8 ✓	Yes 🗌	ependent child	ities of a spouse or dependent child committee on Ethics.	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilit because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Co	arned" income, ss you have firs	other assets, "undanswer "yes" unle	this report any mption? Do not	EXEMPTION —Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"	ON – Have ey meet all	EXEMPTI because the
8 【◀	Yes	ot be	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?	approved by the Committee on Ethics and certain other "excepted to such a trust benefiting you, your spouse, or a dependent child?	nittee on Ethics ting you, your s	oved by the Com such a trust benef	lind Trusts" app	TRUSTS—Details regarding "Qualified Blind Trusts" a disclosed. Have you excluded from this report details	Details reg	TRUSTS- disclosed.
S	QUESTION	OF THESE	SWER EACH OF THESE QUESTIONS	AATION — ANS	T INFORM	IT, OR TRUS	EPENDEN	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	ION OF	EXCLUS
	esponse.	each "Yes" ı	lule attached for each "Yes" response.	propriate schedu	i and the ap	part must be answered and the appropriate		Each question in this	Each	
S N	Yes	\$5,000 from	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.	VI. Did you receive compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI	S _S	Yes	I have any report- porting 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.	your spouse, (more than \$ lete and att	III. Did you, able liability if yes, comp
₽ N	Yes	rangement	 V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. 	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V	<u>\$</u>	d? Yes	receive "unearne lod or hold any e end of the peric	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.	ore than \$20 sset worth m	II. Did you, income of m reportable a lf yes, comp
S S	Yes 🔲	before the date or two years?	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 yee, complete and attach Schedule IV.	IV. Did you hold any rep of filing in the current ca if yes, complete and at	S _S	or Yes 🔼	ne (e.g., salaries eporting period?	 Did 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. 	your spouse or more fro	i. Did you o fees) of \$20 if yes, com
				EACH OF THESE QUESTIONS	OF THESI	/ER	1 9	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW	INARY I	In all section PRELIM
		more than :				Employing Office:	Employ	employee		
assessed who files	A \$200 penalty shall be assessed against any individual who files	A \$200 per against an	Check if Amendment	11/4/14	Date of Election:	NY-1	State: lives District:	Candidate for the House of Representatives		Filer
	(Office Use Only)	(
E CLERK RESENTATIVE	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVE	N. v.s		Telephone:	Daytime '		Demos	George G. De		Name:
PM 1: 46	LEGISLATIVE RESOURCE CENTER 2013 DEC -2 PM 1: 46	LE 2	A B and new employees	FORM For use by candidates a	7	SENTATIVES NT Present	REPRESEI ATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2011 Present	STATE: IAL DIS	UNITED FINANC Period co

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name George G. Demos Page 2 of 6

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.

EXCIDER. Williary pay (Such as Ivanorial Cuaro of reserve pay); record remember programs, and se	- 1	icilia leccived dilizer no occial occarity
Source (include date of receipt for honoraria)	Type	Amount
Comment of the second of the s	. 777	Current Year to Filing
XYZ Corporation, Houston, TX	Salary	\$6,300
_	Director's Fee	\$400
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0
Harris County, Texas Public Schools	Spouse Salary	NA
AKT Development	Spouse Salary	\$24,000

