

UNITED STATES HOUSE OF REPRESENTATIVES	/ES Form A	
2014 FINANCIAL DISCLOSURE STATEMENT	For Use by Members, Officers, and En	THE THE PROPERTY OF THE PROPER
		7015 MAY 15 PM 3: 07
Name: Albid SIRES	Daytime Telephone: 307-335-1	-7999 U.S. HOUSE OF THE CLERK
		(Office Use Only)
FILER Member of or Candidate for State: STATUS Member of Representatives District:	M. T. Officer or En	Employing Office:
TYPE 2014 Annual (Due: May 15, 2015)	Amendment	Termination Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	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 b. Make more than \$200 in unearned income from any reportable asset during the reporting period? 	Yes No F. Did you have any reportable outside entity during the report year up through the date of filing.	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar ves No Year up through the date of filing?
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a sing source during the reporting period?	, or your dependent child receive any more than \$375 in value from a single Yes No 1
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No H. Did you, your spouse, or you reportable travel or reimbursen \$375 in value from a single sou	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No I. Did any individual or organiza lieu of paying you for a speech reporting period?	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the Yes No Preporting period?
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	E CO	RRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDE	DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF	R EACH OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answite Committee on Ethics for further guidance.	ial Public Offering during the reporting period? If you answered	wered "yes" to this question, please contact Yes No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or your dependent child?		not be disclosed. Have you excluded from Yes No 🗵
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	arned" income, transactions, or liabilities of a spouse or your dep sulted with the Committee on Ethics.	pendent child because they meet all Yes No 14

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Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	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 and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	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.	Asset and/or Income Source Identity (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearmed income during the year." Provide complete names of stocks and mutual funds (do not use only ticker symbols).	BLOCK A	SCHEDULE A – ASSETS (
None			>			7	& "UNEARNED INCOME"
\$1-\$1,000			₩	-	te values de values de la value	1	Z
\$1,001-\$15,000	·· .			4	ue of a thodo was su merate s for as interes	1	₽
\$15,001-\$50,000			-	4	ther the thord du dinco	1	ź.
\$50,001-\$100,000 \$100,001-\$250,000				1	Value of Asset Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which you have no interest.		Ü
\$250,001-\$500,000			"	1	Value of Asset t dose of the report dose of the report of the reporting period the reporting period the value should hid by your spouse or	BLOCK B	N _C
\$500,001-\$1,000,000			π	1	Assible report value of the report value of the value of	â	ğ
\$1,000,001-\$5,000,000			-	1	porting e, ples periox periox or de		Ε
\$5,000,001-\$25,000,000			_	1	ase st None	ł	3
\$25,000,001-\$50,000,000				1	nt chil		
Over \$50,000,000				1	your the mu din w	ŀ	
Spouse/DC Asset over \$1,000,000*			₹.	1	ethod only		
NONE						1	Z
DIVIDENDS					k all rate is account. Tim.		Name:
RENT				1	Type of Inco Check all columns that apply, generate tax-deferred income (sus \$29 accounts), you may check column. Dividends, interest, even if reinvested, must be all for assets held in taxable acco- if the asset generated no income period.		
INTEREST				Į	Type		\mathbb{R}
CAPITAL GAINS EXCEPTED/BLIND TRUST				1	nat application in the linter	BLOCK C	9
TAX-DEFERRED				ł	Type of Income ms that apply. For erred income (such as you may check the you may check the had, must be discloin transhe accounts rated no income duri	ô	Albio Sin
				1	For a the recipies of the reci		\lesssim
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)				ĺ	accoul 01(k), Tax-D apital d as Check		7
					Type of Income Check all columns that apply. For accounts that generate tax-deterred income (such as 401(ts), IRA, or 529 accounts), you may check the Tax-Deterred column. Dividends, interest, and capital galles, even if reinvested, must be disclosed as Income for assets held in toxable accounts. Check Type if the asset generated no income during the reporting period.		$ \nabla $
None				5		┪	
\$1-\$200		*** ** **	=	in which you have no interest.	For assets for which may check the "None category of income Dividends, Interest, must be disclosed accounts. Check generated."		
\$201-\$1,000			=] ž	Ather of income		
\$1,001-\$2,500			2	§ §	A "None come erest, losed heck		
\$2,501-\$5,000			<	intere	you ch by ch and as in Non		
\$5,001-\$15,000			≤	ļ [°]	ecked mmn. I seckin teckin teckin teckin teckin technical et if	BLOCK D	
\$15,001-\$50,000			. ≦	1	of Inc	õ	
\$50,001-\$100,000				Į	Amount of Income n you checked Tax-Defen ne column. For all other ne by checking the appro- tt, and capital gains, en d as income for assets k "None" if no income k "None" if no income		p
\$100,001-\$1,000,000 \$1,000,001-\$5,000,000			×	ł	red" in asset opriate ven it s held		Page_
Over \$5,000,000			×	ł	Block s indic s box rein d in 1		اما
Spouse/DC Asset with Income over \$1,000,000*		•	· ¥	1	Amount of Income 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. Blytdends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child "Column XII is for assets held by your spouse or dependent child		
				e Pan	. T 5 0 0 2 T 9 5	7	
, s(p			Leave this colubiank if there are no transactions that exceeded \$1,000.	asset asset ones (Transactic Indicate if the asset had purchases (P), or sales (S), or exchanges (E) exceeding \$1,0 in the reporting period.	ВГО	9
P, S, S(part), or E			Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)).	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.	BLOCK E	`
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SP Dhillips (ale

