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FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - May 8, 2014 For use by candidates and new employees	2014 MAY 15 PM 12: 36	36 Tor O
Name: David A. Brat Daytime Telephone:	U.S. HOUSE OF REPRESENTATION	
	(Office Use Only)	
Filer Candidate for the State: VIFGINIA Date of LID/2014 Check if Amendment	A \$200 penalty shall be assessed	assessed
ing Office:	more than 30 days late.	WIIO IIIOS
in all sections, please type or print clearly in blue or black ink.		
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes V No IV. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	re the date Yes 🗹	Š
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes 17 No If yes, complete and attach Schedule V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	gement Yes	S S
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	000 from Yes	8 ☑
Each question in this part must be answered and the appropriate schedule attached for e	attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF	EACH OF THESE QUESTIONS	SS
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 a dependent child?	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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ndent child Yes	₹

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name David Grat

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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.

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	rement programs, and benefits re	eceived under the Social S	Security Act.
Source (include date of receipt for honoraria)	Туре	Amount Current Year to Filing	unt Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
-	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	¥
Randalph Maron College	SNIMY	16,905	69,430
Richmond Metropolition Authority	Expanse Rrimburge	155	495
Mangum Blonomic Compulting	SALAMY	l	a Hoo
Virginia Bombach Ropuliation	Hongramiyan	400	300
Virginia Assoc. of Community Bombs	Hinoran Tum	\	300
COMPACT RASPLIATES INC.	Sprise Salary	N/A	N/A
Amarican office	Sparst Sallary) -	N/A

FLAT RUN BITATI	Vanguered Tot. Intil Stack	Variable Philadel Gal	TRANCE POSTER MENTA	TIAA-CREF Eq. Index		Examples: Simon & Schuster	SP. SP Mega Corp. Stock	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$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 dependent 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.	location in Block A.	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	account that exceeds the reporting 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.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the	Provide complete names of stocks and mutual funds (do not use ticker symbols).	Identify (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 "unearmed" income during the year.	Asset and/or Income Source	BLOCK A
× ×	* >	*	*	×	×	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 - \$5,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G H I J K L M	*This column is for assets solely held by your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	If an asset was sold during the report-	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.	Value of Asset	BLOCK B
××	*	*	×	*	×	Royallies	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other type of Income (Specify: e.g., Partnership Income or Farm Income	6)		if the asset generated no income during the reporting period.	Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None"	plans or IRAs), you may check the "Tax-Deferred" column. Dividends,	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))	Type of Income	BLOCK C
X X		× × ×	× ×	×	×	×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$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 \$5,001 - \$15,000 \$50,001 - \$15,000 \$15,001 - \$5,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000		Current Year Preceding Year		* This column is for income derived from assets solely held by your spouse or dependent child.	inco	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	Amount of Income	BLOCK D

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

None None	SCI Contir	SCHEDULE II — ASSETS ANI Continuation Sheet (if needed) BLOCK A Asset and/or Income Source	UNEARNED" INCOM BLOCK B Value of Asset	BLOCK C Type of Income	Name David Brat
None	<u>\$</u>		BCDEFGHIJKL	fy: e.g.,	
Nor S1 S1 S1 S1 S2 S5 S5 S5 S5 S5 S5 S5	R 5		-\$1,000 001 - \$15,000 6,001 - \$50,000 0,001 - \$100,000 00,001 - \$250,000 00,001 - \$500,000 000,001 - \$5,000,000 000,001 - \$5,000,000 000,001 - \$25,000,000 0,000,001 - \$50,000,000 er \$50,000,000	NE VIDENDS NT EREST PITAL GAINS CEPTED/BLIND TRUST K-DEFERRED	
		ADJENDEDMY Dev. MK	X	*	
		Vanavera Total Band	×	*	
		Vanayord Health Cons		*	l
		Vom I vom I Prime CMD		*	
		TRAA-CREP Tradition		×	
		Collub Kmarra!			1
		Income fond	×	*	1
		Investigano Frank	*	75	
		New Properties Park	*	*	ļ
					1

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SCHEDULE III - LIABILITIES

Name David Brat

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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, paceats or sib-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, Report liabilities of over \$10,000 by act is any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); Joans secured by automobiles, household furni-

					JT DC, SP,	
	1 9 9		None > 10,000	Example: First Bank of Wilmington, DE	Creditor	
				May 1998	Date Liability incurred mo/year	- '
				Mortgage on 123 Main Street, Dover, DE	Type of Liability	
					\$10,001— \$15,000	
				L	\$15,001— \$50,000 W	
					\$50,001— \$100,000 O	
·				Ľ	\$100,001— \$250,000 □ \$250,001—	
				┞	\$500,000 III \$500,001— \$1,000,000	
				┢	\$1,000,001— \$5,000,000 ຄ	Amount of Liability
					\$5,000,001— \$25,000,000 =	₹
					\$25,000,001— \$50,000,000	
	· · · · · · · · · · · · · · · · · · ·			L	Over \$50,000,000 C Spouse/DC	
		l.			Liability over ス \$1.000.000	

SCHEDULE IV — POSITIONS

A MA

Report all positions, compensated or incompensated held on or before the date of filing during the current calendar year and in the two prior years as an officer, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

and positions solely of an honorary nature 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 all hollorary flature.	ialuie.
Position	Name of Organization
BING	Kichmand Metropolitan Arthmety
BIArd	Commanwelle Board of Accountment (Norminso)
Brand	3
Advisory board	Joint Advisory Board of Economists (Norginia)
Beard	

SCHEDULE V — AGREEMENTS

Name David Brat

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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 benefit plan maintained by a former employer.

	6.55 P. 65.5	The second secon	
_	Date	Parties To	Terms of Agreement
т т		None	
T			
·			
			

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Marian agramma 200

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.

Congress of the second	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Man e	