| | | | or black ink | in all sections, piease type or print clearly in blue or black ink | in all |
|-----------------------------------|-----------------------|---|------------------------------------|---|--------|
| more than 30 days late. | | | Employing Office: | Status New officer or employee | St |
| A \$200 penalty shall be assessed | Check if Amendment | Date of May 18 1014 | State: WEST VIEGINIA District: ZNG | Candidate for the House of Representatives | ' п |
| (Office Use Only) | | | | | |
| M/ | | Daytime Telephone: | | Name: MESHEA L. MODRE | Na |
| GTT CE OF THE CLERK | - | | | · · | |
| 2614 MAR 20 PM 1: 40 | and new employees | For use by candidates and new employees | MARCH 1, 2014 | Period covered: January 1, 2015 - MARCH 1, 2014 | Peri |
| LEGISLATIVE RESOURCE CENTER | B | FORM | RESENTATIVES | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT | FIN |
| POSTMARK ILLEGIBLE | į | | | | |

| № | Yes 🔲 | ics and certain other "excepted trusts" need not be r spouse, or a dependent child? | nittee on Ethic | d by the Comn 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? |
|----------------|-----------|---|-----------------|----------------------------------|--|
| S | QUESTIONS | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS | TINFOR | OR TRUS | EXCLUSION OF SPOUSE, DEPENDENT, |
| | esponse. | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | and the | e answered | Each question in this part must b |
| No. | Yes 🔲 | 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. | No 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. |
| N S | Yes 🔲 | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. | No I | 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. |
| N _O | Yes 🖵 | IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior <u>two</u> years? If yes, complete and attach Schedule IV. | No | Yes 🗹 | 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. |
| | | SE QUESTIONS | OF THES | ER EACH | PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS |

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.

es

공 【

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name MESHEA L. POORE

Page 2 of 1

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.

