| × | child Yes | or dependent ics. | ties of a spouse or dependent child committee on Ethics. | transactions, or liabilit | arned" income, ss you have first | er assets, "une swer "yes" unles | n this report any oth emption? Do not an | EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obscause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics | EXEMPTION because they |
|--------------------|--|----------------------|--|--|--------------------------------------|---|--|---|---|
| × | Yes 🔲 | ed not be | cepted trusts" neu | and certain other "exc couse, or a dependen | nittee on Ethics ing you, your sp | ed by the Comment of the heart | Blind Trusts" approve report details of suc | 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? | TRUSTS—Do |
| S | ANSWER EACH OF THESE QUESTIONS | н оғ тні | WER EAC | 1 | T INFORM | OR TRUS | DEPENDENT, | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION | EXCLUSION |
| | ule attached for each "Yes" response. | for each " | ule attached | and the appropriate schedu | | e answered | his part must b | Each question in this part must be answered | |
| № | Yes X | than \$5,000 frc | pensation of more : <u>o</u> prior years? tach 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. | No I | Yes X | ild have any report- eporting 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. | III. Did you, yo able liability (m If yes, comple |
| N _O | Yes | or arrangemen | ortable agreement tach Schedule V. | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. | 8 | Yes | d receive "unearned" eriod or hold any he end 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, you income of more reportable asset fyes, comple |
| No O | date Yes X | n or before the | cortable positions or lendar year or in the tach 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. | 8 0 | es X | me (e.g., salaries or reporting period? | I. Did you or your spouse have "earned" income (e.g., salaries fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | I. Did you or y fees) of \$200 c |
| | | | | ANSWER EACH OF THESE QUESTIONS | OF THESE | ER EACH | | In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW | In all sections PRELIMIN |
| | | more | | | | Office: | Employing Office | New officer or employee | Sams |
| assessed | A <i>\$200 penalty</i> shall be a | A \$20 | Check if Amendment | Nov 4, 2014 | Date of Election: | T WW | State: atives District: | Candidate for the House of Representatives | Filer |
| | (Office Use Only) | | | | | | | | |
| ATIVES | U.S. HOUSE OF THE CLERK O.S. HOUSE OF REPRESENTATIVES | u.s | | Daytime Telephone. | Daytime 1 | | Frese | Michael H. Frese | Name: |
| Page 1 of 7 CENTER | LEGISLATIVE RESOURCE CENTER 2014 JAN 10 PM 1: 17 | | I B and new employe | FORM B For use by candidates and new employees | F ₀ | ATIVES | REPRESENT TATEMENT S - Dec 18 | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - Dec 18, 2013 | UNITED : FINANCI Period cov |

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Michael H. Frese

Page 2 of 2

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. 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

| Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. | ement programs, and benefits re | ceived under the Social t | Security Act. |
|--|---------------------------------|---------------------------|----------------|
| Course (include date of receipt for honoraria) | Type | Amount | unt |
| Source (ilicinde date di receipt for honoraria) | lype | Current Year to Filing | Preceding Year |
| XYZ Corporation, Houston, TX | Salary | \$6,300 | \$28,450 |
| Examples: First Bank & Trust, Houston, TX | Director's Fee | \$400 | \$3,200 |
| | Honorarium | 0 | \$1,000 |
| Harris County, Texas Public Schools | Spouse Salary | NA | NA |
| Numer Ex LLC | Salary | \$118,900 | \$ 187,700 |
| NumerEx LLC | lary | \$ 90,000 | \$ 11,800 |
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| | | | |

BLOCK A BLOCK B

Asset and/or Income Source

more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) any other reportable asset or sources of income which generated Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at

(do not use ticker symbols). Provide complete names of stocks and mutual funds

For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.

provide a complete address or a description, e.g. For rental or other real property held for investment, rental property," and the city and state.

location in Block A. 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

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Current Year

Preceding Year

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 the Thrift Savings Plan derived from, a federal retirement program, including homes and vacation homes (unless there was renta Exclude: Your personal residence, including second

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.

please refer to the instruction booklet For a detailed discussion of Schedule II requirements

8 SP

Examples:

SP Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY accounts

Indefinite

×

×

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000

\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000

Value of Asset

Type of Income BLOCK C

please specify the method used. method other than fair market value, Indicate value of asset at close of reporting year. If you use a valuation

it generated income, the value should be "None." If an asset was sold during the reporting year and is included only because

by your spouse or dependent child *This column is for assets solely held

during the reporting period.

