NOV 07 2013

<u>₹</u>	Yes 🔲	≱pendent child	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.	ne, transaction first consulted	arned" inconss you have	her assets, "une iswer "yes" unle	n this report any ot emption? Do not ar	-Have you excluded from neet all three tests for exe	EXEMPTION- because they m
∑	Yes 🔲	ot be	RUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be lisclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	ics and certain	nittee on Eth iting you, you	ed by the Comr	Ilind Trusts" approve	TRUSTS— Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excestisclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent	「 RUSTS — Deta lisclosed. Have
S	QUESTION)F THESE (— ANSWER EACH OF THESE QUESTIONS	RMATION	ST INFOF	, OR TRUS	DEPENDENT	XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	XCLUSIO
	esponse.	each "Yes" r	e schedule attached for each "Yes" response	appropriate	d and the	oe answere	nis part must l	Each question in this part must be answered and the appropriate schedul	
S □	ğ X	\$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.	VI. Did you receive compe a single source in the two If yes, complete and atta	s X	Yes 🔲	d have any report- eporting period?	 Did you, your spouse, or a dependent child have any report- ble liability (more than \$10,000) during the reporting period? yes, complete and attach Schedule III. 	II. Did you, your ble liability (more f yes, complete
₹ X	Yes	rangement	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	<u>\$</u>	Yes X	d receive "unearned" riod or hold any ne end of the period?	. Did you, your spouse, or a dependent child receive "unearned" neome of more than \$200 in the reporting period or hold any eportable asset worth more than \$1,000 at the end of the period? f yes, complete and attach Schedule II.	. Did you, your noome of more the eportable asset of yes, complete
	Š Š	реfore the date or <u>two</u> 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 h of filing in the If yes, comp	§	Yes	me (e.g., salaries or reporting period?	Did you or your spouse have "earned" income (e.g., salaries or ees) of \$200 or more from any source in the reporting period? yes, complete and attach Schedule I.	. Did you or you ees) of \$200 or r f yes, complete
			TIONS	SE QUES	OF THE	ANSWER EACH OF THESE QUESTIONS	1	RELIMINARY INFORMATION	RELIMIN,
							in blue or black ink.	all sections, please type or print clearly in blue or black ink	all sections, p
who files	. — a	against any individual more than 30 days late	A	Election: 40/4	Electi	3 V		New officer or employee	Filer Status
	(Office Use Only)		Check if	9.	Date	State: Kontina Ks	State: K	Candidate for the	
S	U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE OF F		e Telephor	C Daytim	ctartar	mas Ma	Name: Michael Thomas Mactarlane Daytime Telephone	Name: M
Page 1 of 6 TER	LEGISLATIVE RESOURCE CENTER 2013 NOV 15 PM 1: 55	LEGISLATIVE R	FORM B For use by candidates and new employees	For use by ca	3013	ATIVES	REPRESENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 人の・/ ・	UNITED ST FINANCIAI Period cover

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Michael
Macfarlane
Page A of 6

