		HAND
UNITED STATES HOUSE OF REPRESENTATIVES 2013 FINANCIAL DISCLOSURE STATEMENT	Form A  LEGI For Use by Members, Officers, and Employees	PRILATIVE RESOURCE BESTEROF TO THE PM 3: 28
Name: Tulsi Gubbarol	Daytime Telephone: 202-236-1013	J.S. HOUSE OF REPRESENTATIVES
		(Office Use Only)
FILER STATUS  Member of or Candidate for State: HI U.S. House of Representatives District: Oc	Officer or Employing Office:	
REPORT 2013 Annual (Due: May 15, 2014)	Amendment Termination Date:	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	SE 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 F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	nt with an Yes No 🗙
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction     Yes exceeding \$1,000 during the reporting period?	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	single Yes No X
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?	× vo	eriod?
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 l. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	harity in Yes No
E. Did you hold any reportable positions during the reporting period or in Yes the current calendar year up through the date of filing?	E CORR	ESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	RUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Puthe Committee on Ethics for further guidance.	IPO Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	ase contact Yes No X
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from id?	luded from Yes No 🔀
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or depentests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, transactions, or liabilities of a spouse or dependent child because they meet all three e Committee on Ethics.	et all three Yes No 🖂

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

If you so choose, you may indicate that an asset or income source is that of your sopuse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. 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. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the botal is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in Provide complete names of stocks and mutual funds (do not use only ticker symbols). production of income and with a fair market value acceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "uneamed" For rental and other real property held for investment the account that exceeds the reporting thresholds. revide a complete address or durental property," and a city and state, ncome during the year. Estate Investment tirement program, including the Thrift Savings Plan. xclude: Your personal residence, including second you have a privately-traded fund that is an coepted Investment Fund, please check the \*EIF 333 USAR MODEY Morket Asset and/or Income Source EAA Emerging Markets 159A Preasus Metals hird he a detailed discussion of Schedule aments, please refer to the instruction booklet. and vacation homes (unless there was rental aduring the reporting period); and any financial in, or income derived from, a federal (a) each asset held for investment Alexandra VA Valle ABC Hedge Fund Mega Corp. Stock Simon & Schuster Roo description, × 묶  $^{\circ}$ Column M is for assets held by your spouse or dependent child in which you have no interest. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the metho \$141,000 'n, . \$1,001-\$15,000 a \$15,001-\$50,000 ៊ី \$50,001-\$100,000 m Value of Asset × \$100,001-\$250,000 \$250,001-\$500,000 G 500,001-\$1,000,000 ٠ \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 ~ 1.00 -Over \$50,000,000 Spouse/DC Asset over \$1,000,000\* Z seven it rained income (such as 401(k), IRA, or mines accounts), you may check the "Tax-Deferred" caccounts, you may check the "Tax-Deferred" caccount. Dividentel, Internet, and capital gains, Dividentel, Internet, Check "None" such if the asset generated no income during the reporting generated no income during the reporting generated. Check all columns that apply. K RENT Type of income CAPITAL GAINS BLOCK C EXCEPTED/BLIND TRUST TAX-DEFERRED ğ Other Type of Income 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. Devidends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or \*Column XII is for assets held by your spouse child in which you have no interest. 7 \$1-\$200 50 \$201-\$1,000 \$1,001-\$2,500 ₹ Amount of income 1,50 \$2,501-\$5,000 BLOCK D \$5,001-\$15,000 ≤ \$ \$15,001-950,000 ≦ \$50,001-\$100,000 12 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 or dependen Over \$5,000,000 \* Spouse/DC Asset with Income over \$1,000,000 ≚ in the reporting period. Leave this column blank if there are no transactions that exceeded \$1,000. purchases (P), seles (S), or Indicate if the asset had If only a portion of an asset was sold exchanges (E) exceeding \$1,000 please indicate as follows: (S (part)). 9 Transaction S, S(part), or E BLOCKE

Use additional sheets if more space is required.

