MAR 25 2014

ĕ ⊬		ependent chilc	litties of a spouse or dependent child Committee on Ethics.	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabil because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the C	arned" income ss you have fir	er assets, "une swer "yes" unle	EXEMPTION —Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"	xcluded from th	N—Have you ex	EXEMPTION because they
No.	Yes 🔲	ot be	ent 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?	nittee on Ethic ting you, your	d by the Comr h a trust benefi	d Trusts" approve	"Qualified Bline od from this repo	etails regarding	TRUSTS - D disclosed. Ha
S	QUESTION	OF THESE	SWER EACH OF THESE QUESTIONS	- AN	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	OUSE, DE	ON OF SP	EXCLUSION
	" response.	each "Yes	dule attached for each "Yes" response	Each question in this part must be answered and the appropriate sched	and the a	e answered	part must b	stion in this	Each que	
8	Yes	\$5,000 from	mpensation of more than \$5,000 from two prior years?	VI. Did you receive com a single source in the two lf yes, complete and at	N ₀	Yes	ave any report- rting period?	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.	ur spouse, or a dore than \$10,000 te and attach Sc	III. Did you, yo able liability (m if yes, comple
₹	Yes	rrangement	sportable agreement or an attach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	N _S	Yes	ceive "unearned" or hold any and of the period?	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.	II. Did you, your spouse, or a dependent income of more than \$200 in the reporting reportable asset worth more than \$1,000 if yes, complete and attach Schedule II.	II. Did you, you income of more reportable assu
N _o	Yes 🗌	before the date or two years?	bortable positions on or tendar year or in the price trach 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.	N ₀	Yes 🔲	(e.g., salaries or orting period?	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.	our spouse have " r more from any s te and attach Sc	i. Did you or yo fees) of \$200 o If yes, comple
				ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	l e or	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW	please type or p	In all sections, PRELIMIN
assessed who files	A <i>\$200 penalty</i> shall be a against any individual w more than 30 days late.	A \$200 po against a more than	Amendment	4 Nu 2014	Date of Election:	Office:	s District:	Candidate for the House of Representatives New officer or employee	House of Rep New officer or employee	Filer Status
ATIVES	U.S. HOUSE OF THE CLERK OF REPRESENTATIVES (Office Use Only)	U.S. HOU		Daytime Telephone:	Daytime		ps. (1)	F Sh	אממטכ	Name: (
age 1 of CENTER	LEGISLATIVE RESOURCE CENTER 2014 APR 72 PM 1:32	2014 2014	M B and new employees	FORM For use by candidates a		ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, <u>2014</u> 144111	UNITED STATES HOUSE OF REPRESE FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2014 - 14	UNITED STATES HOUSE OF FINANCIAL DISCLOSURE ST	UNITED S FINANCIA Period cove

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name (Suppu
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Page ____ of

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 nay (such as National Guard or Reserve nay) federal retirement programs, and benefits received under the Social Security Act

Source (include date of receipt for honoraria) XYZ Corporation, Houston, TX First Bank & Trust, Houston, TX XYZ Trade Association, Chicago, IL (Rec'd December 2)	Туре	Amount	Ĭ.
XYZ CA First Ba	ישרני		
7		Current Year to Filing	Preceding Year
	Salary	\$6,300	\$28,450
_	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA

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ļ						F		.0	incuries and vacaulor nories (unless trained was remained period); any deposits total-ing \$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 defailed 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 Riock A	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.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the	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.	>	
							Examples:		d fro rift S so o phild i reference	.	를 했다. 기타 기타 기	proper not and	9 7	e co	me (a)	Asset and/or Income Source	
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									\$250,001 - \$500,000		ଦ	*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 report- ing year 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.	Value of Asset	ELOCK B
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1		ſ		}		l	Royalties		(Specify: e.g., Partnership Income or Farm Inc	ome)		if the asset generated no income during the reporting period.	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None"	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 or that generate tax- deferred income (such as 401(k)		
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						<u> </u>		_	\$15,001 - \$50,000	XI IIIV IIV	Current Year	1	* This column is for incom- spouse or dependent child.	Ž	For assets for which you ch check the "None" column. Fo income by checking the appart capital gains, even		
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									Spouse/DC Income over \$1,000,000*	¥	<u> </u>		Ä.	ğ		Ħ	Ď
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									\$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	×			This column is for income derived from assets solely held by your pouse or dependent child.	-	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		

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		None > \$1 - \$1,000	BLOCK A Asset and/or Income Source	EDULE II — ASSETS AND "UNE ation Sheet (if needed)
		\$15,001 - \$50,000	BLOCK B Value of Asset	AND "UNEARNED" INCOME
		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	
		None	BLOCK D Amount of Income	Name COOPOUR SMET:
		None -	SKD	74/ Pageof

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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 dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household turniture, 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

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				JT, DC,)	
			Example: First Bank of Wilmington, DE	Creditor		
			May 1998	Liability Incurred mo/year	Date	
			Mortgage on 123 Main Street, Dover, DE	Type of Liability		
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				May 1998 Mortgage on 123 Main Street, Dover, DE X	Creditor Liability Type of Liability T	May 1998 Mortgage on 123 Main Street, Dover, DE S10,001— S15,000 S10,001— S250,000 S1,000,000 S250,000 S1,000,000 S1,000,000 S1,000,000 S1,000,000 S1,000,000 S25,000,000 S25,000,000

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

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Use additional sheets if more space is required.

1	9			-
	Date	Identify the date service; continuent plan mainta	SCHEDULE \	
	Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future emploice; continuation or deferral of payments by a former or current employer other than the U.S. Governments plan maintained by a former employer.	SCHEDULE V — AGREEMENTS	
	Terms of Agreement	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.	Name Page of	

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

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.	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.
Source (Name and Address)	Brief Description of Duties
xample: Doe Jones & Smith, Hometown, Homestate	Accounting services
•	

GPO: 2013 78-995 (mac)

CAMPAIGN NOTICE

MAR 2552094

REGARDING FINANCIAL DISCLOSURE REGULAREMENTER

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6601

Indicate Your Status: (Select One)	Dear Madam Clerk:
Over \$5,000 Threshold Not Exceeded	This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives. I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.
Withdrawal of Candidacy	This is to notify you that under the laws of the state of
	Name (Please Print or Type): FORDON E SMITH State: INC/IANA District: 7th Date: 2/27/2014

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building Washington, DC 20515-6601