UNITED STATES HOUSE OF REPRESENTATIVES	FORM B For New Members, Candidates, and New Employees	2014 AUG 28 PM 12: 23
Name: HLAN M. Collins	Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: FL: U.S. House of Representatives District: 15 FILER Candidates - Date of Election:	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1, 2014	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in uneamed income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	during the reporting period Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No F. Do you have any reportable agreemen an outside entity?	ents or arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	re than \$5,000 from a single Yes No No
ATTACH THE CORRE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "I	"YES"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF TH		ESE 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 that benefits you, your spouse, or dependent child?	Ethics and certain other "excepted trusts" need not be disclosed	. Have you excluded from Yes No No
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	or liabilities of a spouse or dependent child	because they meet all three Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A	вгоск в	вгоск с	вгоск р	

BLOCK A BLOCK D BLOCK C BLOCK D	Amount of Income	Type of Income	Value of Asset	ts and/or income Sources
	BLOCK D	BLOCK C	вгоск в	BLOCK A

4 PUT HOPHYTHINGERY	My Day January	When y Read	JAWY HOUSE TO BUT	ABC thidge Fund X	Examples:	SP. Hega Corp Stock SF		For all IRAs and other retirement plans (such as 401(x) plans) provide the value for each asset heid in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds "((60 not use only ticker symbols).	identify (a) each asset held for investment or in production of income and with a fair market valuely exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of all income which generated more than \$200 into "westered income during the year."	Assets and/or income Sources	BLOCK A
	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			×	Indefails	×	None > \$1-\$1,000 co \$1,001-\$15,000 Co \$15,001-\$50,000 co \$50,001-\$100,000 m \$100,001-\$250,000 co \$250,001-\$1,000,000 co \$250,001-\$5,000,000 co \$5,000,001-\$5,000,000 co \$25,000,001-\$50,000,000 co \$25,000,001-\$50,000,000 co \$25,000,000 co \$25,000,000 co \$25,000,000 co \$25,000,000 co		"Column M is for assets held by your spouse or dependent or child in which you have no interest."		Value of Asset	вгоск в
				Partnerskip	Royalises	×	NOME DIMDENDS RENT INTEREST CAPITAL GAINS EXCEPTEDBLIND TRUST TAXOBEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check "None" If the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), our may check the "1-x-beliered column. Dwifereds, interest, and capital gains, wen if reinvested, must be disclosed as income for assets held in taxable accounts.	Type of Income	вьоскс
				×	×	*	None			For easets 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 galits, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. **Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D

SCHEDULE C - EARNED INCOME

Name:
IX.
Page
Page 3 of 5

SCHEDULE D - LIABILITIES

Name:	
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Page Cl of S	
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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 Rembers: Members are required to report all liabilities secured by reaf property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans escured by automobiles. In a provision of your personal residences; 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, perent, 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 itabilities held solely by your spouse or dependent child.

								≥	Amount of Liability	of Lia	E E				}
)		>		c	D	m	71	6	±	-	٠	*
, S		Creditor	Date Liability Incurred MO/YR	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	Over \$1,000,000* (Spouse/DC Liability)
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							
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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 Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and three previous years.

ク Position	? Position Name of Organization
1450547	* MC (4001)CIIONS
Transport	
CHIEF JANKSHAMIE KOMM	WEAS. TV

SCHEDULE F - AGREEMENTS

Name:
Hugh M. Colly
Page S of S

Identify the da	ate, parties to, and general terms of any agreement or arrangement that you hav or defemal 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 defends of payments by a former or current employer other than the U.S. government; or continuing perticipation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement
SCHEDU	SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE	ND BY ONE SOURCE
מעחבטט	JEE J - COMPENSATION IN EXCESS OF #3,000 FA	AC OT CAR OCCACE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two 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.

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Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
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