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 Beserve pay) federal retirement programs, and benefits 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.	irement programs, and benefits r	received under the Social	Security Act.
Composition of consist for homograph	Type	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
-	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
l'Ambau Care us Coviville 157	Salary	SG, 000	60,000
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	ીસ્કૃષ	Stock	Chas	PAC Bank	7 PNC Bank		Examples:		accounts; and any fir derived from, a federa the Thrift Savings Plan. If you so choose, you fill you so choose, you dent child (DC) or is joi in the optional column or a detailed discussion the please refer to the instru	ixclude: Your pa ornes and vacat scome during the ig \$5,000 or les	For an ownership i that is not publicly ness, the nature clocation in Block A.	or all IRAs and c lans) provide th account that exces or rental or othe rovide a comple ental property," a	Provide complete names o (do not use ticker symbols).	dentify (a) each a if income with a f he end of the r sportable asset o nore than \$200 in	Asset ar
	Republie Banic	StockYards Bank	Chase Bank	Sank.	Bank	1st Bank of Paducah, KY accounts	Simon & Schuster	SP Mega Corp. Stock	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 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	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 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. 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.	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.	BLOCK A Asset and/or Income Source
									None		Þ	P → B it g	ing ing	pe me m	
		ļ	-			┞			\$1 - \$1,000		D	it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.	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.	
	×		-	X	×	╀	Indefinite		\$1,001 - \$15,000 \$15,001 - \$50,000		0	ne." r sp	ssed arai	spe de ve	
	1	×	×	 	╁	╀	Ę.	×	\$50,001 - \$100,000			e na ca	 Ma Ma	her her	≨
		1			<u> </u>	×	Ф		\$100,001 - \$250,000		772	e is is	S S	를 하 = 의	BLOCK B Value of Asset
		†			1	Ħ	-	-	\$250,001 - \$500,000		മ	ne, rde	윤	ass you e m	9, 8
					1	T	 		\$500,001 - \$1,000,000		I	sser sper	d duri	et a	BLOCK B
									\$1,000,001 - \$5,000,000		_	nder val	<u>9</u>	Dark e	Se
									\$5,000,001 - \$25,000,000		د	nt c	y the	ose Vall Vase	~
		<u> </u>			ļ	_	_		\$25,000,001 - \$50,000,000		*	탏	rep Per Per	1 alto	
			<u> </u>		1	L			Over \$50,000,000		~	. 휴 - 년	ort-	.o ≥	
		 	<u> </u>	-	ļ	Ļ	 		Spouse/DC Asset over \$1,000,000	0*					
		 	ļ	ļ	ļ	┺	<u> </u>	X	NONE			if reinvested, must be closed as income. Check " If the asset generated no in furing the reporting period.	a plan	Che retir allo inve	
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	¥	~	X	~ ≤	*	厃	┝		INTEREST CAPITAL GAINS			por B.	Ω y		BLOCK O
		 		-	+	╂╌	 	-	EXCEPTED/BLIND TRUST	····		ing each		ns the	둘 옷
		 		1	1	┢	╁	-	TAX-DEFERRED			perio di no		hata tha bse gene cha	BLOCK C Type of Income
				1	 	╂	- P	-	Other Type of Income			if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	plans or IRAs), you may check the "Tax-Deferred" column. Dividends , interest and capital gains even	Check all columns that apply. For retirement accounts that do not retirement accounts that do not allow you to choose specific allow you to choose specific investments or that generate tax-deferred income (such as 401(k))	1e
						1	Royalties		(Specify: e.g., Partnership Income or Fa	arm Income)		one one	a K	tax (K	
						t	Ť	-	None			î			
	⊀	<u> </u>	×	~<	~	1		1	\$1 – \$200		=	 	2		
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		<u> </u>		<u> </u>		1	_		\$15,001 - \$50,000		_ ∄	der g	Ź	ing 'se	
		ļ	<u> </u>	ļ	ļ	lacksquare	-	<u> </u>	\$50,001 - \$100,000		Current Year	spouse or dependent child.	Income. Check "None" if no income was earned or generated	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	
		ļ	ļ	ļ	ļ	┢	-	-	\$100,001 - \$1,000,000	×			∓ i	ven Par Par Par Par	A
			 	1	 	1-	 	<u> </u>	\$1,000,001 - \$5,000,000 Over \$5,000,000	×			Ō	_ pg - hec	BLOCK D Amount of Income
	L	 	-	-	 	1-	<u>! </u>	-	Spouse/DC Income over \$1,000,0				. ಕ	a žek	int B
		 		 	 	+	_		None	<u> </u>		d g	_ me	n at of "I	Int of In
	7	 	75	~		╁	 	-	\$1 - \$200	=	-1	=	. ¥a	est bo	5 6
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		<u> </u>	<u> </u>	<u> </u>	<u> </u>	1	-	<u> </u>	Over \$5,000,000	<u>×</u>				may ry of rest,	
لييا					1		!	<u> </u>	Spouse/DC Income over \$1,000,0	000* ≚				w, -x<	

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael Macforlane

Page 4 of

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			Major me 115	metcife	Wolfer Kluwer	Investment Center	American Trunas	American Funds			BLOCK A Asset and/or Income Source
			7	*	*	*	*	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 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000	A B C D E F G H I J K L M	BLOCK B Value of Asset
			7	< x	Syl	~	~	Υ	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specify		BLOCK C Type of Income
			>	× ×	×				Partnership Income or Farm Incom None	Current Year	BLOCK D Amount of Income
			>	<					\$1,001 - \$2,500	Preceding Year	me

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SCHEDULE III — LIABILITIES

NameMichael Masfarlane

Page S of 6

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 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

 	_	_			
					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
					\$10,001 \$15,000 >
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					\$25,000,001— \$50,000,000
					\$50,000,000
					Spouse/DC

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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-

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.	ature.
Position	Name of Organization
President	Wrology Care cce

SCHEDULE V - AGREEMENTS

Name Michael Macfarlane page borb

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.

Date	Date Parties To	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
Undogy Core, we windle Ky	7s(polon)
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