

		LEGISLATIVE RESOURCE CENTER
UNITED STATES HOUSE OF REPRESENTATIVES For New Members	FORM B For New Members, Candidates, and New Employees	2014 SEP 25 PH 1: 13
Name: Cecicge Brikho Daytime Telephone	one:	UFFICE OF REPRESENTATIVES
New Member of or Candidate for State: LL\ Covo(A)\ U.S. House of Representatives District: O Candidates - Date of Election:	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1, 2014 to July 312014	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	TIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable easet that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unsamed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the data of flung?	ring the reporting period Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No Reporting period?	F. Do you have any reportable agreements an outside entity?	or arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable No N	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a single Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	HEDULE IF YOU ANSWER "YE THAT YOU ARE REQUIRED TO	O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	N - ANSWER <u>BOTH</u> OF THES	SE QUESTIONS
TRUSTS - Detaits regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. this report details of such a trust that benefits you, your spouse, or dependent child?		Have you excluded from Yes No 🛚
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child becausets for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	labilities of a spouse or dependent child beca	ause they meet all three Yes 🔲 No 💢 🌡 😾

SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name: George Brikho

Page 2 of 7

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Name: George Brikho
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SCHEDULE C - EARNED INCOME

	Name: (
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	Page 4 of 7	
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INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,855. It is unchanged in 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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List 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.

Course (include the content of the course)	T.	Am	Amount
Source (include date of receipt for frontiality)	ype	Current Year to Filing	Praceding Year
	Honoratum	\$20	\$500
Examples: Civil War Reinfelde, Richmond, VA (Oct. 2) Ontario County Spind of Education	Spouse Salary Spouse Salary	\$20,000 \$6	\$1,000 \$1,000
Edenz Hydro bardening Stores, Inc. (Lapea)	Salary	14,500	22,000
Edenz Hydro Gardening Stores, Inc. (Hudison)	Salary	14,500	22,750
Edenz Hydro bardening stores, Inc.	salary	008	10,200

SCHEDULE D - LIABILITIES

Name:	_
George	
Brikho	
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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 hald solely by your spouse or dependent child.

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				Example	Ç ^a Ya	
				First Bank of Wilmington, DE	Creditor	
				5/98	Date Liability Incurred MO/YR	
				Mortgage on Rental Property, Dover, DE	Type of Lability "	
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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 Mambers and second-year candidates report positions held in the reporting period and the current calendar years.

Position	Name of Organization
Member	Edenz Hydro Gardening Stores, Inc. (Liver)
Member	c Inc. (
Partner	200er

SCHEDULE F - AGREEMENTS

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Name:	
Page 6 of 7	
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identify the da	ate, parties to, and general terms of any agreement or arrangement that you have defenal of payments by a former or current employer other than the U.S. gove	Identify the date, parties to, and general terms of any agreement or arrangement that you have 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 Agreement	Terms of Agreement
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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 thing 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.

	The second of th
Source (Name and City/State)	Brief Description of Duties
Exemple: Doe Jones & Smith, Homelown, Homestate	Accounting Services

FILER NOTES (Optional)

NOTE NUMBER NOTES Name: Page 7 of ;