₹	Yes 🔲	ependent child	lities of a spouse or de Committee on Ethics.	"unearned" income, transactions, or liabil unless you have first consulted with the C	arned" income ss you have fir	er assets, "une wer "yes" unle	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXE beca
<u>₹</u>	Yes 🔲	ot be	excepted trusts" need not be lent child?	s and certain other "ex spouse, or a depender	nittee on Ethica	ad by the Comn h a trust benefi	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRU
Ø	QUESTION	OF THESE	— ANSWER EACH OF THESE QUESTIONS	WATION - AN	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXC
	esponse.	each "Yes" r	edule attached for each "Yes" response	ppropriate sched	and the a	e answerec	Each question in this part must be answered and the appropriate sche	
<u>₹</u>	Yes 🔲	\$5,000 from	ompensation of more than \$5,000 from two prior years? attach Schedule VI.	VI. Did you receive corr a single source in the th If yes, complete and at	N _O	Yes 🔲	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. Di able li If yes
<u>₹</u>	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 rep with an outside entity? If yes, complete and at	N _O	Yes S	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. Dic incom report If yes,
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 yes, complete and attach Schedule IV.	IV. Did you hold any report filing in the current call figes, complete and at	No U	Yes 🔽	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. 	i. Did fees) o
				EACH OF THESE QUESTIONS	OF THES		In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER	PRE
	0 days late.	more than 30 days late				Office:	employee Employing Office	
assessed who files	***	A <i>\$200 penalty</i> shall be against any individual	Check if Amendment	5/6/2014	Date of Election:	13	Filer Candidate for the State: Nouse of Representatives District:	g II
	(Office Use Only)							
ENTATIVES	U.S. HOUSE OF THE CLERK	u.s. H0		Daytime Telephone:	Daytime		ne: Brenda L Cleary	Name:
Page 1 of 5 RCE CENTER	Page 1 of 5 LEGISLATIVE RESOURCE CENTER 2014 MAY 22 PM 1: 19	LEGIS 2011	M B s and new employees	FORM B For use by candidates and new employees		ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - May 14 2014	FIN. Perio

SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

Name Brenda Cleary

Page 2 of §

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.

Exclude: williarly pay (such as national Guard of Reserve pay); lederal retirefficing and benefits received drider the Social Security Act. Amount	enent programs, and benens in	Amount Amount	unt
Source (include date of receipt for nonoraria)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
NC Dept of Revenue	Spouse Solary	#32,098.	17. 548 A
Western Governors University	Salory	# 1000	1 10500
Teachers and State Employee Retirement	Sections	19,405	122,900

,	,	1	77	7	SP NC	JΤ	DC, Examples:	SP,	income du ing \$5,00 accounts; derived ir the Thrift: If you income so income so dent child in the opti For a deta please ref	Exclude:	For an ownership is that is not publicly ness, the nature clocation in Block A.	For rental provide a "rental pro	For all IR J plans) pro account th	identify (a of income the end or reportable more than Provide or income than the contract of t	Ass
	equities	TIAA.	₹	AAAD HOICK)	401(K)	L		SP	incomes and vacation in income and precious in accounts; and any fin accounts; and any fin derived from, a federal from, a federal from accounts Plan. If you so choose, you income source is that of cent child (CD) or is join in the optional column of the optional column of the instruction of the instruction of the instructions and income source is that of the instruction	Your perso	mership into the publicty training of nature of Block A.	or other n complete perty," and	(so not use maker symbols). For all IRAs and other retire plans) provide the value for account that exceeds the re	each asse with a fair of the report asset or so \$200 in "un omplete na	et and
real estate	(4)	traditional	CREF	n(k)) Aoth	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Simon & Schuster	SP Mega Corp. Stock	incomes during the reporting period); any deposits total- ing \$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 Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or depen- dent child (DC) 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.	(ou not use taker symbols). 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.	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. Provide complete names of stocks and mutual funds the periods that the provider of stocks and mutual funds.	BLOCK A Asset and/or income Source
						F		-	None \$1 - \$1,000		>	*This column is for assets solely held by your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	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. If an asset was sold during the report-	
			†	<u> </u>		t	Ę		\$1,001 - \$15,000		C	¥ 8	ear long	ate nting od ass	
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							6	×	\$50,001 - \$100,000		П	n is	in Sis	ar. I	alu .
		<u> </u>	<u> </u>		ļ	×	_		\$100,001 \$250,000		וד	우호	om (incl	f as f as f you	6 0
<u> </u>		ļ	ļ		ļ	\vdash	<u> </u>	-	\$250,001 - \$500,000		<u> </u>	ass Jep	y, ⇔ ⇔, ⇔	sset fair met	BLOCK B Value of Asset
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	<u> </u>		<u> </u>	 	 	╂┈	-	-	\$25,000,001 - \$50,000,000			를운	bec sh	lluar lluar val ed.	
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			T	1	1	▐		-	Spouse/DC Asset over \$1,000,000*		2	1 "	ΩĎ	-1	
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			<u> </u>			<u> </u>	_		EXCEPTED/BLIND TRUST			during the reporting period.	interest, and capital galins, even in terest, and capital galins, even if reinvested, must be discused as income. Check "None" the asset generated no income	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate taxingement income (such as 401(k) plans or IRAs), you may check the plans or IRAs), you may check the plans or IRAs).	BLOCK C Type of Income
×	×	×	<u> </u>	2	×	L	-	_	TAX-DEFERRED			ğ		appl at d at d erat erat erat	Ž
		ļ				ı	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	ome)			even dis-	# X 01 (a) of the control of the con	
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<u> </u>	<u> </u>	<u> </u>	 	 	-	\vdash	-	-	Over \$5,000,000 Spouse/DC Income over \$1,000,000*	×		1	e ri	al kec	j P
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						×	×		\$2,501 - \$5,000	*	D		This column is for income derived from assets solely held by your couse 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 income. Check "None" if no income was earned or generated.	
	L					Γ			\$5,001 – \$15,000	_ <] 🛱	1	<u>80</u>	T g	
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	i		[1			<u> </u>	į	Spouse/DC Income over \$1,000,000*	≚	<u> </u>	1			

