	N E		a spouse or dependent child tee on Ethics.	iles of a spouse or de ommittee on Ethics.	EXEMPTION—Have you excluded from this report details of such a rust determining you, your spouse, or a dependent critical and the company of the consulted with the Committee they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee they meet all three tests for exemption?	earned" incomess you have fi	her assets, "un swer "yes" und	report any oth	uded from this sts for exemption	EXEMPTION—Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"	EXEMPTION because they	
	N N	Yes 📗	tot be	epted trusts" need not be	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted declared Have you excluded from this report details of such a base honefilm you would be declared.	mittee on Ethic	ed by the Com	rusts" approve	valified Blind Ti	alls regarding "Q	TRUSTS-De	
	S	QUESTION	R EACH OF THESE QUESTIONS		EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWE	ST INFOR	OR TRU	ENDENT,	USE, DEP	N OF SPO	EXCLUSIC	
		esponse.	ttached for each "Yes" response	1 20	Each question in this part must be answered and the appropriate schedule	d and the a	e answere	art must b	ion in this p	Each questi		
	No No	Yes 🗌	\$5,000 from	bensation of more than prior years? ach Schedule VI.	VI. Did you receive compensation of more than \$5,000 from a single source in the hap prior years? If yes, complete and attach Schedule VI.	No	Yes 🔽	any report- ig period?	endent child have uring the reportin dule III.	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.	III. Did you, you able liability (moi lif yes, complete	
	8 7	ř <u>e</u>	mangement	ortable agreement or arrangement ach Schedule V.	V. Did you have any reportable with an outside entity? If yes, complete and attach Sc	No 🔲	Yes 🔽	ve "unearned" hold any of the period?	indent child receive the child receive the child received or 1,000 at the end the li.	<ol> <li>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.</li> </ol>	II. Did you, your income of more in reportable asset if yes, complete	
	<u>§</u>	<b>8</b> €	before the date or two years?	ortable positions on or before the date endar year or in the prior two years?	IV. Did you hold any reportable of fling in the current calendar y if yes, complete and attach Sc	No	Yes 🔽	g., salaries or ng period?	med" income (e.; arce in the reports dute L	<ol> <li>Did you or your spouse have "samed" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.</li> </ol>	l. Did you or you fees) of \$200 or if yes, complete	
-					In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	- ANSWI	mt clearly in blue MATION -	In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSW	PRELIMINA	
,		0 days late.	more than 30 days late	Z			Office:	Employing Office:	ror	.New officer or employee	STATION	
	assessed who files	A \$200 penaity shall be assessed against any individual who files	A \$200 pena against any	Check if Amendment	m 6-4-13	Date of Election:	Missuri	State: M. District:	Candidate for the House of Representatives	Candidate for the House of Repres	Filer	
TIVES	CEPKESENIA	(Office Use Only)	W. °									
	THE CLERK	OFFICE OF THE CLERK	<u> </u>		Daytime Telephone:	Daytime		SMITH	Thomas Sn	Jason Tho	Name:	
0	0 PM 2:	2014 MAY 20 PM 2: 10										
ENTER	RESOURCE C	LEGISLATIVE RESOURCE CENTER	<b>F</b>	nd new employees	For use by candidates and new		19,2013	February		Period covered: January 1, 2이3	Period cover	
RED	DELIVERED	G		<b>3</b>	FORM B		ATIVES	PESENT/	SE OF REP	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED ST	
J	HAN		•									

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Jason Thomas Smith

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	than the filer's current employme	nt by the U.S. Governme	nt) totalling \$200 or
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.	rement programs, and benefits re	ceived under the Social S	Security Act.
Source (include date of receipt for honorarie)	Type	Amount	unt
Comment of the control of the contro	Tpo	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	AN	NA
Jason Smith Farm Salem, No	Non Breeding Livestock Sele	206	4115
CENTURY 21. SALEM, MO	COMMISSIONS	2203	<b>,</b>
State & Missour	Salary	1881	35915
,			

TO 2 ETHIRD, SALEM MO 65560	301 S Ineksod, salen Mobis	M KETHS 4811- 80 COA	#10 NIRON, SMEA, MO	HWY HH, SALEM, MO	Ę	DC Examples: Simon & Schuster	SP, SP Mega Corp, Stock	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.  Exclude: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); any deposits lotaling 55,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thriff Savings Plan.  If you so choose, you may inclicate 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 decussion of Schedule II requirements, please refer to the instruction booklet.	account and its value at the end of the reporting period. For rental or other real property hald for investment, provide a complete address.	BLOCK A  Asset and/or Income Source  Asset and/or Income Source  kentily (a) each seet held for investment or production of income with a left merical 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 which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticler symbols).  For all IRAs and other refinement plans (such as 401(t) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each seed held in the account that exceeds the reporting thresholds. For refinement accounts which are not self-directed, provide only the name of the institution holding the
XX	×	*	×	×	×	Indefinite	×	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 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	B C D E T G T C	BLOCK B  Value of Asset  Value of Asset  reporting year. If you use a raluation method other than fair narket value, please specify the nethod used.  an asset was sold during the eporting year and is included only because it generated nome, the value should be None."
×× ×	×	X	X	*	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership income or Farm Income	e)	Type of Income  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) plans or IRAs), you may check the "lax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
× × × × × ×	X	×	<i>x</i>	χ X	X	X	×	None	Current Year Preceding Year	Amount of Income  For assets for which you checked "Fax-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.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

