For New Members, Candidates, and New Employees Daytime Telephone:	2014 AUG 18 AM 9: 35
Daytime Telephone:	FICE OF THE CLERK
	U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: UT. U.S. House of Representatives District: 4 Check if Amendment FILER Candidates - Date of Election: 8:5744	(Office Use Only)
New Officer or Employee Period Covered: January 1, to	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or in the current calendar year up through the date of filing? b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	ing period Yee No
C. Did you or your spouse have "cerned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Do you have any reportable agreements or arrangements with an outside entity?	ts with Yee No X
D. Did you, your spouse, or your dependent child have any reportable Hability (more than \$10,000) at any point during the reporting period? Yes No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n a single Yee No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	TIONS
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 that benefits you, your spouse, or dependent child?	ided from Yes 🔲 No 🔀
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.	all throso Yee No No

SCHEDULE A -- ASSETS & "UNEARNED INCOI

D INCOME"	
Manne: Janea Holmquist Newbry	

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		4	Money Market Fund	Varaward Prima	<u> </u>	Emergine Strop & Schuder	Maga Cosp Stock	For benk and other cesh accounts, total the amount in \$3,000, as a every financial institution where there is over \$5,000, the a fixed is over \$5,000, the a every financial institution where there is now the \$1,000 in interest benefit goodbars. For restal and other real property hald for investment, provide a complete address or description, e.g. transl property, and a city and state. For an ownership interest in a privately-hald business first in not publicly traded, state the name of the business, the mature of its activities, and its paggraphic location in Block A. graphic business first translating second the property of the second translating to the second translating the second translating the second translating the second translating the Services Faunt, please of section of the second translating translating the second translating translating the second translating translating the second translating t	For all IRAe and other retirement plans (such as (O1(K) plans) provide the value for each asset haid in the excount that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).		\$206 5		dentify (a) each asset held for investment of roduction of income and with a fair market value	Assets and/or income Sources	BLOCK A
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					Partnership	Royallias		Other Type of Income (Specify: e.g., Pertnership Income or Farm Income)		ting period.		# PROPER #	401(k), IRA, 529 eccounts), you may check the "Tax-Deferred" column. Dividends.	Check all columns that apply. For accounts that generate tax-deferred income (such as		
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					\Box	Ĺ		\$100,001-\$1,000,000 g								
								\$1,000,001-\$5,000,000 ×			1		۲. ا		3	
						Ĺ		Over\$5,000,000 🔀	ı		bonne en cabancama e and as asserts for sense ser asserts		led, must be disclosed as income for ass	ux-Deferred" in Block C, you may check the "None" column. roome by checking the appropriate box below. Dividends, is	Amount of Income	
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		[T		Over \$6,000,000	ł				E	ď		
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SCHEDULE C - EARNED INCOME

	Name: James Ho	
	Holmquist No	
,	clinquest Newbox Page 4 or 5	

List the source, type, and amount of samed income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and their's 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.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above to 2014. In addition, cartain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) in addition, cartain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) in	nbers and employees compense essional services involving a fidu		a "servior staff" rate was \$26,955. It is unchanged in are totally prohibited for Members and servior staff.
	1		Amount
Source (include date of receipt for honorana)	Туре	Current Year to Filing	Preceding Year
ASC Trade Apocinion, Bullinova, MD (July 15)	Honoratum	90	9500
Examples: Order of the Period of Education (VA (Oct. 2) Order of County Board of Education	Spouse Speech Spouse Selary	\$0 N/A	\$1,000 N/A
State of Washington-Senate	Salary	26,316.39/4	·30/xx 37,310. 38/4x
Fire House Winery LLC	Spouse Salary N/A		NIA

SCHEDULE D - LIABILITIES

Name: Janea Holmquist Newby Page 5 or 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); barns sourced by automobiles, household furniture, or appliances; liabilities of a business in which you own an inferest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

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L/IS	Emanyote			200 4 10,000
Ascover	First Bank of Wilmington, DE	Creditor		SANGERAND & INJECTO. SANIALITI IS AN INTERCENTAGE FRANCE OF SANIALITIES OF SANIAL
1	Ω 11.1 2 5/88	Date Liability Incurred MO/YR		a) Jon about
KENDYING CHARGING A	Mortgage on Rental Property, Doner, DE	Type of Liability		o a company of the company
7	र्ग	\$10,001- \$15,000	•	٦
		\$15,001- \$50,000	•	l
		\$50,001- \$100,000	c	
	×	\$100,001- \$250,000	0	╻
		\$250,001- \$500,000	е	E L
		\$500,001- \$1,000,000	7	Amount of Liability
		\$1,000,001- \$5,000,000	٩	
		\$5,000,001- \$25,000,000	#	
		\$25,000,001- \$50,000,000	-	l
		Over \$50,000,000	-	
		Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, pertner, proprietor, representative, employee, or consultant of any corporation, firm, pertnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report

positions held in the reporting period and the current calendar Position	positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. Position Name of Organization
Board Nember (unpoid)	Bourd Number (unpoid) Crossroads Resource Center