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UNITED STATES HOUSE OF REPRESENTATIVES FORM B FORM B Period covered: January 1, ション・ 「チャップ・ナー・ファンド・ファンド・ファンド・ファンド・ファンド・ファンド・ファンド・ファンド	2014 MAR 11 PM 1:44	1889 1 of (
	CERICO OF REPRESENTATIVES	VES
Name: Duller, Tunya Clizabeth Bond Daytime Telephone		
	(Office Use Only)	
Filer Candidate for the State: 12 11 1 19 14 Date of 2011 - 2015 Check if Election: 2011 - 2015 Amendment	A \$200 penalty shall be assessed	assessed
Status New officer or Employing Office:	more than 30 days late.	1100
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 UNDID 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.	pefore the date or two years? Yes	Z S
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 Lyou you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule II.	rangement 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 Wy. 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.	\$5,000 from Yes	S S
Each question in this part must be answered and the appropriate schedule attached for	ule attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH (SWER EACH OF THESE QUESTIONS	<u> </u>
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?	ot be Yes	G S
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.	spendent child Yes	No.

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Dr. P. Tanic Page / of 2

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.

	Exercises military but (business interior business of but the business of but the business of business of but the business of		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
Evamolas:		Director's Fee	\$400	\$3,200
ryampico.		Honorarium	0	\$1,000
	Harris County, Texas Public Schools	Spouse Salary	NA	NA
	W/W		War	NA
			N/M,	
	41/4	1	N/n	
		///	W / N	u/u
	N/N	N/W	//	N/N
	Non-accumplate	NA	N/B	N/4
	N/A	MA	NA	NA
	MA	h/A	11/10	NA
	4/ W	m/a	10/1/A	N/A
	N/N	at / h	Nh	n/a
	w/n	NA	1/4	n/a
	n/n	n/h	NA	Wa
	NA	N/W	n/n	N/A
		W/W	m/A	n/w
	1 Styl	"Me	N/m	Na

"I" Wa	///	NA	1/2	N/A	N/A	JT 1st Bank of Paducah, KY accounts	Examples:	SP, SP Mega Corp. Stock	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 location 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.	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 titcler symbols).	Asset and/or income Source	BLOCK A
*		X	*	*	>	×	Indefinite	×	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		A BB C D E F G G H	*This column is for assets solely held by your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	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 the r	Value of Asset	вгоск в
ΪX		× ·	×	×	×	×	Royatries	X	Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	xome)	\$			· · · · · · · · · · · · · · · · · · ·	Check all columns that apply For	вгоск с
X	Y					×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	======================================	Current Year		* This column is for income derive spouse or dependent child.	For assets for which you checked "lax-Deferred" in Block C, you check 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 disclosincome . Check "None" if no income was earned or generated	Amount	ВГО
	*	~		×		×	×	×	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 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	= = = = = = = = = = = = = = = = = = =	Preceding Year		This column is for income derived from assets solely held by your pouse or dependent child.	For assets for which you checked "lax-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.	Amount of Income	BLOCK D

For additional assets and unearned income, use next page.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Mu. Tank Exherism Page + of 4

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					# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					7 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1			ISS			Asset and/or Income Source	BLOCK A	Contin Dancin Chaot (in Hoodada)
~	×			×		×	×	×	×	× ×	× × ×	×	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 Over \$50,000,000 Spouse/DC Asset over \$1,000,000	A B C D E F G H I J K L M	Value of Asset	вгоск в	
X	X	×	X				×	×	X	*	*	×	ICC	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specify:	e.g.,	Type of Income	BLOCK C	
	*		×		×	×	× ×			×		×	X	Partnership Income or Farm Income None	© Current Year	Amount of Income	BLOCK D	
													×	\$1 - \$200 = \$201 - \$1,000 \(\epsilon\) \$1,001 - \$2,500 \(\epsilon\) \$2,501 - \$5,000 \(\epsilon\) \$5,001 - \$15,000 \(\epsilon\) \$15,001 - \$50,000 \(\epsilon\) \$	Preceding Year	Income	D	