THOMAS

39174

Continuation Sheet (if needed)

ş 8 Ξ HIMMLEDODDR. Brown No SMITH PARKET ENTERPLIE ON THE PERFER ENTERPLIED SMITH PREXERENCE CLE SMITH PARKEL ENTERNALD 1003 S. HICKORY, SALEM MO WALKET HILL SALEM, MO 6556 1296 Hwy 68 Streen Mobssel 17680 Bebwhitz Rd Crouse OF ELLST SALEM MOSSED DE 10 TH STLEM MOLOSSON 1304 ELLST Soven Mouse MITH PARKER ENTERP LLC Asset and/or income Source W. COFFMAN SALEN MD PARKER ENTERPLIC BLOCK A None 0 \$1 - \$1,000 C \$1,001 - \$15,000 بح 0 \$15,001 - \$50,000 Value of Asset П \$50,001 - \$100,000 BLOCK B 'n \$100,001 - \$250,000 Q \$250,001 - \$500,000 Ξ \$500,001 -- \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000  $\overline{\mathsf{x}}$ Over \$50,000,000 NONE DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) × × × × \$1 - \$200 × \$201 - \$1,000 **Current Year** ₹ \$1,001 - \$2,500 \$2,501 - \$5,000 X MINIM IX \$5,001 - \$15,000 \$15,001 -- \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × BLOCK D × Over \$5,000,000 × None \$1 - \$200 \$201 - \$1,000 Preceding Year × \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 ~ \$15,000 \$15,001 - \$50,000 \$50,001 -- \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000

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None	None   None	## ASSETS AND "UNEARNED" INCOME	## ASSETS AND "UNEARNED" INCOME	###   None   Non	None	SC)			Ş.	R 5											_		
DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Permership Income or Farm Income)  X X X X X X X X X X X X X X X X X X X	DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Permership Income or Farm Income)  X X X X X X X X X X X X X X X X X X X	DIVIDENDS	DIVIDENDS		DIVIDENDS   DIVI		BLOCK A	Asset and/or income Source			6 7	MITH THANKS & ENTONO	MITH -PARKER ENTERS	SMITHS PARKER EXTERP LLC CLUDING 1119 C.R. SOGO SALEA IN O	PORTS TURNEY POSTO	SUFST Rd. Rolla HoLSYN	45943 HWW73, SALEN, HO	STACA		HHCR 4190 Saem. Ma	Hosouri 2048 Puilo Hosouri 2048 Puilo	Historia 2045 Mark His State Reference 401 Plan	
DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: a.g., Partnership Income or Farm Income)	DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: a.g., Partnership Income or Farm Income)  ***  ***  ***  ***  ***  ***  ***	DIVIDENDS	DIVIDENDS	DIVIDENDS	Name	D.ONE		_	B C	\$1 - \$1,000 \$1,001 - \$15,000			×					<b>×</b>	×		×	×	_
DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)  ***  ***  ***  ***  ***  ***  ***	DIVIDENDS   RENT   INTEREST   CAPITAL GAINS   EXCEPTED/BLIND TRUST   TAX-DEFERRED   Other Type of Income (Specify: a.g., Partnership Income or Farm Income)     Si - \$200	DIVIDENDS   RENT   INTEREST   CAPITAL GAINS   EXCEPTED/BLIND TRUST   TAX-DEFERRED   Other Type of Income (Specify: a.g., Partnership Income or Farm Income)     Si - \$200	DIVIDENDS	Name	ARN	ВГОС	/alue of	III Ti	\$50,001 - \$100,000 \$100,001 - \$250,000	<u>~</u>			*		×	×			×			
DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: a.g., Partnership Income or Farm Income)  None  None	DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: a.g., Partnership Income or Farm Income)  ***  ***  ***  ***  ***  ***  ***	Dividends	Dividends	None	DIVIDENDS   PROCESS   Pr	<u>-D" INC</u>	X B	Asset		\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000													
INTEREST   YE   CAPITAL GAINS   PRODUCT   CAPITAL GAINS   CA		None   St.   St.	None   St.   St.	Name	None					Over \$50,000,000 NONE								×	×	K			
(Specify: e.g., Partnership income or Farm Income)		Specify: e.g., Partnership Income or Farm Income)	Specify: e.g., Partnership Income or Farm Income)	Specify: a.g., Partnership Income or Farm Income   Part Income			отв	Type of		INTEREST CAPITAL GAINS	<u>حر</u>	×	×	X	×	X X		×					
> × × × × × × × × × × × × × × × × × × ×	None	None	None	None	None		CX C	Income	•	TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Incom		,					Franc 3				×	×	•
	>     >     >     \$201-\$1,000     ≡       \$1,001-\$2,500     ₹	>     >     >     \$201 - \$1,000     ≡       \$1,001 - \$2,500     ≥       \$2,501 - \$5,000     ≤       \$5,001 - \$15,000     ≤       \$15,001 - \$80,000     ≤	>     >     >     \$201 - \$1,000     ≡       \$1,001 - \$2,500     ≥       \$2,501 - \$5,000     ≤       \$5,001 - \$15,000     ≤       \$15,001 - \$80,000     ≤			Name		<u> </u>		None -		,	>			×	50		×	×	<u> </u>	×	
S8,001 - \$15,000	\$100,001 - \$1,000,000	************************************	S1,501 - 25,000							Over \$5,000,000 ≚					1			-					

