UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Name: HANSEN CLARKE Daytime Telephone: Now Mamber of Condidate for State: MT. U.S. House of Representatives District: 14 Candidates - Date of Employee FILER STATUS New Officer or Employee Employing Office: Perpendicular of Employee Preliminary Information - Answer Each of These QUESTIONS	FORM B For New Members, Candidates, and New Employees aythme Telephone:	LEGISLATIVE RESOURCE GENERAL 2014 JUL 10 PM 1: 50 OFFICE OF REPRESENTATIVES JUL 0 3 2014 (Office Use Only) A \$200 paralty shall be assessed against any incitrifical who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUE	Period Covered January 1, 2012 to JILNE 1, 7014	A \$200 penalty shall be essessed against any individual who files more than 30 days late.
A Did you, your spouse, or your dependent child: a. Own any reportable easet that was worth more than \$1,000 at the end of the reporting period? gg. b. Make more than \$500 in unsarried income from any reportable sesset during the reporting period?	STIONS E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period Yes Ab X
C. Did you or your spouse have "semed" income (e.g., salaries, honoraris, or pension/IRA distributions) of \$200 or more during the Yes X No. 1.00 N	F. Do you have any reportable agreements or outside entity?	or arrangements with Yas No X
D. Did you, your spouse, or your dependent child have any reportable Yes No X	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	SCHEDULE IF YOU ANSWER "YEES THAT YOU ARE REQUIRED TO	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ON - ANSWER BOTH OF THES	E QUESTIONS
TRUSTS - Details regarding "Qualified Bilind Trusts" approved by the Committee on Elinics and certain other "excepted trusts" need not be disclosed. I this report details of such a trust that benefits you, your spouse, or dependent child? EXEMPTION - Have you excluded from this report any other assats, "unestreed" income, transactions, or liabilities of a spouse or dependent child became.	other "excapted trusts" need not be disclosed. H	
lests for exemption? Do not arrever 'yes' unloss you have first consulted with the Committee on Ethics.		

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: HANSEN CLARKE Page 2 or 5

- ASSETS & "UNEARNED INCOME"	
Name: HANSEN CLARKE	
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SCHEDULE C - EARNED INCOME

Name: HANSON CLAKKO	
Page 1 & U	`

List the source, type, and amount of semed income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse samed income exceeding \$1,000. See examples below. EXCLUDE: Williamy pay (such as National Quard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

2014. In addition, cantain types of income (notably honoraris, director's fees, and periments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. Amount	essional services involving a fidu	clary relationarily) are totally prohibit Arm	re totally prohibited for Members and senior staff. Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Yeer
╝	Honoration	00 ap	2600
EXBMONES: CAll War Roundlade, Midwanel, VA (Oct. 2) Onlarie County Based of Education	Spouse Spech Spouse Safery	₹	\$1,000 NVA
MI LEGIS RET SYSTEM	ANNULTTY	18,480	44,160

SCHEDULE D - LIABILITIES

Name	
HANSEN	
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Page 5 of 5	
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Report liabilities of over \$10,000 owed to any one creditor at any stree during the reporting period. Here Marribers: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or applianced; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or albiting of you or your spouse. Report a revolving charge account (i.e., credit card) only if the betance at the close of the reporting period exceeded \$10,000. "Column K is for itabilities held solely by your spouse or dependent child.

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					Exemple			
					First Bank of Willmington, DE	Creditor		
					5/946	Date Liability Incurred MOYYR		
					Mengage on Rantal Property, Dover, DE	Type of Liability		
						\$10,001- \$15,000	>	
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SCHEDULE E -- POSITIONS

Report of positions, compensated or uncompensated, as an officer, director, busies of an organization, pathers, proprietor, representative, employee, or consultant of any corporation, firm, pathership, or other business enterprise, nonprofit organization, labor organization, or educational or other hetitution other than the United States. Exclude: Positions lated in Schedule C, positions hald in any religious, social, fratemer, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions hald in the reporting period and the current calendar year. First-year candidates and new employees report positions had in the current calendar year and bus provious years.

Position	Name of Organization
JIRECTOK (UNCOMPENSATE)	DIRECTOR (WINCOMPENSATE) DETROIT COMMUNITY PARTNERS