<b>8</b> ⊠	Yes	ependent child	ilities of a spouse or de Committee on Ethics.	"unearned" income, transactions, or liabilitudes you have first consulted with the C	arned" income ss you have fir	er assets, "une wer "yes" unled	<b>EXEMPTION</b> —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 because they
<b>₹</b>	Yes	ot be	cepted trusts" need not	s and certain other "exc spouse, or a dependen	nittee on Ethics	d by the Comm	<b>TRUSTS</b> —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—De disclosed. Hav
<b>o</b>	QUESTIONS	EACH OF THESE (	ANSWER EACH C	MATION - ANS	T INFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —	EXCLUSIO
	esponse.	each "Yes" r	ule attached for each "Yes" response	ppropriate schedu	and the a	e answered	Each question in this part must be answered and the appropriate sched	
S ⊠	Yes	\$5,000 from	pensation of more than open years? tach 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.	<b>8</b> ⊠	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, you able liability (mo if yes, complet
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.	S <sub>o</sub>	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, you income of more reportable asse if yes, complet
□ S	Yes 🔀	before the date	ortable positions on or bendar year or in the prior tach 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.	8	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>	I. Did you or yo fees) of \$200 or If yes, complet
				EACH OF THESE QUESTIONS	OF THESI		PRELIMINARY INFORMATION — ANSWER	PRELIMIN
							places type or print clearly in blue or black ink	ln all sections
assessed who files	- 10	A <i>\$200 penalty</i> shall be against any individual more than 30 days late.	Check if Amendment	11/4/14	Date of Election:	Second Office:	Candidate for the State: Ar Kouts As House of Representatives District:	Filer Status
	(Office Use Only)	(C					0 0	
			,	ري. Daytime Telephone.	Daytime		Patrick Henry Hous	Name:
IVES	U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE O				ľ		
BER of S	LEGISLATIVE RESOURCE CHANGER of S  2013 DEC 27 AM 10: 39	LEGISLATIVE 2013 DEC	B and new employees	<b>FORM B</b> For use by candidates and new employees		TIVES 20, 2013	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - \\ \cent{20}	UNITED S FINANCIA Period cove

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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.

exceeding \$1,000. See examples below. <b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	ceived under the Social S	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Course (include date or receipt for including)	) po	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
Argenta Arts Bundation, North Little Rock, AR Salary	Salary	29,166	Ō
City of North Little Rock, AR	Salary	Ō.	110.624
	<b>a</b>		•

**BLOCK A** 

of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated Identify (a) each asset held for investment or production Asset and/or income Source

Provide complete names of stocks and mutual funds (do not use ticker symbols)

account that exceeds the reporting thresholds For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the

"rental pr provide For rental or other real property held for investment.

For an ow that is no ness, the ocation

Exclude

accounts; derived to the Thrift homes at income ding \$5,00

income s dent child in the op # you so

please re For a def

DC, Exa

ş

### Value of Asset **BLOCK B**

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

it generated income, the value should If an asset was sold during the report-ing year and is included only because be "None."

"This column is for assets solely held

Type of Income

"Tax-Deferred" column. Dividends plans or IRAs), you may check the deferred income (such as 401(k) investments or that generate taxallow you to choose specific retirement accounts that do not Check all columns that apply. For

BLOCK C

if the asset generated no income closed as income. Check "None" If reinvested, must be disinterest, and capital gains, even

BLOCK D

### Amount of Income

and capital gains, even if reinvested, must be disclosed as 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, income. Check "None" if no income was earned or generated.

spouse or dependent child. \* This column is for income derived from assets solely held by your

Over \$5,000,000         ≚           Spouse/DC Income over \$1,000,000*         ≚           None            \$1 - \$200         =	\$1,001 - \$2,500 \\ \times \times \\$2,501 - \$5,000 \\ \times \\$2	ithe Rock Schools Pension X	Lity Pension	TRA V	Acción Hour 161 12C	, KY accounts	amples: Simon & Schuster Indefinite Angelies X		None	nterest in a privately-held business A B C D E F G H I J K L M Current Year traded, state the name of the busing tits activities, and its geographic Current Year	or other real property held for investment, by your spouse or dependent child.  *This column is for assets solely held during the reporting period.  by your spouse or dependent child.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Over \$5,000,000	×				×	×	-	\$1,001 - \$2,500       <	Current Year	

## SCHEDULE III — LIABILITIES

Name Patrick Henry Hays Page 4 or 5

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 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.

					SP, DC, JT
			None	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
					\$15,001— \$50,000 <b>D</b>
		·····		_	\$100,000 C
				-	\$250,001
					\$500,000 m s500,001— s1,000,000— s5,000,000 G s5,000,000 H s25,000,000 H s25,000,000 H
·					\$1,000,001— \$5,000,000 Ω
					\$5,000,001— ± \$25,000,000
					\$25,000,001— \$50,000,000
					Over \$50,000,000 <b>C</b> Spouse/DC
					Liability over ス \$1.000.000

## **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);

TOLEI	President : Chairman of Board TCLEI
Avainta Arts Foundation	Consultant
Metroplan	Member of the Board
U.S. Conference of Mayors	Trustee
Name of Organization	Position

## SCHEDULE V -- AGREEMENTS

Name Patrick Henry Hogs

Page 5 of 5

			Vested 2007	Date	Identify the date service; continue efft plan maintai
•			Myself a City of North Little Rock	Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with r service; continuation or deferral of payments by a former or current employer other that effit plan maintained by a former employer.
		20+ years of sensice	AR Statutory Pension Provision-Numers with	Terms of Agreement	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 I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
None	

GPO: 2018

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