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			May	PLEASE Pray For our soldies in AFGhanistan	2	oldieg	Our J	Fg.	pray	EASE	2
8 □	Yes	ependent child	es of a spouse or de mmittee on Ethics.	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.	income, tr	ssets, "unearned" "yes" unless you	port any other as? Do not answer	from this report from this report from this report from this report from the from the from the from the from this report from the from this report from this report from this report from this report from the from this report from the from th	you excluded three tests fo	TION Have they meet all	EXEMPT because
Š	Yes	ot be	⇒pted trusts" need no child?	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?	n Ethics a u, your spo	the Committee (sts" approved by etails of such a t	ied Blind Trus this report de	arding "Qualif xcluded from	–Details rega	TRUSTS.
S	QUESTIONS	EACH OF THESE		ATION — ANSWER	FORM/	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	NDENT, OF	E, DEPE	SPOUS	SION OF	XCLU
	response.		ule attached for each "Yes"	appropriate schedul	the app	part must be answered and the	rt must be a	in this par	Each question in this	Each	E
Ž,	Yes	\$5,000 from	ompensation of more than \$5,000 from two prior years? attach Schedule VI.	VI. Did you receive compe a single source in the two p If yes, complete and attac	区	Yes No		nt child have ar the reporting p	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.	u, your spouse, y (more than \$: nplete and atta	III. Did you able liability If yes, con
_s	Yes	rangement	ortable agreement or arrangement ach Schedule V.	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V.		Yes No		t child receive ng period or ho) at the end of	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.	your spouse, more than \$200 asset worth mo	II. Did you income of reportable If yes, con
S _S	Yes	реfore the date or two years?	table positions on or bandar year or in the prioch Schedule IV.	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.		Yes No		income (e.g., the reporting	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.	or your spouse 00 or more fror nplete and att a	Did you fees) of \$20
				EACH OF THESE QUESTIONS	HESE		ANSWER	TION -	PRELIMINARY INFORMATION	INARY I	RELIN
							r black ink.	ariv in blue o	In all sections, please type or print clearly in blue or black ink	ons, please tv	In all section
assessed who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 pen against any more than 3	Check if Amendment	April Princy	Date of Election:		State:	e sentatives	Candidate for the House of Representatives New officer or employee		Filer Status
	(Office Use Only)	W.		,					, T		
'IVES	GE HOUSE OF REPRESENTATIVES	PER HOUSE	l	Telephone	Daytime Te	Day	ii)	9. LE	Name: Michael A. LEE	Mich	Name:
Page 1 ofNTER	Page 1 LEGISLATIVE RESOURCE CENTER 2014 APR 22 PM 4: 27	LEGISLATIVI	B nd new employees	FORM B	For a	/ES	STATES HOUSE OF REPRESENTATIVES AL DISCLOSURE STATEMENT vered: January 1,	OF REPR	UNITED STATES HOUSE OF REPRESE FINANCIAL DISCLOSURE STATEMENT Period covered: January 1,		UNITED FINANC Period co
				•							

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

_	
	Name Michael
	A. LEE
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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.	ement programs, and benefits r	eceived under the Social S	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Source (ilicinue date of fecelpt for floridiaria)	1 y pe	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Our Wonder Ful HEAVENLY FATHER	My LiFE	200-1,000.00	Same
His Son Our Sadiour	My HEAlm	Possibly	
The Amazina Holu Ghost	My Body	•	
ANGEL OF THE LOCD!	I can stand		
-	I can WAIK		
Poor VETERANS CONGRESSIONS CAMPAIGN	I CON SEE		
	Blessed With Coop HEAlth		
A Campaien For Christ			
I'm Campaigning For GOD			
I ray and Afghanistan Memorial			
Over 6,000 Killep., 40,00 Wounded, Over			
600 have lost arms hand, legs, and FEET			
Those bling paralyzep. Severly Bur NED.			
Severly Discoled. God Be Wim Them			

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		The King Mighty Ministry	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	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. Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> 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.	Asset and/or Income Source 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. 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.
			×	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 \$ \$5,000,001 - \$5,000,000 \$ \$25,000,001 - \$25,000,000 \$ \$25,000,001 - \$25,000,000 \$ \$25,000,001 - \$50,000,000 \$ \$25,000,001 - \$50,000,000 \$ \$25,000,001 - \$50,000,000 \$ \$25,000,001 - \$50,000,000 \$ \$25,000,001 - \$50,000,000 \$ \$25,000,000	BLOCK B Value of Asset dicate value of asset at close of porting year. If you use a valuation ethod other than fair market value, ease specify the method used. an asset was sold during the report g year and is included only because generated income, the value should a "None." This column is for assets solely held your spouse or dependent child.
		<u> </u>	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For 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.
				×	X	None	Amount of Inco For assets for which you checked "Tax-De check the "None" column. For all other ass income by checking the appropriate box I and capital gains, even if reinvested income. Check "None" if no income was on the column is for income derived from spouse or dependent child.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael A. LEE

Page ____ of_

								л, pc	SP,		
						r l l	The Kings Mighty Ministry			Asset and/or Income Source	BLOCK A
							/	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 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	A BB C D E F G H - J X C	Value of Asset	BLOCK B
							\ 	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Spe Partnership Income or Farm Inc		Type of Income	BLOCK C
							V	None	Current Year	Amount of Income	BLOCK D
							٧	None = \$1 - \$200 = \$201 - \$1,000 = \$201 - \$1,000 = \$2,500 < \$2,501 - \$5,000 < \$5,001 - \$15,000 ≤ \$15,001 - \$15,000 ≤ \$50,001 - \$100,000 ≤ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × \$50005/DC Income over \$1,000,000° × \$50005/DC Income over	Preceding Year	of Income	CKD

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SCHEDULE III — LIABILITIES

Name Michael A. LEE

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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 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 sib-

							Ar	Amount of Liability	of Liat	oility			
D %	Creditor	Date Liability	Type of Liability	A	В				i— ດ		D1— D0 —		er 🗷
JT		mo/year		\$10,001— \$15,000	\$15,001— \$50,000 \$50,001—	\$100,000 \$100,001— \$250,000	\$250,000 \$250,001 \$500,000	\$500,001— \$1,000,000	\$1,000,001 \$5,000,000	\$5,000,001 \$25,000,00	\$25,000,00 \$50,000,00	Over \$50,000,00 Spouse/D C	Liability ove \$1.000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE			Ц		H			Ц		

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

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position	Name of Organization
Servant-Slave-Soldier	Our Wonderful HEAVENLY FAMER
Sheed	The King, Mighty Ministry
	The Author of Grace. MERCY. PEACE LOVE

SCHEDULE V - AGREEMENTS

Name Michael A. LEE

Page — of —

Identify the date, parties to, and general terms of any agreement or arrangement 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	Terms of Agreement
1-16-14	The FATHER ME SON. THE HOLY GHOST	To LOVE COD with all my Heart, Soul,
	Angel of the Loca	Mind and Strength
	"Thouk God For Jesus"	

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

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

rawginzad by law. Do tau rapada miormadon nesad on acredute i.	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Our Wonder Rul HEAVENLY FAMER	"For WATCHING OVER ME"
My Life	
My HEAlM	
My Body	
I can stand	
I CON WAIK	
Thank GOD For JESUS I can SEE!	TO BE VERY Thankful
GPO: 2013 78-965 (mac)	