



Filing ID #10008308

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Dr. N Eugene Cleek
Status: Congressional Candidate
State/District: CA03

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2015
Filing Date: 10/6/2015

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Cleek Ranch		\$500,001 - \$1,000,000	None		
LOCATION: Glenn, CA, US DESCRIPTION: Value of holding no income received					
Cleek Ranch		\$1,001 - \$15,000	Rent	\$5,001 - \$15,000	\$5,001 - \$15,000
LOCATION: Glenn, CA, US DESCRIPTION: Farm land rent					
Hignell		\$100,001 - \$250,000	Tax-Deferred		
Laurel Cleek LLC		\$100,001 - \$250,000	Tax-Deferred		
DESCRIPTION: Self Directed IRA					
Pokey Cleek LLC		\$500,001 - \$1,000,000	Tax-Deferred		
DESCRIPTION: Self Directed IRA					
Stifel Financial Corporation (SF)		\$15,001 - \$50,000	Dividends	\$2,501 - \$5,000	\$2,501 - \$5,000

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Tri-Counties		\$250,001 - \$500,000	Interest	\$1 - \$200	\$1 - \$200

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Enloe Hospital	Medical Services	\$347,573	\$695,147
Oak Tree Academy	spouse salary	\$600	\$1,200

SCHEDULE D: LIABILITIES

None disclosed.

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Source (Name and Address)	Brief Description of Duties
Enloe Hospital (Chico, CA, US)	Medical Services

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

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 dependent child?

☐ Yes ☒ No

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?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Dr. N Eugene Cleek , 10/6/2015