Page c

Name:

Gabbard

Page 2 of 9

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: T. Gabbard

Page 3 of 9

Г	1	Γ.	Π		Γ	1		Γ		]		ŀ				<b>≒8</b> %			_
											US Index	Ishares Dow Jours		3 Precious	US Global Gold	ASSET NAME		Asset and/or Income Source	BLOCK A
				<u> </u>										ļ	!	믞	None >		_
71 1 1 1						100	- 23 m		125		e e		- S	X	773		\$1-\$1,000		
				5. X3285	\$*		-			1	1	×	-		5		\$1,001-\$15,000		
				1	- 2		•	1				<u> </u>	i.				\$15.001-\$50,000		
				122	10.3						10.50X	AL // C			<u></u>		\$50,001-\$100,000 m	<b>V</b> al	
ě			1				1.8			1					-	100	\$100,001-\$250,000 m	De of	RECOCK B
ĸŶŶ								experie		30	42.7						\$1,000,001-\$5,000,000	Value of Asset	α
	gr. r	(3)	23/19/		75	208	54		32 4	200			£0.\$	6.N.S.	<b>3</b> /1		\$5,000,001-\$28,000,000		
(84)			<u> </u>		. %8		66° VA	23	(%) / .	7 ,	34>	4.6	# 19 <u>1</u>			- Some	\$25,000,001-\$50,000,000		
					2.0					<u> </u>				V		1.57%.	Over 660,000,000		
											,	20,3700,07		2.01			Spouse/DC Asset over \$1,000,000*		_
· .	1. 1.		<u> </u>	**		<u> </u>	2 (A) C			-	g 2 / 2 f		3, 6				NOME DIMOENDS		
					-	1,7	2011 1872		Jan 1							. પ્રેનવે	Nen		
		× .**	<u> </u>	12.4		,		-	3/8		<u> </u>				\$35°. %2		INTEREST	Ϋ́	
∵.` ##\	x 44.	W.	A.			9.5	4.		- X			à., ?	. 1	\$ (\$ ) 1			CAPITAL GAINS	<u>ğ</u>	BLOCK
137.	200	355	931.		·2*! .		5 10	13 5 5	1,230	P (5)	.g0 y				4.135,7	1,300	EXCEPTED/BLIND TRUST  TAX DEFERRED	Type of Income	Š
ing the second					. ,,					遂					38		Other Type of Income	<b>T</b>	
												:					(Specify: e.g., Partnership Income or Farm Income)		
4							04		iğ ili				121,5 24,5			1 🔄 🕌	Number		_
\$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	FR 25	C/666	Sec. N	4	e e				C 344	2524	P41.5	X		1	272×8		\$1-\$200		
184		2 320			14. Th	2.58		×			, i		21.46		25.00		\$1,001-\$2,500 <		
7 <b>(</b> )		100					30			254		100		66. M			\$2,501-\$5,000	Amount of Income	
																72. \$55.56	\$5,001-\$15,000 ≤	unt o	REOCK D
	7.6	0.656						6.5									\$15.001-550,000 <u>\$</u>	f Inc	ž
	كالونود ور	134					21.5	<u>.</u>	, 1. To 10		1336	l V.	er s	ă (Pă	£2.4		\$50,001-\$100,000 ≦ \$100,001-\$1,000,000 pg	ome	
\$6 <b>\$</b> {	180°20, 2	K. ALE				(3) / 3		OS C					E 44.4	332			\$1,000,001-\$5,000,000		
	* 6		, 8				1	193			11.	319		1/3	(1) (2)		<b>048.00000</b>		
																	Spouse/DC Asset with Income over \$1,000,000°		_
																		Transaction	BLC
				-													S, S(part), or E	actic	BLOCKE
								L .	<u> </u>	<u> </u>				L			<u>m</u>	5	

