HAND DELIVERED 1 of Z

UNITED STATES HOUSE OF REPRESENTATIVES 2014 FINANCIAL DISCLOSURE STATEMENT

Name: KRISTI L. NOET

For Use by Members, Officers, and Employees

Form A

2015 MAY 15 AM 10: 13

U.S. HOUSE OF REPRESENTATIVES

Daytime Telephone 202) 225-280/

REPORT TYPE FILER STATUS 2014 Annual (Due: May 15, 2015) U.S. House of Representatives Member of or Candidate for District: AL State: SD Amendment Employee Officer or Employing Office: Termination Date of Termination: (Office Use Only)

PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
₹ ₹	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	× × × ×	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
**** No. X X X X X X X X X	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
¥6.	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	× × × × × × × × × × × × × × × × × × ×	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
Yes No X	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?	Yes X 80	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Of b. Make more than \$200 in unearned income from any reportable asset during the reporting period?

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER FACH OF THESE QUESTIONS

1 Yes No No	EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
TY Yes No X	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?
ct Yes 🗌 No 🔯	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.

SCHEDULE A -- ASSETS & "UNEARNED INCOME"

BLOCK A Asset and/or income Source	BLOCK B		BLOCK C	BLOCK D Amount of income	
	to value of asset tion method other t	at close of the reporting period. If you use a han fair market value, please specify the method	401(k	For assets for which you checked "Tax may check the "None" column. For all	Oeferred" in Block other assets indic
	and and	iod and is included only	its), you may chack the Writiends, Interest, and wested, must be disclorable in terable accounts.	category of income by checking the appropriate box bet Drividential, interest, and capital gains, even it reviewed must be disclosed as income for assets held in traza accounts. Check "None" if no income was earned	appropriate box below. Ine, even if reinvested, assets held in taxable income was earned or
Provide complete names of stocks and mutual funds to not use only ticker symbols).	you have no interest.	suppositions of the state of th	n une waeen generalieu to mouthe cannig une rejouwig period.	Cohumn XII is for assets held by your spouse or dependent child	pouse or depende
For all IRAs and other retirement plans (such as 401(it) plans) provide the value for each asset held in the account that exceeds the exception investorial.				in which you have no interest.	
bank and other cash accounts, total the amount	C } ∰ .	N A ST	7 (18) 7 (18) 7 (18) 7 (18)	<u>\$</u>	VIII X X
in the interest-beening excellent, in the scale is over \$5,000, list every financial institution where there is more than \$1,000 in interest-beering accounts.		gz.n.		- 20 age (Sual);
For revital and other real property held for investment, provide a complete address or description, e.g.,					
For an ownership interest in a privately-held business that is not publicly traded, state the name of the	ాలు లే సిల్ఫార్స్ కోడ్ ఎక్కో సెక్స్ పెడ్ సాగ్యార్గులు కోడ్ సాగ్యార్గులు		gi v Carrigar		
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nomes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Lan nose	V 18	
program, including the line ave a privately-traded fi			14.50 14.50 14.50 14.50		
Excepted investment Fund, please check the Telffbox.			7 1		C. C. W.
If you so choose, you may indicate that an easet or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT) in the colleged column on the fer left.	000 0.000 0.000	15.000.000 160,000,000	LIND TRUS		000,000 5,000,000
or a detailed discussion of Schedule A equirements, please refer to the instruction booklet.	\$4,006 1,001-\$15, 1,001-\$15, 1,001-\$16 50,001-\$1	25,000,001	INDENDS INTEREST APPTAL SI ACCEPTED ACCEPTED ACCEPTED ACCEPTED	1-\$200 201-\$1,000 1,001-\$2,5 2,501-\$6,0 5,001-\$15,0	50,001-\$10 100-001-\$1 1,000,001-
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SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name: KeISTI L. NOEZ

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Other Type of Income (Specify: e.g., Partnership Income or	880 <u>-) 1</u> 0008792799888333

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	Amount of Income
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Use additional sheets if more space is required. * Account closes 11/1, FUNDS TRANSFEREED TO WELL AMERITARDE ACCT.

SCHEDULE B - TRANSACTIONS

Name: KRISTI L NOERI Page 1

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SCHEDULE C - EARNED INCOME

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Transfer to the state of the st	EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act	the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	List the source, type, and amount of earned 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		
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INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	ne occar cecurity act. npensated at or above the "senior staff" ratwers totally prohibited.	at or above the "senior staff" rate was \$26,955. In addition, certain prohibited.
Source (include date of receipt for honoraria)	Туре	Amount
Examples: State of Maryland	Approved Teaching Fee Legislative Pension	\$8,000 \$18,000
Ļ	Spouse Speech Spouse Selary	\$1,000 N/A
NOEM INSURANCE, INC. BRYANT, SD	SANGE SALAAY	N/A
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SCHEDULE D - LIABILITIES

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Name: KRISTI L. NOEM
Page 7 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: 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 appliances; 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 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.

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Example	•
	NWAB ATOXAG AS
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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 reliables, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization
NIA	