FORM B	LEGISLATIVE RESOURCE	Page 1 of 10 E CENTER
For use by candidates and new employees	2014 MAY 21 PM 12	25
	U.S. HOUSE OF THE CLE	RK TATIVES
Daytime Telephone:		
	(Office Use Only)	
Date of 6/3/14 Check if Amendment	— œ	assessed who files
ANSWER EACH OF THESE QUESTIONS		
IV. Did you hold any reportable positions on or t of filing in the current calendar year or in the price if yes, complete and attach Schedule IV.	before the date or two years? Yes	S S
V. Did you have any reportable agreement or ar with an outside entity? If yes, complete and attach Schedule V.	rrangement Yes X	Š
VI. Did you receive compensation of more than a single source in the two prior years? If yes, complete and attach Schedule VI.	\$5,000 from Yes	§ ⊠
appropriate schedule attached for	each "Yes" response.	,
MATION — ANSWER EACH (OF THESE QUESTION	S
TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need n disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	not be Yes	No X
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or debecause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ependent child Yes	No 🔀
	Telephone: Check if Amendment W. Did you hold any reportable positions on or of filling in the current calendar year or in the priff yes, complete and attach Schedule W. V. Did you have any reportable agreement or a with an outside entity? If yes, complete and attach Schedule V. VI. Did you receive compensation of more than a single source in the two prior years? If yes, complete and attach Schedule V. VI. Did you receive compensation of more than a single source in the two prior years? If yes, complete and attach Schedule V. VI. Did you receive compensation of more than a single source in the two prior years? If yes, complete and attach Schedule V. VI. Did you receive compensation of more than a single source in the two prior years? If yes, complete and attach Schedule V. VI. Did you receive compensation of more than a single source in the two prior years? If yes, complete and attach Schedule V. VI. Did you receive compensation of more than a single source in the two prior years? If yes, complete and attach Schedule V. VI. Did you receive compensation of more than a single source in the two prior years? If yes, complete and attach Schedule V. VI. Did you receive compensation of more than a single source in the two prior years? If yes, complete and attach Schedule V. VI. Did you receive compensation of more than a single source in the two prior years? If yes, complete and attach Schedule V.	LEGISLATIVE RESOURC 2014 MAY 21 PM 1 OFFICE OF THE CL U.S. HOUSE OF REPRESE Check if A \$200 penalty shall be against any individual more than 30 days late. Trable positions on or before the date against any individual more than 30 days late. Trable positions on or before the date against any individual more than 30 days late. Trable positions on or before the date against any individual more than 30 days late. Trable positions on or before the date against any individual more than 30 days late. Trable positions on or before the date against any individual more than 30 days late. Trable positions on or before the date against any individual more than 30 days late. Trable positions on or before the date against any individual more than 30 days late. The provided that the prior two years? The provided that are against any individual more than 30 days late. The provided trable be against any individual more than 30 days late. The provided that the prior two years? The provided that are against any individual more than 30 days late. The provided trable be against any individual more than 30 days late. The provided that are against any individual more than 30 days late. The provided trable be against any individual more than 30 days late. The provided trable be against any individual more than 30 days late.

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 (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

exclude: williary pay (such as National Guard of Deserve pay), redetar fellient programs, and be	andin programs, and benefits rece	ואפת תווחפו מופ	Octal Octality Act.
Course disclude date of receipt for honorarie)	Type	Amount	unt
	700	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
Stanford University, CA	Salary	18, 1943, 174	4 277 278
ADMERE Medical (Independent Med. Review)	consulting	0	\$ 23,000
Radiological Associates	Soove Salary	2	ALS.
	9		
			i i

Brok of America Stock	Apple Stock	AlG Stock	AMAZON Stock	Altria Stock	Bank of America Account		Examples:	SP, Mega Corp. Stock	income 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 homes and vacation homes furface there was noted	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 to block A	identity (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 (do not use ticker 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 resporting thresholds. 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.	Asset and/or Income Source	BLOCK A
×	×	×	X	*	×	×	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 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000		A B C D E F G H - J K L M	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 reporting year and is included only because it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.	Value of Asset	всоск в
×	*	×	8	X	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm In	come)		Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Type of Income	BLOCK C
X	*	*		*	*	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$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* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$50,001 - \$15,000 \$100,001 - \$5,000 \$1,001 - \$5,000 \$50,001 - \$1,000,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year	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. * This column is for income derived from assets solely held by your spouse or dependent child.	Amount of Income	BLOCK D

Asset and/or Income Source Preceding Year	SC+	SCHEDULE II — ASSETS AND "UNEARNED" INCOME	D "UNEARNED"	INCOME		Name	me Vanila Singh	3
Amount of Income Amount of I		BLOCK A	вгоск в		вгоск с			SLOCK D
None		Asset and/or Income Source	Value of As	set	Type of Income		Amou	nt of Income
None	SP,		B C D E F G	Σ.		· - L	Current Year	Prec
	р Б		\$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	\$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,0	RENT NTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED	Partnership Income or Farm Inco	\$201 - \$1,000 \(\exists \) \$1,001 - \$2,500 \(\times \) \$2,501 - \$5,000 \(\times \) \$5,001 - \$15,000 \(\times \) \$15,001 - \$5,000 \(\times \) \$50,001 - \$100,000 \(\times \) \$100,001 - \$1,000,000 \(\times \) \$1,000,001 - \$5,000,000 \(\times \)	Spouse/DC Income over \$1,000,000" None
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			*		*		×	8
		Coreneral Electrica Stock	×		Х		*	Ж
		Steck	*	×		×		×
		Stock	*	 		×		*
			×					×
* * * * * * * * * * * * * * * * * * *		ishales stp A Mini Bond fund	×		×		*	×
\$\forage \frac{\partial \text{tack}}{\partial \text{tack}} \times \text{x} \ti		Tohand Johan Stock	×		×	_	*	×
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Stock X			*		×		*	×
			×		У		*	×