| | Timo | Amount | unt |
|---|----------------|------------------------|----------------|
| Course (iliciade date of levely for libroralis) | , y po | Current Year to Filing | Preceding Year |
| XYZ Corporation, Houston, TX | Salary | \$6,300 | \$28,450 |
| | 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 | NA |
| WV State Legislature | BALARY | 10.450.99 | 47.579.4ª |
| LAW OFFICE OF MESHEA L. POORE | SALARY | * 2.931.26 10,754.0E | 10,754.02 |
| | • | • | • |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | , | 1 | _ | _ | | | | | | | | | | |
|------------|------|--|---|--|----------------------------------|------------------|---------------------|--|---|---|--|--|--|--|----------------------------|---------|
| | | <u> </u> | | | 크 | 8 | ş | the incoor | inco inco deriv | meg For | eg o | plan For | (do Prox | mon den | | |
| | | | • | Z | | DC, Examples: | SP | the Thrift Savings Plan. If you so choose, you income source is that of dent child (DC) or is joil in the optional column o For a detailed discussic please refer to the instru- | tude: Your per nes and vacation me during the r \$5,000 or less bunts; and any wed from, a fec | For an ownership in that is not publicly ness, the nature of location in Block A. | rental or other ride a complet tal property," an | all IRAs and ot is) provide the ount that excee | Provide complete names o (do not use ticker symbols). | titfy (a) each as come with a ta end of the reortable asset or than \$200 in | Asset and | |
| | | | | | 1st Bank of Paducah, KY accounts | Simon & Schuster | SP Mega Corp. Stock | 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 fromes 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 | 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. | 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. | Asset and/or Income Source | BLOCK A |
| | | | | | ङ | - | _ | | <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u> | | | | | | | |
| | | ļ | - | | L | 1 | Щ | None | . | <u> </u> | 2 = | it generate be "None." | jg | | | |
| \vdash | | <u> </u> | | | ┢ | = | | \$1 - \$1,000 \$1,001 - \$15,000 | | ВС |) is | | yea Yea | ase orticat | | |
| | | ├─ | | | ┢ | Indefinite | H | \$15,001 – \$15,000 \$15,001 – \$50,000 | ··· | - 0 | 윤 | rate ∴e." | r ar | spe va | | |
| | | | · · · | <u> </u> | | ! 를 | × | \$50,001 - \$100,000 | | m | 1 8 ₹ | . <u>5</u> | #: 8 Q ₹ | Si e a le | Sa | |
| | | | | | × | | | \$100,001 - \$250,000 | | | 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- ing year and is included only because | 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. | Value of Asset | 멷 |
| | | | | | Г | | | \$250,001 - \$500,000 | | စ | r a g | Ę, | 음품 | esse on fa | 으 | 8 |
| | | | | | | | | \$500,001 - \$1,000,000 | | I | j e sse | ੂ | <u> </u> | et a use ir m etho | As | BLOCK B |
| | | | | | | | | \$1,000,001 - \$5,000,000 | | _ |] dei | <u>≨</u> | 32 | ark Nark | 98 | |
| | | | | | | | | \$5,000,001 - \$25,000,000 | | د |] ੂ ≅ | . E | ₩ | ose valt et v | = | |
| | | | <u> </u> | <u> </u> | 1 | | | \$25,000,001 - \$50,000,000 | | 7 | ▍┋⋨ | . sho | මු මු | 프림 | | |
| | | <u> </u> | <u> </u> | <u> </u> | ! _ | ╙ | | Over \$50,000,000 | 4 | |] - 5 | : 🚡 | æ ĕ | ,e 5 | | |
| | | | ļ | | ᆫ | <u> </u> | _ | Spouse/DC Asset over \$1,00 | XO,000* | | ļ | | - • | | | |
| | | <u> </u> | ļ | × | <u> </u> | | × | NONE | | | <u> </u> | 二分章 | 활활 | Ber Report | | |
| <u> </u> | | <u> </u> | ļ | ļ | ┡ | <u> </u> | <u> </u> | DIVIDENDS | | | , g | 0 8 6 6 8 | 60 | mex | J | |
| Ш | | | <u> </u> | | | ! | | RENT | | | Ĭ | 20 E S | | ents on the | क्रू | _ |
| | | <u> </u> | | | × | | <u> </u> | INTEREST | | | 튛 | 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 7 G (2) | | Ö | BLOCK C |
| | | ļ.— | | _ | ┡ | - | _ | CAPITAL GAINS | | | 1 ∄ | enation at the | | | = | 욧 |
| | | ļ | | ļ | L | | | EXCEPTED/BLIND TRUST TAX-DEFERRED | | | during the reporting period. | 쭚짇뻍 | may gara | Ch ge shat | 8 | C |
| | | <u> </u> | | <u> </u> | ┡ | ٠. | _ | | | | ğ | if reinvested, must be dis- closed as income. Check "None" | plans or IRAs), you may check the "Tax-Deterred" column. Dividends , Inherest and coulte gains aven | 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)) | Type of Income | |
| | | | | | | Royalties | | Other Type of Income | . er Core Incomo | | | | 3 | おきます す | 10 | |
| | | | | | ┡ | 8 | | (Specify: e.g., Partnership Income | O Farm income | , | | 5 4 7 3 | 2 % g | <u> </u> | | |
| | | ļ | | | ┡ | ┼ | | None | | _ | | ş _ | ; <u>₹</u> | 다운 뜻 뿐 | | |
| | | | | | ┢ | | | \$1 - \$200 \$201 - \$1,000 | | | | | : ğ | | | |
| \vdash | | <u> </u> | | | ╂┈ | \vdash | × | \$1,001 - \$2,500 | = | | | 8 8 | ₹. | E Se | | |
| | | ├ | <u> </u> | | | × | Ĥ | \$2,501 - \$5,000 | ~ | Ηo | | Ž 5 | . Ō | まずりずま | | |
| | | | <u> </u> | † | f | 1 | | \$5,001 - \$15,000 | | H 🖣 | ŀ | 爰를 | . 8 | | | |
| | | | | 1 | ┢ | 1 | | \$15,001 - \$50,000 | | H g | | on de | Ź | 팔목입충 | | |
| | | Ι | - | | t | 1 | | \$50,001 - \$100,000 | | Current Year | | spouse or dependent child. | . 🗟 | , 교육 등 등 | | |
| | | | | | t | | | \$100,001 - \$1,000,000 | <u> </u> | 2 2 2 3 | | 물중 | ₩, | 9 | - | |
| | | | | | | | | \$1,000,001 - \$5,000,000 | > | ٠ | | Ē Ă | ᇙ | ᇍᅘᅺᇫᅸ | Ę | |
| | | | | | Г | | П | Over \$5,000,000 | <u> </u> | <u> </u> | | ĕ | . <u>Š</u> | ∓ğãg. | 2 | <u></u> |
| | | | | | | | | Spouse/DC Income over \$1,0 | | | | Aux. | Income. Check "None" if no income was earned or generated. | re inia ed | Amount of Income | BLOCK D |
| | | | | X | Γ | | | None | _ | | 1 | Ø. | . e | | 잋 | Š |
| | | | | | Γ | | | \$1 – \$200 | | | | <u>70</u> | , ¥as | 2 | 핅 | 0 |
| | | | | | | | × | \$201 - \$1,000 | | ס 🗌 | | 3 | 68 | E | ğ | |
| | | | | | | | | \$1,001 - \$2,500 | 7 | <u> </u> | 1 | 188 | Ĭ | | ē | |
| | | | | | × | × | | \$2,501 – \$5,000 | < | | 1 | Sic | . ğ | | | |
| | | <u> </u> | | | L | | | \$5,001 - \$15,000 | <u> </u> | Preceding Year | 1 | <u>8</u> | ğ | | | |
| | | <u> </u> | | | L | | | \$15,001 - \$50,000 | | وَّ ا | 1 | ely | . <u>B</u> | | | |
| Щ | | <u> </u> | 1 | | L | <u> </u> | | \$50,001 - \$100,000 | | ∐ ゑ . | 1 | ne | erai | | | |
| | | <u> </u> | | | L | | | \$100,001 - \$1,000,000 | 5 | _ | | ā | <u> 8</u> | Š a e × | | |
| | | <u> </u> | | | L | <u> </u> | L | \$1,000,001 - \$5,000,000 | <u>></u> | | | Inis column is for income derived from assets solely held by your couse 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 | | |
| lacksquare | | Ļ— | 1 | | ┞ | | | Over \$5,000,000 | <u> </u> | | | Ž | | may ry of rest, | | |
| | L | l |] | l | | 1 | | Spouse/DC Income over \$1,0 | 000,000* ≧ | : | 1 | _ = | | ~ ~ ~ < | | |