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#### SCHEDULE III — LIABILITIES

Name TASEN THOMAS SMITH

Page 6 of 69

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 owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. 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-

#### SCHEDULE IV — POSITIONS

cer, 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. 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 1; 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
	Sec Page 8

#### SCHEDULE III — LIABILITIES

Name IASON THOMAS SWITH Page 7 of 9

iing 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,
TOWN COUNTRY BANK	TOWN COUNTRY BANK	TOWN COUNTENBANK	PRAGRESSIVE CLARK BANK	Example:   First Bank of Wilmington, DE	Creditor
APRIL SOP	July away	Ted 3010	Octron	May 1998	Date Liability Incurred mo/year
MARIL JOY 1036.10TH, 304 E. C. ENT C. HENDERS 1036.10TH, 304 E. D. JADOS. HENDERS 3015. JALKSON, 8035. SLIGO SALEM, MO	JULY 2009 1107 W. COTEMAN 401 E. ROBERTY  SHELL SOUTH STORE TO STORE THE STO	THE SOID 703 E. THIRD SALEN, MO	PROBRESSIVE OFFIRE BANK OCTOBY REVOLUTES LINE OF CREDIT	Mortgage on 123 Main Street, Dover, DE	Type of Liability
8					\$10,001 \$15,000 >
	×	بذ	×		\$15,001— U
					\$50,001 \$100,000
×	·			×	\$100,001— D \$250,000 D
	_				\$250,001— m s
					\$250,000 m s250,000 m s500,000 m s1,000,000
	_				\$5,000,000
					\$5,000,001— <u>±</u> \$25,000,000 ±
	_				\$25,000,001— \$50,000,000
1			]		Over \$50,000,000

#### SCHEDULE IV — POSITIONS

cer, 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. 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 off-

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 honorary nature.

and positions solely of an inchinary hature.	aicio.
Position	Name of Organization
	Sec Page 8

Use additional sheets if more space is required.

#### SCHEDULE III - LIABILITIES

Name JASON THOMAS SMITH Page 8 of 9

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-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 owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rerital income); loans secured by automobiles, household turni-

							SP,
	,	TOWIT COUNTRY BANK			TOWNY COUNTRY BANK	Example: First Bank of Wilmington, DE	Creditor
		APRIL sop9	MAYSUS	SEPTZOIC	Suly 2009	May 1998	Date Liability Incurred mo/year
		MORTUABEON GOLE. 15T	MAY2012 MOETGABE ON HUYCE SAUGH HA	SEPT-2010 MORT LAGE OF HOLY 1911 SALEH MO	SULY 2009 WORTGAGE ON HUY HH SALEN MO	Mortgage on 123 Main Street, Dover, DE	Type of Liability
							\$10,001— \$15,000 >
ŀ		٠	X	$\lambda_{-}$	<b>&gt;</b>	_	\$50,000 <b>5</b> \$50,001— \$100,000 C
ŀ	<u> </u>					×	\$100,000
İ							\$250,000 D Amount 5500,000 m \$500,000 m \$1,000,000 m \$1,000,000 m
							\$500,001— 71 E
							\$5,000,000
-	_						\$25,000,000 = \$25,000,001
ŀ							\$50,000,000 Over \$50,000,000

#### 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-

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);

and positions solely or all inclinatory figures.	iaulo.
Position	Name of Organization
BOARD MEMBER	MISSBURI COMMUNITY BETTERHEAT ASSOCIATION
BOARD MEMBER	SALEM FFA ALUMNI ASSOCIATION
PARTNER	SMITH + PARKER ENTERPRISES LLC
Real Estate agent	South Centrum Loand of Realfors
•	

### SCHEDULE V -- AGREEMENTS

Name JASON SMITTH

Page 9 of 9

Identify the dat service; contine efft plan mainte	identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or conefit plan maintained by a former employer.	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	Parties To	Terms of Agreement
6/4/13	Missouri State Redisencet 457 plus	Missouri State Retirement 457 plan Continued pasticipation lai 457 plan
6114	Missouri State Retisement 401 plan	Missouri State Retisement 401 plan Continued participation in 401 plan

# 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 Dutles
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
None	
•	