×	™	endent child	EXEMPTION — Have you excluded from this report any other assets, "uneerned" 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.
No	Yes 🔲	be	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?
Ø	QUESTION	F THESE	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS
	esponse.	ach "Yes" r	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response
8 ⊠	Ygs	5,000 from	III. Did you, your spouse, or a dependent child have any reportable itability (more than \$10,000) during the reporting period? Yes X No Y. Did you receive companisation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule III.
×	ĕ s	argement	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? Yes X No With an outside entity? If yes, complete and attach Schedule II.
×	§ □	fore the date two years?	I. Did you or your spouse have "earned" income (e.g., salaries or lees) of \$200 or more from any source in the reporting period? Yes X No Y Hing in the current calendar year or in the prior two years? If yes, complete and attach Schedule it.
			PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS
	more than 30 days late.	more than) Office:
assessed who files	- •	A \$200 pen against an	Filter X Candidate for the State: MI Date of Check if House of Representatives District: 14 Election: ALIGUST 6.201' 4 Amendment Status New officer or
	(Office Use Only)	00	
		<u> </u>	Name: VINCENT GREGORY Daytime Telephone:
RESENTATIVES	U.S. HOUSE OF REPRESENTATIVES	U.S.1	
PM 1: 45	LEGISLATIVE RESQUEGE GENJER 2013 DEC -2 PM 1: 45) LEG	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - November 21, 2013 For use by candidates and new employees

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name VINCENT GREGORY

Page 2 of 4

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	than the filer's current employme amount of any honoraria; list only	ant by the U.S. Governme y the source for other spo	ent) totalling \$200 or suse 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	ement programs, and benefits re	oeived under the Social	Security Act.
		Ansoant	xent
Source (include date of receipt for nonclaims)	-dki	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
Examples: XYZ Tade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texes Public Schools	Spouse Salery	M	*
State of Milliansing Mi	Selection	67672	72815
		13/13	1442

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 	ro -	'n	<u> </u>	_	<u> </u>	DC, Exemples:	8	Exclusive: Your purconst rectioned, including second homes and vacation homes (urbises there was rental income during the reporting period); any deposits totality \$5,000 or less in personal checking or servings accounts; and any finalizati interest in, or income derived from, a federal retirement program, including the Trintt Servings Plan. If you so choose, you may include that an asset or income source is that of your apouse (SP) or dependent child (DC) or is jointly hald with your apouse (JT), in the optional column on the fair left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.		For an ownership interest in a privately-hold business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic	For rental or other real property held for investment, provide a complete address or a description, e.g., "sental property," and the city and state.	For all IRAs and other retrement plans (such as 401(t) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of studio and mutual funds (do not use ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 et 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.	•	į
	Spose Det Med Center	State Street Retirement	₽	Chase Bank				de:)	3	2 2 2	ğ ; <u>E</u>	2 2 2	F 8	(6) P 4 2 4 (6)	Asset and/or Income Source	
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		+	Wayne County Retirement	 	-			None P STE GOSTEG		7 1 8 ➤	~					
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-	+	╁	┼		╂	╁	1	DIVIDENOS			during the reporting period	If reinvested, must be dis- closed as income. Check "None if the asset generated no income	plans or (RAs), you may check the "Tax-Deterred" column. Dividends,	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate two deferred income (such as 401(k))		
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SCHEDULE III - LIABILITIES

Name VINCENT GREGORY

Page 4 of 4

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 remail income); 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 a spouse, or the child, parent, or sibling 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.

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٩ ٨	Creditor	Incurred molyear	Type of Liability	\$10,001— \$15,000	\$15,001 \$50,000	\$50,001 \$100,000	6100,001— 6250,000	\$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	SpoussiOC
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on †23 Main Street, Dover, DE				₩	L	L	L				•
SP	Department of Education	5/2007	Student Loan		×					<u> </u>				1
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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.	natiure. Name of Organization