Check all columns that apply. For retirement accounts that do not plans or IRAs), you may check the investments or that generate taxallow you to choose specific deferred income (such as 401(k)

if the asset generated no income closed as income. Check "None" if reinvested, must be disinterest, and capital gains, even "Tax-Deferred" column. Dividends,

Amount of Income BLOCK D

income. Check "None" if no income was earned or generated and capital gains, even if reinvested, must be disclosed as income by checking the appropriate box below. Dividends, interest, check the "None" column. For all other assets, indicate the category of For assets for which you checked "Tax-Deferred" in Block C, you may

spouse or dependent child * This column is for income derived from assets solely held by your

| | | | <u> </u> | ↓ | | 1 | ļ | | \$5,000,001 - \$25,000,000 | | |
|---|----------|----------|----------|----------|------------|---|------------|---|---|-----------|---|
| | | | | | | | <u>L</u> . | | \$25,000,001 - \$50,000,000 | | |
| | | | | | | L | | | Over \$50,000,000 | | |
| | | | | | | | | | Spouse/DC Asset over \$1,000,000* | | _ |
| | | | | <u> </u> | | | | × | NONE | | |
| 7 | | 7 | | <u> </u> | | | | | DIVIDENDS | | |
| | | | | | 7 | | | | RENT | | |
| | | | 7 | 7 | \ <u>\</u> | × | | | INTEREST | | |
| ľ | 8 | 8 | 1 | | | | | | CAPITAL GAINS | | |
| / | • | / | | | | | | | EXCEPTED/BLIND TRUST | | |
| | | | | | | | | | TAX-DEFERRED | | |
| | | | | | | | Ş | | Other Type of Income | | |
| | | | | | | | Royalties | | (Specify: e.g., Partnership Income or Farm Inco | me) | |
| 7 | | | | | 1 | П | 1 | | None | - | Г |
| | | | 7 | 7 | | | | | \$1 - \$200 | = | |
| | | 7 | | | | Г | | | \$201 - \$1,000 | ≡ | |
| | | | | 1 | | | | × | \$1,001 - \$2,500 | ~ | |
| | * | | | | | × | × | | \$2,501 \$5,000 | < | |
| | | | | | | | | | \$5,001 - \$15,000 | < | |
| | | | | | * | Г | | | \$15,001 - \$50,000 | ≨ | |
| | | | | | \Box | | | | \$50,001 - \$100,000 | <u> </u> | |
| | | | | T | I | | | | \$100,001 \$1,000,000 | × | |
| | | | | | | | | | \$1,000,001 - \$5,000,000 | × | |
| | | | | | | | | 1 | Over \$5,000,000 | × | |
| | | | | | | | | | Spouse/DC Income over \$1,000,000* | × | |
| | | | | | | Г | | | None | _ | Γ |
| | | | 7 | 7 | | | - | | \$1 - \$200 | = | |
| | | 7 | 1 | | | Г | | × | \$201 - \$1,000 | ≡ | |
| • | · | | · | | | | Ī | | \$1,001 - \$2,500 | | |
| | | | | | 1 | × | × | | \$2,501 - \$5,000 | < | |
| | | <u> </u> | | | | Ī | | | \$5,001 - \$15,000 | ≤ | |
| | | | Γ. | T | 1 | | | | \$15,001 - \$50,000 | | |
| | | | ļ | 1 | | T | <u> </u> | | \$50,001 - \$100,000 | IIIV IIIV | |
| | <u> </u> | | | | Ι , | | | | \$100,001 - \$1,000,000 | × | |
| | | _ | | 1 | 1 | Ī | | | \$1,000,001 - \$5,000,000 | × | |
| | | | | | | T | | | Over \$5,000,000 | × | |
| | | | Ī | | | L | | | Spouse/DC Income over \$1,000,000* | ¥ | |
| _ | | | | _ | | | _ | | | | _ |

For additional assets and unearned income, use next page

sp us Savings Bonds

Vanguard 500 Index

Varquard InterTerm

ladestment Funa

anquera

muning Snot oal Mulells Fargo Personal And

Hental Hop., Wash. D.C.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael H. Frese

