Yes No X	ave you excluded from	iei evebied nasis ireed nu be disclosed. Have you excluded non	ent child?	this report details of such a trust that benefits you, your spouse, or your dependent child?
				TOTAL Details reporting "Outsided Blind Treats" approved to the Committee
	E QUESTIONS	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	INFORMATIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER $\underline{\mathbf{B}}$
	COMPLEIE	O INAL TOO AKE REGUIRED TO COMPLETE	THE SCHEDOLE	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR
	y Y	HEDULE IF YOU ANSWER "YES"	RESPONDING SO	ATTACH THE CORRESPONDING SCHEDULE IF YOU
Yes No	n \$5,000 from a single	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$ X	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?
Yes No	r arrangements with	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	S S S	C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Voes No	g the reporting period atte of filing?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	s No	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 unearmed income from any reportable asset during the reporting period?
		QUESTIONS		PRELIMINARY INFORMATION - ANSWER EACH OF THESE
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 penaity sha individual who files	Period Covered: January 1, 2014 to 1231 2014		New Officer or Employee Employing Office:
S. HOUSE OF REPARALITIES (Office Use Only)	W Off	Check if Amendment	03	New Member of or Candidate for State: U.S. House of Representatives District: Candidates - Date of Election:
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DELIVERED Page 1 of &	DELIN	FORM B For New Members, Candidates, and New Employees	For New Member	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: - Was JEDIUSIO

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Euto JENICIOS Page رد ع Ø

SCHEDULE C - EARNED INCOME

Name: Page_ 2 ୁ

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 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.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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.

		Am	Amount
Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
Щ	Honorarium Salary	\$0 \$20,000	\$500 \$76,000
EXAMPLES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
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SCHEDULE D - LIABILITIES

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.

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				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

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 other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any 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 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.

Position	Name of Organization
Director	Tri State Are Coursel Rey Scouts of Arein Now Profit Hundrybusco
officer Director	Forter Tourselver Inc Day Portil Hunterton WID
Director	Pie [.+ Hank
officer	ځ
Directo / Office	1.1 1.10°

SCHEDULE F - AGREEMENTS

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Name:	
ENANTENICENS	
Page S of S	

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.

		renaudh annath	4/01440	Date
		•	Horauto Self = Exection (Course) WV State Malites 10.	Parties to Agreement
		dutios functions as a state sanctor	Locue of absence during woulder, Session to per from	Terms of Agreement

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

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

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Source (Name and City/State)	Brief Description of Duties
Doe Jones & Smith, Hometown, Homestate	Accounting Services