SP Mega Corp. Stock
Simon & Schuster

ABC Hedge Fund

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Partnership Income Royatties

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SP, DC, JT Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is soid, please choose "partial sale" as the type of transaction. Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. * Column K is for assets solely held by your spouse or dependent child. **SCHEDULE B - TRANSACTIONS** £ Example Mega Corp. Stock Asset Purchase Type of Transaction Partial Sale Exchange Check Box if Capital Gain Exceeded \$200 (MO/DAYR) or Quarterly. Monthly, or Bi-weekly, if applicable Date 357 Public Sins \$1,001-\$15,000 ➤ \$15,001 \$50,000 œ \$50,001-\$100,000 O \$100,001-\$250,000 o Amount of Transaction \$250,001-\$500,000 m \$500,001-\$1,000,000 71 \$1,000,001-\$5,000,000 Page_ ଦ \$5,000,001-\$25,000,000 C 1 \$25,000,001-\$50,000,000 9 ∞ Over \$50,000,000 ے Over \$1,000,000* (Spouse/DC Asset)

SCHEDULE C - EARNED INCOME

·	Name:	
	Mbib dies	
	Page 4 of 8	

List the source, type, and amount of earned 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 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.

INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally		at or above the "senior staff" rate was \$26,955. In addition, certain prohibited.
Source (include date of receipt for honoraria)	Туре	Amount
	Approved Teaching Fee	\$6,000
LAGIII (Pies). Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
NJ State Pension	NJ Pension	38,000
What New York Roard Affairetion (Stale Douglas)	入	
		50 50 50 50 50 50 50 50 50 50 50 50 50 5

SCHEDULE D - LIABILITIES

Name: Mbil Siks Page_ S 잌 Ø

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. 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); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, 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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Example Example	
Creditor Example First Bank of Warnington, DE Example First Bank of Warnington, DE	
Date Liability Incurred MOYR	
Type of Liability Mortgage on Rental Property, Dover, DE	
\$10,001- \$15,000 >	
\$15,001- \$50,000	
\$50,001- \$100,000	
× \$100,001- \$250,000	
\$250,001- \$500,000	moun
\$500,001- \$1,000,000	Amount of Liability
\$1,000,001- \$5,000,000	ability
\$5,000,001- \$25,000,000 =	
\$25,000,001- \$50,000,000 -	
Over \$50,000,000]
5161 \$50,000,000	4

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
	NA

SCHEDULE F - AGREEMENTS

EMENTS Name: Mbil Siks Page 6 of 8

Identify the date, parties to, and general terms of any agreement or arrangement that you have 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	Parties to Agreement	Terms of Agreement
	N)A	
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SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meats, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
		NIA	

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

STN
Name: Albir Sikes
Page 7 of 8

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 8-11	DC-Beijing, China - DC	٧	٧	z
Exemples	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Bosinn-DC	٧	۲	۲
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SCHEDULE I -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Mbil Stres Page 8 of 8

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: Association of American Associations, Washington, DC XYZ Magazine Source Activity Speech Article Feb, 2, 2014 Aug. 13, 2014 Date Amount \$2,000 \$500