SCHEDULE III — LIABILITIES

Name MESHEA L. POORE

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 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 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-

| | JT DC, |
|-------------------|---|
| ACS Education | Creditor Example: First Bank of Wilmington, DE |
| 1998 | Date Llability Incurred mo/year |
| 1998 STUDENT LOAN | Type of Liability Mortgage on 123 Main Street, Dover, DE |
| | \$10,001— \$15,000 |
| | \$15,001— \$50,000 © |
| | \$100,000 O |
| | \$250,001 |
| | \$500,000 m \$500,001— \$1,000,000 m |
| | \$500,000 m \$500,001— \$1,000,000 T \$1,000,001— \$5,000,000 G \$5,000,001— \$25,000,000 T |
| | \$5,000,001— \$25,000,000 = |
| | \$25,000,001 \$50,000,000 |
| | Over \$50,000,000 — Spouse/DC |
| | Liability over ス \$1,000,000 |

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.

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);

| Position | Name of Organization |
|--------------|--------------------------------------|
| MEMBER | WY STATE BAR ASSOCIATION |
| MEMBER | AL STATE BAR ASSOCIATION |
| Board MEMBER | INV STATE BAR BUARD OF GOVERNORS |
| Board MEMBER | SCHOEN BAUM FAMILY ENRICHMENT CENTER |
| Board MEMBER | HEALTH SCIENCE & TECHNOLOGY ACADEMY |

Use additional sheets if more space is required.

