UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	<b>FORM B</b> For New Members, Candidates, and	FORM B andidates, and New Employees	ZUlhage 1 of
Name: Rufus Hult Craig Tr	Daytime Telephone:	<b>y</b> .	2014 OCT 16 PM 1: 46
New Member of or Candidate for State:  U.S. House of Representatives District: 6  Candidates – Date of Election:	7	Check if Amendment	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee  Employing Office:		Period Covered: January 1, to 6 3, 2014	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUESTIO	NS	
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 unearned 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?	g the reporting period Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F.D	F. Do you have any reportable agreements or arrangements with an outside entity?	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 L J. Di	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	1 \$5,000 from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR	ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU AR	DULE IF YOU ANSWER "YES" IAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	INFORMATION - 1	ANSWER <u>BOTH</u> OF THESE QUESTIONS	E QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "ex d?	xcepted trusts" need not be disclosed. Have you excluded from	rve you excluded from Yes No
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, transactions, or liabilities Committee on Ethics.	ies of a spouse or dependent child because they meet all three	se they meet all three Yes No No

										Propertes	McHade Bluec	1 th 50%	Commette Duha	SOS THURS	SP, DC, ASSET NAME EIF			Assets and/or Income Sources	BLOCK A
								ļ						ļ	· · · · · · · · · · · · · · · ·	None 2	*		
$oxed{oxed}$				 ļ	ļ	ļ	ļ										<u> </u>		
<u> </u>					ļ	ļ						ļ	ļ	ļ			,		
						-		ļ		~	,	ļ					_	_	
			•				-				ļ	J					n	Yal	
	` .				-	<del>  -</del>	-	ļ	ļ		ļ	X	ļ				7	Je o	ΕO
						-								77			<u>.</u>	Ž	BLOCK B
											ļ	ļ						Value of Asset	
		-					-				ļ							_	
						-	<del> </del>	-	<u> </u>	1	ļ		ļ	-			ς		
							1	<del>                                     </del>								Over \$50,000,600	-		
							1				· · · ·					Spouse/DC Asset over \$1,000,000*	 E		
-	-,								-	>						NOME			
				 	<b></b>											DIVIDENDS	-		
												X		×		RENT		-	
				 		<del> </del>	-	$\vdash$					_			INTEREST		Уþ	_
						-	<del> </del> -	-	<del> </del>				ļ			CAPITAL GAINS		<u>Š</u>	BLOCK C
								-					<u> </u>			EXCEPTED/BLIND TRUST		Type of Income	Š
					-	-			<u> </u>	-		-	$\vdash$			TAX-DEFERRED		Š	
							<b></b>									Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		•	
$\vdash$						-	_					]	-			None	$\dashv$		
				-		-										\$1-\$200 =			
			-	-			+				-	_		-		\$201-\$1,000 =			
				 	<del>                                     </del>											\$1,001 <b>-\$</b> 2,500 <			
												X		X			ប		
						1										\$5,001 <b>-\$</b> 15,000 ≤	Current Year		
																\$15,991-\$50,000 ≨ \$50,001-\$100,000 ≦	Ϋ́		
																\$50,001-\$100,000	ear		
																\$100,001-\$1,000,000 🖂			
					<u> </u>	ļ	ļ <u>.</u>	<u> </u>								\$1,000,001-\$5,000,000		A	
					<u> </u>		<u> </u>	<u> </u>	<u> </u>		<u> </u>		L			Over \$5,000,000 설		잍	00
						ļ	Ļ.	ļ								Spouse/DC Income over \$1,000,000*		# 0	BLOCK D
						<u> </u>	<del> </del>									None —		<u> </u>	S
					ļ	-	-		ļ	-		ļ				\$1-\$200 =		Amount of Income	
$\vdash \vdash$				 <b>.</b>	<u> </u>	-		1	-			-	<u> </u>	$\vdash$		\$201-\$1,000		ត	
				 1	ļ	<del> </del>	-					V	ļ	X		\$1,001-\$2,500	Pre		
<b></b>				 		<del> </del>	-		-	-	1		<u> </u>			\$5,001-\$15,000 ≤	če		
					-	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>		-		<del> </del>	-		\$15,001-\$50,000 <u>\$</u>	ding		
				 		<del> </del>	1						ļ			\$50,001-\$100,000 ≦	<b>₹</b>		
							<b>†</b>						<b> </b>			\$180,001-\$1,000,800	ě		
	- 1			 -	<del> </del>	+	<del> </del>	1	<del> </del>	<b>†</b>	<del> </del>			·					
							1		ļ	1			ļ			\$1,000,001-\$5,000,000 ×			
						<u> </u>	<u> </u>									\$1,000,001-\$5,000,000 ×			

Use additional sheets if more space is required.

## SCHEDULE C - EARNED INCOME

Name:
Rufus Holf Craig to
Page 3 of 4

			ADO T
Preceding Year	Current Year to Filing	Туре	Source (include date of lecerpt for nonoraria)
Amount	Am	4	
te was \$26,955. It is unchanged in led for Members and senior staff.	ted at or above the "senior staff" ra	mbers and employees compensa fessional services involving a fidu	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. It is unchanged in 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.
	pial Security Act.	d benefits received under the Soc	EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
e reporting period. For both the filer	nent) totaling \$200 or more during th	employment by the U.S. governmese earned income exceeding \$1,0	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 both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

The second section of the second free section is second a second polytrone of processing sections in the second second second sections in the second		Amount	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15) State of Maryland	Honorarium Salary	\$0 \$20,000	\$500 \$76,000
Orwi War Roundtable, Richmond, VA (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Rusus Pair Hybring at Low	Law Procker	30,000	26,000
Caroly Craig wite	Tracher	30,000	38,000
		•	•

## SCHEDULE D - LIABILITIES

	Name: Rufu
:	4. Hazz or
:	Page U of U

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 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 liable); 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 the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

						SP, DC, JT		
8	و کی ا	7		\$	Example			
Donkot Honeria	Indernal Pevenue Son	rch Fore	bene Bol		First Bank of Wilmington, DE	Creditor		
	_	10/105	) 0 	-	5/98	Date Liability Incurred MO/YR		
(red) + Card	Taxes	Mortagreen Real Est	Madage of Rec		Mortgage on Rental Property, Dover, DE	Type of Liability		
						\$10,001- \$15,000	>	
$ \rangle$	X			į	:	\$15,001- \$50,000	60	
						\$50,001- \$100,000	o	
		X	X		×	\$100,001- \$250,000	0	$\Big]_{s}$
						\$250,001- \$500,000	m	moun
						\$500,001- \$1,000,000	п	t of Li
						\$1,000,001- \$5,000,000	ø	Amount of Liability
						\$5,000,001- \$25,000,000	<b>=</b>	
						\$25,000,001- \$50,000,000	_	
						Over \$50,000,000	_	
						Over \$1,000,000* (Spouse/DC Liability)	*	

## SCHEDULE E - POSITIONS

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 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 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 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 two previous years

		Member	member	Member	Position
	U	Mallad , Bluft Paparies Dr Regl estate Hilly	Commercial Defect (LL Keal askie Holding	DUAL LIC Repleyed Holding	Name of Organization ,