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Contin	SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	D "UNEARNED" IN	COME		Name	Page 4 of 5
	BLOCK A	вгоск в		вгоск с	BLOCK D	
	Asset and/or Income Source	Value of Asset	Туре	Type of Income	Amount of Income	10
SP,		A B C D E F G H I	× - 00* ≤		Current Year F	Preceding Year
<u>;</u>			000	(Specif		IX X XI IIIV IIA IA A AI
DC		3,000 00,000 2 50,000 500,000 1,000,000 \$5,000,000	- \$50,000,0 , 000	BLIND TRUS RED of Income	0 000 000 0,000 000,000 5,000,000	0 00 000 0,000 000,000 5,000,000
		None \$1 ~ \$1,000 \$1,001 - \$15, \$15,001 - \$56 \$50,001 - \$16 \$100,001 - \$2 \$250,001 - \$1 \$1,000,001 - \$1	\$5,000,001 - \$25,000,001 - Over \$50,000, Spouse/DC As NONE DIVIDENDS RENT	CAPITAL GAIL EXCEPTED/B TAX-DEFERR Other Type of Partnership In	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,00 \$15,001 - \$100 \$100,001 - \$1,00 \$1,000,001 - \$1,00 Spouse/DC Income None \$1 - \$200 \$201 - \$1,000	\$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,00 \$15,001 - \$50,0 \$15,001 - \$100 \$100,001 - \$1,0 \$1,000,001 - \$1,0 Cver \$5,000,00 Spouse/DC income
	- fixed income	×	X	*	X	
	- multi asset	×	×	*		
50	Trans American Anth	×	×			
	Oppenheiner Funds TAA	× .	**			
2	Oppenheimer Funds AdhTA	X	×		× × ×	
	Putnam Investments IAA					
	- Putna Globel Hooks Care	×	*	*	×	
	- Putara Dypania Asset	×	*	× .	× ·	
	- Putnem Multi can Valor Food	×	*	*	× ×	
50	Puthan Investments					
50	÷ ś	×	*	×	*	
43		×	×	>		
4	Growth Food Noth INA	×	*	*	× × ×	
	Pioner Lauchest Rest IAA	ኢ	×	*	×	

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

			77	77	41			95	95	95	SP, JT, DC		
		hoon to Cleary for Congress	NC SECU	Rental Homs, Black Hoode's	~	Thematic Growth A	NC SECU TAA	BP Actioners	BP Savings Plan	Pioneer Investments Add IM		Asset and/or income source	BLOCK A
		*	*	*	×	×	× .	×	*	X	None \$1 - \$1,000 \$2,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000	value of Asset	BLOCK B
		×	X	×	×	×	×	**	× ×	×	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
		×	×	×	×	×	×		×	×	None - \$1 - \$200 = \$201 - \$1,000	Alliquit of lifeonie	BLOCK D
		>×	*	*	×	×	×	×	×	X	None	a income	X D

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