No.	Yes 🔲	pendent child	ties of a spouse or dependent child committee on Ethics.	<b>EXEMPTION</b> —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	arned" income, ss you have first	her assets, "une nswer "yes" unle	s report any ot ion? Do not ar	<b>EXEMPTION</b> —Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"	N-Have you ex	EXEMPTIO because they
<b>8</b>	Yes 🔲	ot be	cepted trusts" need no	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?	nittee on Ethics ting you, your s	ed by the Comn	Trusts" approvit details of such	"Qualified Blind"	etails regarding '	TRUSTS—D
S	QUESTION	)F THESE (	SWER EACH C	XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	TINFORM	, OR TRUS	PENDENT	OUSE, DEF	ON OF SPO	XCLUSI
	esponse.	each "Yes" r	ule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedu	and the ap	be answered	part must l	stion in this <sub>I</sub>	Each ques	
<u>₹</u>	Yes	\$5,000 from	pensation of more than pensation of more than pensation years?	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.	8 	Yes 🔀	ve any report- ing 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, your spouse, or a dependent able liability (more than \$10,000) during the yes, complete and attach Schedule III.	III. Did you, yo able liability (n if yes, comple
Ø.	Yeg	rangement	ortable agreement or an tach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	No C	Yes 🔯	eive "unearned" or hold any id of the period?	<ol> <li>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?</li> <li>Yes, complete and attach Schedule II.</li> </ol>	II. Did you, your spouse, or a dependent of income of more than \$200 in the reporting reportable asset worth more than \$1,000 of the complete and attach Schedule II.	II. Did you, youncome of more of yes, complete of yes, yes, yes, yes, yes, yes, yes, yes,
N <sub>o</sub>	Yes	before the date איז אים years?	ortable positions on or bendar year or in the prior 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.	No Co	Yes 🔀	e.g., salaries or rting period?	l. 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.	our spouse have " or more from any s te and attach Sct	Did you or y ees) of \$200 of fraction of yes, comple
				- ANSWER EACH OF THESE QUESTIONS	OF THESE	ER EACH			n all sections, please type or print clearly in bit PRELIMINARY INFORMATION	RELIMIN
		more than 30 days late				) Office:	Employing Office:	cer or	employee	oalde
assessed who files	₩.	A <i>\$200 penalty</i> shall be against any individual	Check if Amendment		Date of Election:	8410	State:	Candidate for the House of Representatives	X Candidat	Filer
!	(Office Use Only)	(C								
S.	OFFICE OF THE CLERK S. HOUSE OF REPRESENTATIVES	S. HOUSE OF RE	, e	Daytime Telephone:	Daytime 1			GURR	EPRIC O	Name:
Page 1 of ER		LEGISLATIVE RESOURCE CENT 2013 DEC 23 PM 1: 20	I <b>B</b> and new employees	<b>FORM</b> For use by candidates a	F	ATIVES	PRESENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1,	UNITED STATES HOUS FINANCIAL DISCLOSU Period covered: January 1,	UNITED : FINANCI. Period cov

# SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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 feigh as National Guard or Bassage and federal retirement and banafits received under the Social So

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	eceived under the Social S	Security Act.
	Timo	Amount	unt
Source (include date of receipt for honoraria)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
-7	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
INTRALIME	SALARY	\$ 90,000	\$ 100,000
INSPERZIMIL	CAR PRIORES	# 6,000	\$ 6,000