SCHEDULE III — LIABILITIES

Name MESHEA L POORE

Page 5 of 7

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-

| | _ | | _ | _ | | | _ |
|---|---|--------|---|---|---|--|---|
| l | | | | | | SP, DC, JT | |
| | | | | | Example: First Bank of Wilmington, DE | Creditor | |
| | | | | | May 1998 | Date Liability Incurred mo/year | |
| | | | | | Mortgage on 123 Main Street, Dover, DE | Type of Liability | |
| ľ | | | | | | \$10,001— \$15,000 | 1 |
| | | i | | | | \$15,001 \$50,000 0 \$50,001 | |
| ŀ | | ****** | | | × | \$100,000 P \$100,001 \$250,000 P | l |
| ţ | | | | | _ | \$250,001 | ŀ |
| | | | | | L. | \$500,001— \$1,000,000 | |
| | | | | | L | \$500,000 m \$500,001— \$1,000,000 1 \$1,000,001— \$5,000,001— | |
| ŀ | | | | | | \$25,000,000 = 3 | |
| | | | | | | \$50,000,000 — Over \$50,000,000 — | |
| | | | | | | Spouse/DC Liability over ス \$1,000,000 | |

SCHEDULE IV — POSITIONS

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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

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);

| | | | | _ | |
|--|---|----------|-----------------------------------|--|----------------------|
| EXECUTIVE MEMBER | EXECUTIVE MEMBER | MEMBER | BOARD MEMBER | BOARD MEMBER | Position |
| EXECUTIVE MEMBER I NATIONAL ORGANIZATION OF BLACK ELECTED I FOISLATIVE WOMEN | EXECUTIVE MEMBER NAMIONAL BLACK CANCUS OF STATE LEGISLATIONS REGION IN YO | NEW DEAL | BOARD MEMBER EAST END MAIN STREET | BOARD MEMBER WYU LAW SCHOOL VISITING COMMITTEE | Name of Organization |

Use additional sheets if more space is required.

REGION I CHAIL

SCHEDULE III — LIABILITIES

Namo MESHEA L. POORE

Page (Q of 1

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, Creditor Liability Incurred molyear Example: First Bank of Wilmington, DE May 1998 M | Jack |
|--|------|
| Liability Incurred mo/year May 1998 | Jato |
| | |
| | |
| Type of Liability Mortgage on 123 Main Street, Dover, DE | |
| \$10,001— \$15,000 | |
| \$15,001— \$50,000 W |] |
| \$50,001— \$100,000 C | |
| × \$100,001— \$250,000 • \$250,000 | - |
| \$500,000 PR | nom |
| \$1,000,000 T \$1,000,001— \$5,000,000 @ | 함 |
| \$5,000,001— \$25,000,000 = | |
| \$25,000,001— \$50,000,000 | |
| Over \$50,000,000 | 1 |
| Spouse/DC Liability over \$1,000,000 | |

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 nonorary nature. | nature: |
|---|---|
| Position | Name of Organization |
| MEMBER | Young Elected Officials |
| Alumnus | AMERICAN COUNCIL OF YOUNG POLITICAL LEADERS |
| | |
| | |
| | |

SCHEDULE V — AGREEMENTS

NAMESHEA L. POORE

Page 7 of 7

| Identify the date service; continue fit plan mainta | Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future emploser continuation or deferral of payments by a former or current employer other than the U.S. Governments of the plan maintained by a former employer. | oyment; a nt; or cont |
|---|---|--------------------------|
| Date | Parties To | Terms of Agreement |
| NA | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.

| Ī | | Ï | Γ. | | | |
|---|--|---|----|--------|--|-----------------------------|
| | | | • | Z P | Example: | |
| | | | | | Doe Jones & Smith, Hometown, Homestate | Source (Name and Address) |
| | | | | | Accounting services | Brief De |
| | | | | | | Brief Description of Duties |