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SCHEDULE III — LIABILITIES

Name What imp Elizabeth Bond

Page 1 of 5

owed 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. 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-

SP, DC, JT Example: First Bank of Wilmington, DE May 1998 May 1998	
Liabili Incurre mo/yea	
\$ F & \$	Date
Type of Liability Mortgage on 123 Main Street, Dover, DE W/A W/A	
\$10,001— \$15,000	•
\$15,001— \$50,000	<u>-</u>
\$50,001— \$100,000	<u>'</u>
× \$100,001— × \$250,000 C	-
\$500,000 ft	Amou
\$1,000,000 T	
\$5,000,000 \$ \$5,000,001— \$225,000,000	┦┋
\$25,000,000 \$25,000,001— \$50,000,000	-
Over \$50,000,000	-
Spouse/DC Liability over 7 \$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);

	*
N P	111
N/K	2
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Name of Organization	Position
aulic.	and positions solely of an ilonolary natale.

Use additional sheets if more space is required

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Dr. P. Tagis Clischetis Page / of 1/4

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 refirement programs, and henefits received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	al retirement programs, and benefit	s received under the Social :	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
עלמו על (וויהושפים ממופי מו ופעפוף ניסי זומיומומוומ)	יארס	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Framoles: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
K/A	NA	Wh	NA
V)A	WA	N/h,	MA
NA	W/ PT	4 / N	
	/ A	W/A	NA
\mathcal{N}/Λ	N/W	· · ·	N/X
Non-accumplable	N/A-,	N/A	NI
W/π	MA	NA	NA
N/N	N/A	11/10	7, /,
W/V	MA	10/1/A	n/n
N/N	01/8	Nh	N/A
W/A	N / N	2/4	n/a
		NA	N/a
	N/W	N/A	N/x
	W/W	M/A	N/w
1/2/	1/1	W/W	N/a

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SCHEDULE V — AGREEMENTS

Name De Mur tour lighted But Page L of to

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.

		, L				Date
N/A	N/A	N/A	N/A	1 N/A	W/W	Parties To
N/A	Ma	W/A	w/a	WA	N/A	Terms of Agreement

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
N/6,	
ρ/λ	
N/A	
" N/A	
N/A	
N/A	

POSTMARK ILLEGIBLE

CAMPAIGN NOTICE

LEGISLATIVE RESOURCE CENTER

REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn as an arm a great of \$5,000 for your campaign, or if you have withdrawn as an arm a great of \$5,000 for your campaign, or if you have withdrawn as an arm a great of \$5,000 for your campaign, or if you have withdrawn as an arm a great of \$5,000 for your campaign or if you have withdrawn as a great of \$5,000 for your campaign or if you have withdrawn as a great of \$5,000 for your campaign or if you have withdrawn as a great of \$5,000 for your campaign or if you have withdrawn as a great of \$5,000 for your campaign or if you have withdrawn as a great of \$5,000 for your campaign or if you have not your campaign.

others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn of GF THE CLERK your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6601

ndicate Your Status: Select One)	Dear Madam Clerk:
_/	This is to notify you that I have not yet raised (either through contributions or loans from myself
Over \$5,000 Threshold Not Exceeded	or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives. I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.
Withdrawal of Candidacy	This is to notify you that under the laws of the state of <u>lennsy vania</u> , and <u>Washings</u> Do I withdrew my candidacy for the U.S. House of Representatives on <u>Thave not withdraw</u> [Note: If your Financial Disclosure Statement was due before the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]
	Name (Please Print or Type): Dr. Rev. Tanya Elnabeth Bond State: Pennsylvania District: 12tH 19+H 1), Strict Date: 2-25-14

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building Washington, DC 20515-6601