## SCHEDULE B - TRANSACTIONS

Name: T. Gabbard Page 4 of 9

					and the state of t									-	3331 Yalley Alexandria	SP Example Mega Corp. Stock	SP, DC, JT Asset	purchase or sale or your personal residence, timess it generated renda norms. Ir only a portion of an asset is sold, please choose "partial sale" as the type of transaction.  Capital Gains: if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.  *Column K is for assets solely held by your spouse or dependent child.	reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
				300													10000	Publisse		OVT
<u>.</u>								4	.,					73 <del>58.</del> 7	X			Sale		e of Trai
	· 	. 32														×		Partie Sala Exchange		Type of Transaction
<u> </u>	Ī															×		Check Box if Capital G	ain	
																3513		Monthly, or B- Monthly, or B- weekly, if applicable	Case	Date
	97.4		(J. 60)					 A -007	1				1	l			ı			
							or i				Prop.			1000 1000 1000 1000	À		Ngry Gal			
									7.2	), (1)						×		2730000000		
										\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			en en			×		\$1,001- \$15,000 \$15,001- \$50,000 \$20,001- \$100,001-	B 8 D	
										5/1 ( ) ( ) ( )			ch.			×		\$1,001- \$15,000 \$15,001- \$50,000 \$20,001- \$100,001- \$250,000 \$250,001- \$306,001	B 8 D	Amount o
				1 Aug Street No.	N. N.							. 43 - 364 24 - 36 - 37 - 38				×		\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,001- \$250,000 \$500,001- \$1,000,000	B 8 D	Amount of Trans
				1 Aug Street No.	N. N.	ACCES ACC				5/1 ( ) ( ) ( )		. 43 - 364 24 - 36 - 37 - 38				×		\$1,001- \$15,000 \$15,001- \$50,000 \$100,001- \$250,000 \$250,000 \$1,000,001- \$2,000,001- \$2,000,001- \$2,000,001-	B 8 D	Amount of Transaction
				1 Aug Street No.												×		\$1,001- \$15,000 \$15,000 \$15,000 \$250,000 \$100,001- \$250,001- \$250,001- \$1,000,000 \$1,000,000		Amount of Transaction

## SCHEDULE C - EARNED INCOME

Name:
T. Gabbard
Page 5 of 9

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. 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.	
--	---	--

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	ensated at or above the "senior staff" ra	te was \$26,955. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
	Approved Teaching Fee	\$6,000
EXAMIPLES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
thouse of	0,100.1	1118 745
	OX.	Bross reciepts - 1, 114
Kony Productions	carninas	net 1055 - 747
	C	

#### SCHEDULE D - LIABILITIES

Name:	
T. Gabbarch	
Page 6 of 9	

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. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabile); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

	-					SP.
	USAA	Novy	USAF	Capi	Example	т
Antonio		Novy Tederal Credit	USAA Mustercard	apital One Palative	First Bank of Wilmington, DE	Creditor
•	12 57	10 17	6	티크	5/98	Date Liability Incurred MO/YR
on 2231 Valley Dr	Home equity loan	Credit card	credit card	Mortgage on 3331 No. 1600	Mortgage on Rental Property, Dover, DE	Type of Liability
						\$10,001-
\$ F ok	1. 25 A	X	K		** <u>6</u> **	\$15,001- \$50,000
	K.					\$50,000
<i>.</i>					×	\$100,001- \$250,000
			1	<b>X</b>	33	\$500,000 m or
- 1 - 2 - 2 - 2						\$1,000,000 Cia \$1,000,001- Cia \$5,000,001
			AL AND SELECTION			\$5,000,001- \$25,000,000
						\$25,000,001- \$50,000,000
					27.7 Pg.	Over \$50,000,000
11						

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

Position	Name of Organization
VP	Healthy Howaii Coalition

### SCHEDULE F - AGREEMENTS

Name:	
7.6	
Gabbar	
50	
Page	
	l
<b>.</b>	
<u> </u>	J

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 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 Agreement	Terms of Agreement
	None	

#### SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
	None	

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:	
Page C of	
-Ω	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE**: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (YIN)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	٨	٧	Z
Exemples. Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	٧	Y	٧
JEF library toundation	Nove 23-	SFO- BOS-HNL	~	Z	Z
	25				
	Bay - 40 Eng	I AD! TEL AVIV- IAD	4	~	~
			•		

# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

	-
Name:	
Page 9 of 9	

List the source, separate confid	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	sor of an event to a charitable organ	nization in lieu of paying an	honorarium to you. A
	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2013 Aug. 13, 2013	\$2,000 \$500
	1			