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	D "UNEARNED" INCOME		Name Vanila Singh	7 Page of
BLOCK A	вгоск в	вгоск с	ВLО	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount	Amount of Income
SP,	A B C D E F G H - J K L 66* M	ify: e.g.,	Current Year	Preceding Year
Я	000	RUST	IX X XI HIN IN IN IN IN III III II	
DC .	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 - \$5,000,00 \$1,000,001 - \$5,000,0 \$5,000,001 - \$5,000,0 \$25,000,001 - \$50,000 Over \$50,000,000 Spouse/DC Asset over \$	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TF TAX-DEFERRED Other Type of Income Partnership Income or F	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000
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fidelity contratural	×	×	*	*
土	*	>	*	×
Sp Fidelity Rollover IRA				
Ca54 (*	*	8	X
fidelity Capital appreciation	*	×	X	8
fidely freedon zoro	8	*	*	7
fidelity VIP Evals many	*	X	X	×
Apple Stock	*	X	×	8
l '	×	×	×	*
7	*	×	×	*
Freedom i	×	*	×	8
	×	χ	7	X
money market	X	×	×	×

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Name Vanila Singh

Page 6 of 6

and/or	Continu	Continuation Sheet (if needed) BLOCK A	вгоск в	вгоск с	Name Vania Singh
		Asset and/or Income Source	Value of Asset	Type of Income	Amount (
None	SP.		B C D E F G H J K L	fy: e.g.,	Current
None	DC JT,		000 0000 0,000 0,000 00,000 000,000 5,000,000	ND TRUST) ncome(Speci	= = = = = = = = = = = = = = = = = = =
Tat. JAM Lantafunt X Contrafont X Contrafont X X X X X X X X X X X X X			\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,00 \$100,001 - \$250,0 \$250,001 - \$500,0 \$500,001 - \$1,000 \$1,000,001 - \$5,0 \$5,000,001 - \$25,0 \$25,000,001 - \$25,0 \$25,000,001 - \$25,0 \$25,000,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLINI TAX-DEFERRED Other Type of Inc	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,00 \$1,000,001 - \$5,000 Over \$5,000,000
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		fidelity Intl. Small cap front		×	*

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Continuation Sheet (if needed)

Name Varila Singh

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Spouse/DC Income over \$1,000,000*

BLOCK A Asset and/or income Source	_	BLOCK B
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DC ·	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 - \$5,000,00 \$5,000,001 - \$25,000,0 \$25,000,001 - \$50,000, Over \$50,000,000 Spouse/DC Asset over \$1
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Vangery TARGET 2035		*
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Name Varila Singh

A	Continuation Sheet (if needed)			110 MM C - 110 MM CHIEN
None	BLOCK A	BLOCK B	BLOCK C	BLOCK D
None	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
None		B C D E F G H J K L	fy: e.g.,	Preceding
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None		\$15,000 - \$50,000 - \$100,000 - \$250,000 - \$500,000 - \$1,000,000 01 - \$5,000,000 01 - \$50,000,000 001 - \$50,000,000	DS GAINS ED/BLIND TRU ERRED ype of Income	,000 52,500 55,000 \$15,000 \$100,000 - \$1,000,000 1 - \$5,000,000 00,000 1000
And Internal N		\$1 - \$1,00 \$1,001 - \$ \$15,001 - \$50,001 - \$100,001 \$250,001 \$500,001 \$1,000,00 \$5,000,00 \$25,000,00 Over \$50,00	NONE DIVIDEND RENT INTERES CAPITAL O EXCEPTE TAX-DEFE Other Ty	\$1 - \$200 \$201 - \$1,0 \$1,001 - \$2 \$2,501 - \$2 \$5,001 - \$2 \$50,001 - \$2 \$100,001 - \$2 \$100,001 - \$2 \$1,000,001 - \$2 \$1,000,001 - \$2 \$1,000,001 - \$2 \$1,000,001 - \$2 \$1,000,001 - \$2 \$201 - \$1,001 - \$2 \$2,501 - \$2 \$5,001 - \$2 \$5,001 - \$2 \$15,001 - \$2
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Expless Surgs weeks Expless Surgs weeks X X X X X X X X X X X X X	freedom	*	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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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. 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 furni-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

								Amo	Int ot	Amount of Liability	Į			
SP.		Date Liability		>	В	၁	0	ra	Ŧ	ි බ		,		*
<u></u> БС,	Creditor	incurred mo/year	Type of Liability	\$10,001— \$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 \$25,000,001	\$50,000,000 Over	\$50,000,000 Spouse/DC	Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×			Ш	Щ			
	wells fares Bank	10 12005	10 12005 Mortage Residental Routel Property					×						
	Sallie Mag	1447	5+udent loan vierna, UM		X									
! !!														

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,

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.	ature.
Position	Name of Organization
Partner	The Rajout Group, LLC

SCHEDULE V - AGREEMENTS

Name Vanila Singh

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efit plan maintained by a former employer. 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 ben-

Date	Parties To	Terms of Agreement
411114	Stanford Medical Center	heave of abscance, during compagn
,		

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

GPO: 2013

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