$15,000
L				\$15,001— \$50,000
		 		\$50,001— \$100,000
L			 ×	\$100,001— \$250,000 D
$\mid$				\$250,001— m int of
-		 	 L	\$250,000
-	i			\$5,000,001—
-		-	$\vdash$	\$25,000,000 <b>-</b> \$25,000,001
-		 	_	\$50,000,000
L				\$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 honorary pature

		Position	and positions solely of an nonorary nature.
		Name	ature,
		Name of Organization	

Use additional sheets if more space is required.

### SCHEDULE V — AGREEMENTS

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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.

# 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 !**.

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

GPO: 2012 72-584 (mac)