POSTMARK ILLEGIBLE

₹	Yes	spendent child	ies of a spouse or de ommittee on Ethics.	transactions, or liabilit it consulted with the Co	arned" income, ss you have firs	ny other assets, "une ot answer "yes" unles	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.	because they med
8 ⊠	Yes	ot be	epted trusts" need not be t child?	and certain other "exc pouse, or a dependent	hittee on Ethics ling you, your s	proved by the Comm ที่ such a trust benefit	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excedisclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent	TRUSTS - Details disclosed. Have y
S	QUESTION)F THESE (ANSWER EACH OF THESE QUESTIONS	1	T INFORM	NT, OR TRUS	XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	XCLUSION
	esponse.	each "Yes" r	ule attached for each "Yes" response	propriate schedu	and the ap	st be answered	Each question in this part must be answered and the appropriate schedu	
₹	Yes	\$5,000 from	pensation of more than to prior years? schedule VI.	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	8	yes	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.	II. Did you, your sp able liability (more the second of th
<u>§</u>	og og	rangement	ortable agreement or arrach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	8	ned" riod? Yes	It. 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.	 Did you, your spincome of more than eportable asset wo f yes, complete an
₹	Yes	before the date or two years?	ortable positions on or bendar year or in the priorach 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.	<u>8</u>	Yes X	 bid you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? yes, complete and attach Schedule I. 	Did you or your s ees) of \$200 or mo f yes, complete ar
				EACH OF THESE QUESTIONS	OF THESE	/ER	PRELIMINARY INFORMATION — ANSW	n all sections, ples RELIMINAF
		more than 30 days late				Employing Office:	employee Emp	- Carrie
assessed who files		A \$200 penalty shall be against any individual	Check if Amendment	Nov 4,2014	Date of Election:	ct: 13 755	Candidate for the State: House of Representatives District:	Filer
	(Office Use Only)	$\mathcal{M}_{\mathfrak{G}}$					•	
res	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE OF		Daytime Telephone:	Daytime 1		Mike Minter	Name: ${\cal M}$
Page 1 of 23 ENTER	Page LEGISLATIVE RESOURCE CENTER 2014 FEB - 5 PM 1: 25	LEGISLATIVE 2014 FEB -	B nd new employees	FORM B For use by candidates and new employees	7	RESENTATIVES MENT ルジースの/ゴ	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, ゑ゚゚゚ゟ゚ゟ゙゚ /み゚ゔ゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚	UNITED STA

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name
Mike
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Page 1_ of 3