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C. Tsakopoulos Investments	PFE Stock	Ameritrade Account	Bank of the West	HSBC Account	Citibank Account	1st Bank of Paducah, KY accounts	Examples: Simon & Schuster	SP Mega Corp. Stock	normes and vacation normes (unless there was remainderne 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 Thriff Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (Cp) 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 refer 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.	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.	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 complete names of stocks and mutual funds (do not use ticker symbols).	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 more than \$200 in "unearned" income during the year.	Asset and/or Income Source	BLOCK A
									None \$1 - \$1,000		> 0	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report-	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.		
	<				Į		Indefinite		\$1,001 - \$15,000		ဂ	2 S	erat	3886	e st		
		4			ļ	┡	3		\$15,001 - \$50,000		0	투열	9	. ¥	yez Yez Yezi	<	
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	l			7	1	H	\vdash		\$1,000,001 - \$5,000,000			T Ž B	e 5	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	at c mar nod	88	<u>"</u>
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					Ī				Spouse/DC Asset over \$1,000,000*		<u> </u>			D 7*			
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	_		<u> </u>	ļ	├	┡	3	_	Other Type of Income			<u> </u>	چَ چ چ چ	₹ ;	appl at d sp erat	Type of Income	
1	Ì				1	l	Royalties		(Specify: e.g., Partnership Income or Farm Inc	me)		if the asset generated no income during the reporting period.	Interest, and capital gains, even if reinvested, must be dis- closed as income. Check "None"	plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	Check all columns that apply. For refirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k)	•	
7	-			 	<u> </u>	┢	•		None	-		•					-
	-			ļ <u> </u>	┼─	┢			\$1 – \$200		-	1	* This column is for incoms spouse or dependent child.	2	For		ı
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		ļ			1	1	i	×	\$1,001 - \$2,500			į.	<u> </u>	9	Issets for which k the "None" coll me by checking canital gains.		- 1
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			L		↓	┖	L		\$100,001 - \$1,000,000	×			불음	= 3		≥	- 1
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<u> </u>	<u> </u>	ļ			 	-	-	_	Over \$5,000,000	×		1	der	income. Check "None" if no income was earned or generated.	ૻૣૣૢૢૣઌૣૣૣૣૣૣૣૣૣૣૡ ૡ૽૽ૺૺૡ૽૽	Amount of Income	ᆔ
		<u> </u>	ļ		 	╀	1	-	Spouse/DC Income over \$1,000,000*	×	-	4	ξ	Ĭ		9	BLOCK D
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		1			†	ı			\$15,001 - \$50,000	<u> </u>	7 6	1	Ĕ	gen	。		
			I		t	Γ			\$50,001 - \$100,000	<u> </u>	7 8	1	ਣ	98			
			<u> </u>						\$100,001 - \$1,000,000	×	2	1	풉	teo			
						Ĺ			\$1,000,001 - \$5,000,000	×			 This column is for income derived from assets solely held by your spouse or dependent child. 	-	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		
L	ļ				<u> </u>	L		<u> </u>	Over \$5,000,000	×			δ	1	may		
				1	1	1	•	•	Spouse/DC Income over \$1,000,000*	×		1			a		- 1

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) Asset and/or Income Source BLOCK A None W \$1 - \$1,000 0 \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 BLOCK B \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 ス Over \$50,000,000 Σ Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS Type of Income RENT BLOCK C INTEREST **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income--(Specify: e.g. Partnership Income or Farm Income) None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 XI IIV IIV IV V **Current Year** \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income George G. Demos \$1,000,001 - \$5,000,000 Over \$5,000,000 ≚ BLOCK D × Spouse/DC income over \$1,000,000* None \$1 - \$200 = \$201 - \$1,000 = **Preceding Year** \$1,001 - \$2,500 X V VI VIIIVIII X \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 × Spouse/DC Income over \$1,000,000*

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SCHEDULE III — LIABILITIES

Name George G. Demos

Page 5 of 6

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 sibowed 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. 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

				SP, DC, JT
			Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
	:			\$10,001— \$15,000
	<u> </u>			\$15,001— \$50,000 co
 				\$50,001— \$100,000 ? \$100,001—
			!	\$100,001— \$250,000 □ \$250,001— \$500,000 m ≥
 			-	\$500,000 TO S500,000 TO S1,000,000 TO S1
				\$500,000 m mount of Liability \$1,000,000 G Liability \$5,000,000 H
				\$5,000,001— \$25,000,000 = \$
				\$25,000,001— \$50,000,000
				Over \$50,000,000
				Spouse/DC Liability over ス \$1.000.000

SCHEDULE IV — POSITIONS

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

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 honorary nature

and positions solely of air frontiary flature.	auie.
Position	Name of Organization

SCHEDULE V — AGREEMENTS

Name George G. Demos Page 6

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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.

ent plan maina	ent pian manualmed by a termen employer.	
Date	Parties To	Terms of Agreement

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

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 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.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services