B. Did you, your spouse, or your dependent child purchase, sell, or three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all **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 that benefits you, your spouse, or your dependent child? IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. exceeding \$1,000 during the reporting period? PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS reporting period? Name: 2014 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES IPO AND EXCLUSION OF SPOUSE, REPORT FILER STATUS b. Make more than \$200 in unearmed income from any reportable end of the reporting period? or Own any reportable asset that was worth more than \$1,000 at the asset during the reporting period? Member of or Candidate for 2014 Annual (Due: May 15, 2015) U.S. House of Representatives "Hank" I who som of DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS State: District: Yes Yes Yes Yes Yes V 4 ع Daytime Telephone: 20, 225 Amendment Š Š š Š N O For Use by Members, Officers, and Employees 7 F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? lieu of paying you for a speech, appearance, or article during the reporting period? reportable travel or reimbursements for travel totaling more than H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" \$375 in value from a single source during the reporting period? source during the reporting period? Did any individual or organization make a donation to charity in Employee Officer or Employing Office: Termination Date of Termination: U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTE -DELIVERED 2015 MAY 14 AM 10: 31 HAND (Office Use Only) Yes Yes Yes Yes Yes Yes Yes 공 종 중 중 Š Š 중

Assist and/or income Source Name: Heavy Stock																ጛ ፟ቘ				တ္တ
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SCHEDULE C - EARNED INCOME

Name:
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"Hank") "horson I'
Page 3 of 5

List the source, type, and amount of eamed 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 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.

INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain

Source (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were source. Source (include date of receipt for honoraria)	Type Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary Spouse Salary Spouse Salary Spouse Salary Spouse Salary Spouse Salary Spouse Salary	Amount \$5,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,1000 \$1,
Dekalb County (5)A	pension	\$11000,00

SCHEDULE D - LIABILITIES

Name: HCN (C. Hank J)W. Page y of S ing the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you iture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to
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you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time durperiod. Members: Members are required to report all liabilities secured by rent it out or are a Member); loans secured by automobiles, household furn

		:	SP, DC, JT		
	(T)	Example			
	() c Vive	First Bank of Wilmington, DE	Creditor		:
	2613	5/98	Date Liability Incurred MO/YR		
Lithunia GA	Markage personal vosi hav	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000	D	
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			Over \$50,000,000	٠	
			Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization
NA	

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

sponsor or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the

the filer. **EXCLUDE**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

							ongressional Black Caucus Institute 1116-11	Progressing Congress 246-2/8/14 Dc-Philip-Dc	Champes: Habitat for Humanity (charity fundraiser)	Government of China (MECEA)	Source Date(s)
							119 Jan Dign - BH	-2/8/14 DC- Philis-DC	4 DC-Boston-DC	DC-Beijing, China - DC	city of Departure - Destination — City of Return
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							ک	る	4	z	Family Member Included? (Y/N)