

# FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • B-106 Cannon Building • Washington, DC 20515

#### FILER INFORMATION

Name: Jim Engstrand

**Status:** Congressional Candidate

**State/District:** TX36

#### FILING INFORMATION

Filing Type: Candidate Report

Filing Year: 2014

**Filing Date:** 01/28/2014

# SCHEDULE A: ASSETS AND "UNEARNED" INCOME

None disclosed.

#### SCHEDULE C: EARNED INCOME

Source	Туре	Amount Current Year to Filing	Amount Preceding Year
Concentra	Salary	\$100,000	\$70,000

#### SCHEDULE D: LIABILITIES

None disclosed.

#### SCHEDULE E: POSITIONS

Position	Name of Organization
Senior Medical Operations Advisor	National Guard Bureau Joint Surgeon

### SCHEDULE F: AGREEMENTS

None disclosed.

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

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**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 dependent child?

C Yes No

**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?

∇es No

#### **CERTIFICATION AND SIGNATURE**

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Jim Engstrand, 01/28/2014