		JUN 25 2014
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	<b>FORM B</b> For New Members, Candidates, and New Employees	
Name: Charles Jeffray Holmes	Daytime Telephone:	2014 JUL -2 PM 12: 26
New Member of or Candidate for State: M.  U.S. House of Representatives District: 4  Candidates – Date of Election: 1 4 - 1	Check if Amendment	OFFICE OF THE CLERK USE OF THE CLERK
New Officer or Employee  Employing Office:	Perjod Covered: January 1, 20 to June 24, 20 14	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS	F 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?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	during the reporting period Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. Do you have any reportable agreements or arrangements with an outside entity?	nts or arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	e than \$5,000 from a single No No
ATTACH THE CORE THIS FORM INCLUDES ONLY 1	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	YES" TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	INFORMATION - ANSWER <u>BOTH</u> OF TH	ESE QUESTIONS
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?	on Ethics and certain other "excepted trusts" need not be disclosed?	d. Have you excluded from Yes 🔲 No 💢
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	r liabilities of a spouse or	dependent child because they meet all three Yes 🔲 No 💢

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: Charles Jeffry Holmes

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: Charles Jeffrey Holmes

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## SCHEDULE A - /

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SCHEDULE A - ASSETS & "UNEARNED INCOME

"UNEARNED INCOME"	
Name: Charles Jeffrey Holmes	
Page 213, 4 of 7	

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### SCHEDULE C - EARNED INCOME

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	7	

ist 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 both the filer and filer'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.  In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.
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2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	ofessional services involving a fidu	ciary relationship) are totally prohibit	ted for Members and senior staff.
		Am	Amount
<b>Source</b> (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	\$0 \$20,000	\$500 \$76,000
EXAMPLES: Civil War Roundtable, Richmond, VA (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Alma Family Practice, PC	Salary	270,623	150,775
Alma College	Spouse Salary	24,287	60, 237
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Medical Services from Sched	Self-Engloyed	18 498	43,417
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#### SCHEDULE D - LIABILITIES

period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	Name: Charle
dependent child. Mark the	 Thurles Joffrey }
highest amo	dincs
ount owed during the reporting	Page 6 of 7

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. 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); 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.

					SP. DC, JT		
		·		Example		·	
			None	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
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ı					Over \$1,000,000* (Spouse/DC Liability)	*	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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 listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report

	Position  Position  Name
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#### **SCHEDULE F - AGREEMENTS**

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	Name han les
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	MC/ Page_
	7 of 7

	continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in a	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a
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	an the U.S. gove	ent that you hav
	ernment; or con	ve with respect
	tinuing participa	to: future emplo
	tion in an empk	w
	yee welfare or	leave of absence during
	benefit plan ma	œ
	maintained by a former er	the period of government service;
	mer employer.	vice;
1		_

Date	Parties to Agreement
	No agreements in Place
	7

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

•		
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	None	

Use additional sheets if more space is required.

origina affector