Page 4 of 1

| | | - | | | | GS | | E | Ç | ر. | c | 77 | SP, JT, DC | | | |
|---------------------|---------------------|---------------------|-------------------------------|-----------------|----------|--------------------|--------------------|--|---------------------------------|------------------------------------|-------------------------------|---------------------|---|---|----------------------------|---------|
| | | | | | L | + | | 7 | 7 | 7 | 7 | \vdash | | | | |
| Vanguard Short-term | Vanguard Reit Index | Vanguard Heath Care | Vanguard Energy Index Fund | Vanguard Trsry. | SEP-IRAS | Vanguard SOO Index | Vanguard 500 Index | Vangubrd Consumer Discret Index Adm | Vanquard Adm. Tusry. Money MKt. | Vanguard Inter-Term Tax Exempt Adm | languard Energy Index Fund | Vanguard REIT Index | | | Asset and/or Income Source | BLOCK A |
| • | | <i>\</i> | | | | ` | | \$ | | 7 | | \ | None \$1 - \$1,000 \$0 \$1,001 - \$15,000 \$0 \$15,001 - \$50,000 \$0 \$50,001 - \$100,000 \$0 \$250,001 - \$250,000 \$0 \$500,001 - \$1,000,000 \$0 \$1,000,001 - \$5,000,000 \$0 \$5,000,001 - \$5,000,000 \$0 \$25,000,001 - \$5,000,000 \$0 \$25,000,001 - \$50,000,000 \$0 \$25,000,001 - \$50,000,000 \$0 \$25,000,001 - \$50,000,000 \$0 \$25,000,001 - \$50,000,000 \$0 \$25,000,001 - \$50,000,000 \$0 \$25,000,000 \$0 \$25,000,000 \$0 | | Value of Asset | вгоск в |
| • | - | \ | • | • | | • | • | 7 | • | 2 ja 1 | 7 | | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specify: e.g. Partnership Income or Farm Income) | , | Type of Income | BLOCK C |
| • | | | | | | | | | | | 7 | | None | | Amount o | BLO |
| | | 7 | \$ | | | | | \ | • | * | • | • | None | | Amount of Income | BLOCK D |

This page may be copied if more space is required.

| SCHEDULE II |
|--------------|
| - ASSETS ANI |
| D "UNEARNED" |
| INCOME |

Continuation Sheet (if needed)

| 2 | 7 | SP | 92 | જ | ··· | Sp | SP, | |
|--------------------|--------------|-----------------|-----------------------|---------------------------------------|------------------|--------------------------------|--|-------------------------------------|
| 1 1 2 | | - 0 | 10 | | | 9 | ת ה ס | |
| Frest for Congress | NumerEx LLC | -Small Cap Fund | -Large US Equity Fund | -Balanced Fund | Northrop-Grumman | Vanguard 500 Indez Fund Adm | | BLOCK A Asset and/or income Source |
| | | | \ | | | | None > \$1 - \$1,000 | BLOCK B Value of Asset |
| | Comp | | • | • | | | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specify: e.g., | BLOCK C Type of Income |
| | | * | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | Pertnership Income or Farm Income) None | Amount of Income |

Name Michael H. Fiese

Page 5 of 7

SCHEDULE III — LIABILITIES

Name Michael H. Frese

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling 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. ture, 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 sib-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

| | " | | _ | | | | |
|----------|----|---|-------------------------------|--|---|----------|---------------------|
| | | | H | | JT, | SP P | |
| | | | Wells Fargo Home Mrtg. | Example: First Bank of Wilmington, DE | Creditor | | |
| | | , | 4/09 | May 1998 | Incurred mo/year | Date | |
| | | , | 4/09 Mrta on DC Rental Propo. | Mortgage on 123 Main Street, Dover, DE | Type of Liability | | |
| | | | | | \$10,001— \$15,000 | > | |
| | | | | | \$15,001— \$50,000 | 00 | |
| | | | | | \$50,001— \$100,000 | ဂ | |
| <u> </u> | | | | × | \$100,001— \$250,000 | 0 | |
| <u> </u> | | | 7 | | \$250,001— \$500,000 | m | Amou |
| | ., | | | | \$500,001— \$1,000,000 \$1,000,001— | П | int of |
| | | | | | \$5,000,000 \$5,000,001— | ດ | Amount of Liability |
| | | | | _ | \$25,000,000 \$25,000,0 01— | H | ₹ |
| | | | | | \$50,000,000 Over | | |
| | i | | | | \$50,000,000 Spouse/DC | _ | |

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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 offi-

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

| and positions solely of an inclinary nature. | awio. |
|--|----------------------|
| Position | Name of Organization |
| Manager | NumerEx LLC |
| | |
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SCHEDULE V — AGREEMENTS

Name Michael H. Frese

Page 7 of 2

| | | | Date | Identify the date, parties to, and general te service; continuation or deferral of paymen efit plan maintained by a former employer. |
|--|--|--|--------------------|---|
| | | | Parties To | Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future emplo service; continuation or deferral of payments by a former or current employer other than the U.S. Government efit plan maintained by a former employer. |
| | | | 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. |

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

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. Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating

| Source (Name and Address) | Brief Description of Dutles |
|---|-----------------------------|
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting services |
| SAIC 2109 Airpark Rd SE, Alb. NM | RED Services |
| | |
| | |
| | |
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