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.	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSW	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No Yes No Yes, complete and attach Schedule III.	II. Did you, your spouse, or a dependent child receive "unearmed" 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? Wes No It yes, complete and attach Schedule II.	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 Complete and attach Schedule I.	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	Filer Candidate for the State: F L UR 1 PA 1 House of Representatives District: F L UR 1 PA 1 Status New officer or Employing Office:		Name: PAIGE KREEGEL Day	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013.
income, transactions, or liabilities of a spouse or dehave first consulted with the Committee on Ethics.	n Ethics and certain other "excepted trusts" need no u, your spouse, or a dependent child?	FORMATION — ANSWER EACH O	the appropriate schedule attached for	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.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	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 yee, complete and attach Schedule IV.	HESE QUESTIONS	Date of 4-22-14 Check if Election: 4-22-14 Amendment		แร มกัเรีย Daytime Telephone:	FORM B For use by candidates and new employed N.R 6 PM 1: 57
pendent child Yes:	t be Yes [WER EACH OF THESE QUESTIONS	each "Yes" response.	55,000 from Yes:	angement Yes:	r two years? Yes:		A \$200 pensity shall be assessed against any individual who files more than 30 days late.	(Office Use Only)	II S BAISE OF REPRESENTATIVES	7
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Aige REE Ø Page 2 10

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.

						Farming Ophratiums	PATYE KREEGEL MP, P.A.	John Janick MO, P.A.	Harris County, Texas Public Schools	Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	-	XYZ Corporation, Houston, TX	Source (include date of receipt for nonorana)	Danisha finativa data of maniet for honousying	
							SOLAW	50/Ary	Spouse Salary	Honerarium	Director's Fee	Salary	- Apo	Type	
									NA	0	\$400	\$6,300	Current Year to Filling	Amount	
				:		56,000	129,300	005841	N	\$1,000	\$3,200	_/	Preceding Year - 20/2	unt	

SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

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BROWING BUT	Raymond Donly.	FL Commercial Book	C-1 Bonk	Bulsy Book	Charlotte ST, Berk-Co		Examples:	SP Mega Corp. Stock	nees, the nature of its activities, and its geographic location in Block A. Exclude: Your personal realdence, including second homes and vacation homes (unless there was rental homes during the reporting period); any deposits bubling \$5,000 or less in pensonal checking or savings accounts; and any fraencial inherest in, or income derived from a federal retirement program, including the Thrift Savings Plan. If you so choose, you may include that an asset or income source is that of your apouse (8P) or department child (ICC) 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.	For an ownership interest in a privately-held business that is not publicly tracked, state the name of the business	Asset and/or income Source 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. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other estrement plans (such as 401(s) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental of other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	
									None \$1 - \$1,000	≯	Value of Asset 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. If an asset was sold during the report- ing year and is included only because it generated income, the value should be "None." "This column is for assets solely held by your spouse or dependent child.	7 '
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!		 	 	 	-	▙	⊢	├	TAX-DEFERRED		Type of Income Check all columns that app retinament accounts that of allow you to choose as investments or that general deferred income (such as a plans or IRAs), you may dra Plan-Deferred column. Divid interest, and capital geins if retinassed, must be disead as income, Check* if the asset generated no in the asset generated no in during the reporting period.	2
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I -					Ι	T	Ī	Τ	\$100,001 - \$1,000,000 X	Current Year	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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held by your spouse or dependent child.	
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ATHE KREFGEL PAGE 4

None None					S 7 8	
None >	Tom In	Les properties	House The Expression States	POLY Chorlyto PC	i	BLOCK A Asset and/or Income Source
Spouse/DC Asset over \$1,000,000* ≤		*			\$1 \$1,000	BLOCK B Value of Asset
None	*	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.,	BLOCK C Type of Income
					None \$1 - \$200 =- \$201 - \$1,000 =- \$1,001 - \$2,500 ₹ \$2,501 - \$5,000 ≤- \$5,001 - \$15,000 ≤- \$15,001 - \$50,000 ≤- \$100,001 - \$1,000,000 ₹ \$1,000,001 - \$1,000,000 ★	Amount of income

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SCHEDULE III - LIABILITIES

PAIRE KREEGEL

Page 5 of C

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

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				Example: First Bank of Wilmington, DE	Creditor	
		I	h / .	May 1998	Date Liability Incurred mo/year	
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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);

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Position	Name of Organization
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Name PATUE KREEGEL Page 6 of

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
		70/		Parties To
A CONTRACTOR OF THE PERSON OF		1/2		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.

9	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
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