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LEGISLATIVE RESOURCE CENTER

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against any individual who files A \$200 penalty shall be assessed more than 30 days late

In all sections, please type or print clearly in blue or black ink

employee New officer or

Employing Office:

Status Filer

Candidate for the House of Representatives

State: F4-01-1

Date of **KNOV 2014**

Amendment Check if

FLORIDA

Name: WILLIAM BRONSON

Daytime Telephone:

Period covered: January 1, 2013- MAY FINANCIAL DISCLOSURE STATEMENT

4/2

For use by candidates and new employees FORM B

UNITED STATES HOUSE OF REPRESENTATIVES

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Z S	Yes	spouse, or a dependent child have any reportation \$10,000) during the reporting period? Yes 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. Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No I	Yes 🗾	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. Each question in this part must b
§ 2	Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	₹	se Z	II. 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.
S S	Yes 📝 No	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.	S □	Yes	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? If yes, complete and attach Schedule I.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE 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 benefiting you, your spouse, or a dependent child? Yes

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. Yes N S <u>8</u>

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits	received under the Social	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Source (include date of lecelpt for Horiotalia)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Pensin Gunantes must love.	beroin	858 bla	×47,652

LOAN TO FOR CONFRESS	HOEN TALL HOMES LETHIGH	RENTAL HIME-LAHA	LOAN TO CHARLTON	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	nome during the reporting period), any deposits totaling \$5,000 or less in personal checking or savings 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 beautiful processing beautiful the restaurant of the control	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 bootion in Block A	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 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.	BLOCK A Asset and/or income Source Identify (a) each asset held for investment or production
*	×	×	×	×	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 - \$5,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G H I J K L M	port- ause build	BLOCK B Value of Asset Indicate value of asset at close of
×	×	K		×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		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.	BLOCK C Type of Income Check all columns that apply. For
*	×	×	*	×		X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Cver \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year	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.	<u> </u>

SCHEDULE III - LIABILITIES

Name WILHAM BRONSON

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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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SP,	Creditor	Date Liability	Type of I jability	>	В	ဂ	ם .	m		្ន	o =			or ス
٦, Ç	Creditor	Incurred mo/year	Type of Liability	\$10,001— \$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 \$50,000,000	Over \$50,000,000 Spouse/DC	Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×							
	pecu	1 AND 200	CREDIT CARD		×									
	BANK OF AMERICA	ينمور نجهرار	CREDIT CARD		×									
	GREENTREE	يالامن ²⁰ 0%	2			·	×							
	SUNTRUST BANK	June 200	MORTHUE ON PENETY			×					ļ			
	IST NAT BIC OF GULF COAST LINE IN	me arri	MATCAGE ON			×					ļ			

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); and positions solely of an honorary nature

Position Position	Name of Organization