APR 30 2014

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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2019 - M 科 9, 2014 For use by	FORM B For use by candidates and new employees	GISLATIVE RESOURCE CENTER Page 1 of 6	age 1 of 4
		STAINT IN THE CLERK	
Name: F井本的 ATA レレA Daytime Telephone:	none:	7	
		(Office Use Only)	
Filer Candidate for the State: CA Date of Date of House of Representatives District: 46 Election: July 9, 2014	3, 2014 Check if Amendment	י עי	assessed
Status New officer or Employing Office:		more than 30 days late.	WING
In all sections, please type or print clearly in blue or black ink.			
]	IV. Did you hold any reportable positions on or before the date	pefore the date]
	If yes, complete and attach Schedule IV.		
II. Did you, your spouse, or a dependent child receive "unearned" ncome 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 No If yes, complete and attach Schedule II.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	rangement Yes	8
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No Y If yes, complete and attach Schedule III.	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.	\$5,000 from Yes X	N _O
Each question in this part must be answered and the appropriate	schedule	attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	1	ANSWER EACH OF THESE QUESTIONS	S
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?	rtain other "excepted trusts" need no or a dependent child?	ot be Yes	No X
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	pendent child Yes	No X

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name F#AB ATALLA

Page 1 – ot €

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.

Exclude: Military p	Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ment programs, and benefits re	ceived under the Social S	Security Act.
Sou	Source (include date of receipt for honoraria)	Type	Amount	unt
	(more of the confer of the confer of	. , , , ,	Current Year to Filing	Preceding Year
XYZ Corpora	XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank &	First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris Count	Harris County, Texas Public Schools	Spouse Salary	NA	NA
MINAS CORP	MINAS CORP SIERRA NETWORK INC., HAWTHORNE, CA	CALARY	# 971, 200 -	\$ 769,000-
WINAS CORP	WINAS CORP SIERRA NETWORK INC. HAWTHORNE, OA	SPOUSE SALARY	# 9:000-	9 45,000-

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bank of america electric	CORE ACCOUNT	ISHARES SILVER	SPDR 60LD	ISHARES SIWAY TR	ISHARES GOLDTRUST		DC, Examples:		homes and vacation homes (unless there was rental income 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	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.	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.	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.	Provide complete names of stocks 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 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.	Asset and/or Income Source	
An	Sol	=	1104	MIS	601	1st Bank of Paducah, KY accounts	Simon & Schuster	SP Mega Corp. Stock	n home sporting in per finance and reight and lan. you man and on the per finance and	ional r	nterest raded, fits ac	real presented the ci	er retin	ames (mbols)	et held marke orting sources	Vor_	ВГО
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					<u> </u>		İ.,		\$1 - \$1,000		57	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the reporting vear and is included only because	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.		
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			}				Royatties		Other Type of Income (Specify: e.g., Partnership Income or Farm Inco	nma)	,		interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income.	plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k)	W	
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×		×				ſ			None	_		1	This column is for income derived from assets solely held by your pouse or dependent child.	income. Check "None" if no income was earned or generated	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	Amount of Income	BLOCK D
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									Spouse/DC Income over \$1,000,000*	¥			Ť		のテユミ		

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed

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STEXALA I UTEX NATIONAL, INT'L STERRA METWORK INC. TRAF めておりませ EHAB's books i MEDIA MINIAS CORP, REAL ESTATE DELIC FREGORY CHEMIC Asset and/or Income Source MARZI WENT & FLUET BAR ? FINANCIAL INVESIMENT trave, thousand, ca PARAMOUNT, CA COLTON, CA FRONTHDRUE, CA PROLISHUB, PUBLISHUB BLOCK A None 8 \$1 - \$1,000 O \$1,001 - \$15,000 ō \$15,001 -- \$50,000 **/** Value of Asset \$50,001 - \$100,000 Ш П BLOCK B \$100,001 - \$250,000 Q × \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 又 _ \$5,000,001 ~ \$25,000,000 ス \$25,000,001 - \$50,000,000 Over \$50,000,000 Ζ Spouse/DC Asset over \$1,000,000* ズ NONE **DIVIDENDS** Type of Income X RENT BLOCK C INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income--(Specify: e.g. Partnership Income or Farm Income) ス X メ Z None \$1 - \$200 \$201 - \$1,000 **=** \$1,001 - \$2,500 IV V VI VII VIII IX Current Year \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \prec Amount of Income \$1,000,001 - \$5,000,000 × Over \$5,000,000 × BLOCK D Spouse/DC Income over \$1,000,000* × メ × × × × 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 Spouse/DC Income over \$1,000,000*

SCHEDULE III — LIABILITIES

Name EHAB ATALLA

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owed 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 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 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.

		 			_
				SP, DC, JT	
		N. A.	Example: First Bank of Wilmington, DE	Creditor	
			May 1998	Date Liability Incurred mo/year	
			Mortgage on 123 Main Street, Dover, DE	Type of Liability	
				\$10,001 \$15,000	
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				\$5,000,000 P \$5,000,001— \$25,000,000 T	Amount of Liability
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			-	Over \$50,000,000	
				Spouse/DC Liability over \$ \$1,000,000	

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-

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.

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OFFICER SHAREHOLDER-SIERRA INTERNATIONAL COUP.	EHAB'S BOOKS & PUBLISHING INC.	SIERRA NET NORK INC.	MINAS CORP.	Name of Organization	ature:

SCHEDULE V — AGREEMENTS

Name FHAB ATALLA

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service; continua efit plan maintain	centity the date, parties to, and general terms of any agreement of alraingement with respect to, have employer service; continuation or deferral of payments by a former or current employer other than the U.S. Government effit plan maintained by a former employer. Parties To	service; continuation or deferral terms or any agreement or arrangement with respect to: luttire employment, a leave or 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. Data Terms of Agreement
Date	Parties To	Terms of Ag
	N. 4.	

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

recognized by law. Do not repeat information listed on Schedule i. 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

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
I amagnos 345	

GPO: 2013

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