#### Ŗ DC, Examples please refer to the instruction booklet. in the optional column on the far left. the Thrift Savings Plan. ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income location in Block A. that is not publicly traded, state the name of the busi-For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at For a detailed discussion of Schedule II requirements dent child (DC) or is jointly held with your spouse (JT), derived from, a federal retirement program, including income during the reporting period); any deposits total-Exclude: Your personal residence, including second ness, the nature of its activities, and its geographic For an ownership interest in a privately-held business provide a complete address or a description, e.g., For rental or other real property held for investment, account that exceeds the reporting thresholds. (do not use ticker symbols). Provide complete names of stocks and mutual funds Identify (a) each asset held for investment or production income source is that of your spouse (SP) or depenhomes and vacation homes (unless there was rental rental property," and the city and state. you so choose, you may indicate that an asset or Asset and/or Income Source SWIPS SHARP 0100000 B255 SP Mega Corp. Stock 2538 womes burn Simon & Schuster BLOCK A st Bank of Paducah, KY accounts BA10411881 & BRIGHT 710 1000 D.C. be "None." it generated income, the value should please specify the method used. None by your spouse or dependent child. ing year and is included only because If an asset was sold during the reportmethod other than fair market value reporting year. If you use a valuation Indicate value of asset at close of \*This column is for assets solely held 8 \$1-\$1,000 C indefinite \$1,001 - \$15,000 U \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 'n **BLOCK B** \$100,001 - \$250,000 G × \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ٤., \$5,000,001 - \$25,000,000 \_ \$25,000,001 - \$50,000,000 F Over \$50,000,000 Ζ Spouse/DC Asset over \$1,000,000\* × NONE during the reporting period. if the asset generated no income if reinvested, must be disdeferred income (such as 401(k) plans or IRAs), you may check the allow you to choose specific Check all columns that apply. For retirement accounts that do not closed as income. Check "None" investments or that generate tax-Interest, and capital gains, even Tax-Deferred" column. Dividends, × **DIVIDENDS** Type of Income RENT INTEREST BLOCK C **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None spouse or dependent child \* This column is for income derived from assets solely held by your income. Check "None" if no income was earned or generated. and capital gains, even if reinvested, must be disclosed 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 \$1 ~ \$200 = **=** \$201 - \$1,000 \$1,001 - \$2,500 ₹ Current Year < ×× \$2,501 - \$5,000 < \$5,001 - \$15,000 XIII VIII OX \$15,001 - \$50,000 X \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$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 \* \$2,501 - \$5,000 ×× ≤ \$5,001 - \$15,000 XIIIVIIIX \$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 II — ASSETS AN Continuation Sheet (if needed)	AND "UNEARNED" INCOME		Name Page
BLOCK A	вгоск в	вгоск с	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
SP,	A B C C D E F G H - J K L C C C V	fy: e.g.,	Current Year Preceding Year
JT,	00 <b>000</b> 0,000	UST	
R	15,000 \$50,000 \$100,000 - \$250,000 - \$500,000 - \$1,000,000 1 - \$5,000,0 1 - \$25,000,0 1 - \$50,000	S SAINS D/BLIND TF	5,000 5,000 5,000 100,000 \$1,000,000 \$1,000,000 \$5,000,000 100 1,500 5,000 5,000 100,000
	\$1,000,001 \$5,000,001 \$25,000,00 Over \$50,0	NONE DIVIDEND: RENT INTEREST CAPITAL G EXCEPTEI TAX-DEFE Other Typ	Over \$5,000

### SCHEDULE III — LIABILITIES

Name ERIL GURL

Page \_\_\_ of \_

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 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 ling 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

							,	\moui	nt of L	Amount of Liability	7		
S SP	Creditor	Date Liability	Type of Liability	>	8	C	0			_ <u>_</u>	1		w 7
Ţ		mo/year		\$10,001 \$15,000	\$15,001— \$50,000	\$50,001 \$100,000 \$100,001-	\$100,001- \$250,000 <b>\$250,00</b> 1-	\$500,000 \$500,001-	\$1,000,00 <b>\$1,000,00</b>	\$5,000,00 \$5,000,00	\$25,000,0 <b>\$25,000,0</b>	\$50,000,0 Over	\$50,000,0 Spouse/D Liability or \$1,000,00
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE										
	FIFTH THING BANK OHIO	AU 2013	Business line of crospt		×								3
							,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***********	11		

### SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States 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,

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 inchorary nature.	ature.
Position	Name of Organization

## SCHEDULE V — AGREEMENTS

Page — of —		

Name Ome

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.

Date	Parties To	Terms of Agreement
•		
,		

# CHEDULE 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
,	
	-

GPO: 2013

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