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. Amount Source (include date of receipt for honoraria) Type	ement programs, and benefits re	eceived under the Social Seci	Security Act.
VV7 Corporation Houston TV	Salary	Current Year to Filing	Preceding Year
_	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Falls Foundations Repair		2250 9	6,000 2
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			Amertrade	Etrade		Examples:	SP Mega Corp. Stock	homes and vecation 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 rafer 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 Block A	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IBAs and other retirement along fourth as An1/1/1	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 rifore than \$200 in "unearned" income during the year.	BLOCK A Asset and/or Income Source
					œun			renta s total surings set o lepen s(JT)	econ	sines: busi raphi	in the tment	fund	production §\$1,000 at any other generated generated the year.	æ
\vdash				+	ß			None		C . W				
					╁			\$1 - \$1,000			be "None." *This column is for assets solely held by your spouse or dependent child.	If an asset was sold during the report- ing year and is included only because it generated income, the value should	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.	
	 		7	×	t	5		\$1,001 - \$15,000		0		as:	rtin Se s	
			<u> </u>		T	Indefinite		\$15,001 - \$50,000		0	sp in e,	an Set	op of ye	
				<u> </u>	t	n te	X	\$50,001 - \$100,000		Ш	SE E	in die	city Tear.	BLOCK B Value of Asset
					×			\$100,001 - \$250,000		П	es oot	Sing	독립구	Le P
	 		i		t			\$250,001 - \$500,000		<u> </u>	de a	말은	ass nov mar	9 8
					T			\$500,001 - \$1,000,000		I	sse	ta duri	etho	BLOCK B
					T			\$1,000,001 - \$5,000,000		_	nde s s	<u>s 9 ji</u>	nar e e	SSE
				1	Τ			\$5,000,001 \$25,000,000		۷.	⊋ ë G	The define	ose vali tet i	¥
					1			\$25,000,001 - \$50,000,000			漢호	2 8 <u>e</u>	of valuation	
					Ī			Over \$50,000,000		-	. <u>e</u>		je oj	
								Spouse/DC Asset over \$1,000,000*		Σ		- • •		
			X	×	Т		×	NONE			등 그 등 =	교육	유흥을로요	
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	 							CAPITAL GAINS			ortin p	9 8 8	me (cl	3 8
	 			T	1			EXCEPTED/BLIND TRUST			aleo Ω		s the	BLOCK C
					1			TAX-DEFERRED			closed as income. Check 'None' fithe asset generated no income during the reporting period.	plans or IRAs), you may check the "Tax-Deferred" column. Dividends, Interest, and capital gains, even	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k)	BLOCK C Type of Income
-				1	T	₽ W		Other Type of Income				ider	spe ate \$40	ē
					ı	Royalties		(Specify: e.g., Partnership Income or Farm Inc	ome)		Vone"	rds,	(x) X Cition For	
	 		†	†	†	1		None	_		Ŷ ·			
	 		 	 	╁╌	 		\$1 - \$200	=	-	g Sg	* I		
	 	 		 	1	-		\$201 – \$1,000	=		Suc	his on	i i i i i i i i i i i i i i i i i i i	
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	 		1	†	+	1		\$5,001 - \$15,000		┪ ≒	, p	n ex	e on v	
	 				†	 		\$15,001 - \$50,000	XI IIIV IX	Current Year	spouse or dependent child	s ±	a	
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	 	 			✝	Ť	-	\$100,001 - \$1,000,000		- 1 2 2	오	7C 9	Pe min	~
	 	·	†	 	†	1	-	\$1,000,001 - \$5,000,000	×	7	<u>ē</u> .) T	B B 고 S	3
	 				1	-		Over \$5,000,000	×			ر 2	#B S &	은 _
	 		1	†	1	 	_	Spouse/DC Income over \$1,000,000*	¥			활성	prie ed	BLOCK D Amount of Income
			†	+	†	 		None			1	ed ne	T to the time	ੇ ਨੂੰ
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	 	-	 	+	1	-	×	\$201 - \$1,000		_		a se	e X b See	Š
	 	 	 	+	1	 		\$1,001 - \$2,500	₹	่ † สั		arn	elo,	ne
		 	 	 	×	×		\$2,501 - \$5,000		Ĭ Š		ets ed	ind ind	
	 		†	†	Ť	f		\$5,001 - \$15,000		⊣ <u>ĕ</u> .		SS OF	t Dica	
	 	 	1	+	1	 	-	\$15,001 - \$50,000		1 2G		ge Jel	e E	
	 <u> </u>	†	†	+	1	+	-	\$50,001 - \$100,000	=	1 🛣		y h	F 를 를 찾	
	 	 	<u> </u>	1	1	 		\$100,001 - \$1,000,000	VII VIII IX	Preceding Year		Income. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held t	ဂို့ ၈ ရှိ	
	<u> </u>		1	+	╅		<u> </u>	\$1,000,001 - \$5,000,000	$\frac{}{\times}$			ncome. Check "None" if no income was earned or generated. This column is for income derived from assets solely held by your	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	
$\vdash \vdash$			1	+	+			Over \$5,000,000	<u>~</u>			Š	e Signal	
 	 		†	1	十	!	 	Spouse/DC Income over \$1,000,000*	_ <u>≅</u>	1		Ĕ	st,	
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