ĕ <	Yes	pendent child	bilities of a spouse or dep Committee on Ethics.	"unearned" income, transactions, or liabiliunless you have first consulted with the C	erned" incomess you have fi	er assets, "une wer "yes" unle	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.
₹ \	Yes	it be	excepted trusts" need not	cs and certain other "	nittee on Ethic	d by the Comr	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?
S	QUESTION	FTHESE (ANSWER EACH OF THESE QUESTIONS	MATION - AI	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —
	esponse.	each "Yes" r	edule attached for each "Yes" response	appropriate sche	d and the	e answered	Each question in this part must be answered and the appropriate schedu
₹	Yes	i5,000 from	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.	VI. Did you receive compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI.	No	Yes 🔽	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.
<u>R</u>	Yes	angement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V.	No.	Yes	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? If yes, complete and attach Schedule II.
<u>₹</u>	Yes	efore the date	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	IV. Did you hold any rof filing in the current if yes, complete and	S S	Yes	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
		į	S	EACH OF THESE QUESTIONS	OF THES		PRELIMINARY INFORMATION — ANSWER
	30 days late.	more than 30 days late				Office:	employee Employing Office
assessed vho files	A \$200 penalty shall be assessed against any individual who files	A \$200 pen against any	Check if Amendment	5-20-14	Date of Election:	11	Filer Candidate for the State: House of Representatives District:
	(Office Use Only)						
CLEAK SENTATIVES	OFFILE OF THE OLERK M.S. HOUSE OF REPRESENTATIVES	W bis.h	1	Daytime Telephone:	Daytime	7.	Name: LAWRENCE 6. MROZINSKI
T 1:47	LEGISLATIVE RESOURCE CENTER 2013 SEP 18 PM 1: 47	ZOI	FORM B For use by candidates and new employees	FORM For use by candidates a		, 2013	FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - Tuly 31,
Page 1 of 7	ָּי פ	Ĭ				ATIVES	INITED STATES HOUSE OF REPRESENTATIVES

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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.

Exclude: Military has desirable as National Guard or Reserve has a federal retirement programs, and honorities making the Contrator Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	eceived under the Social S	Security Act.
Composition of receipt for homographs	Tupo	Amount	unt
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
THE KROGER COMPANY	SPOUSE SALARY	\$ 22,750 ca	# 39,000 m
THE KROGER COMPANY	BONUS	N 1.151 00	2 500 00

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FEDELITY INVESTMENTS	DELTH CREDIT UNION	USAA SAVINGS Account	CUSTODIAL MONEY MARKET	CUSTODIAL MONEY MARKET	CUSTBOIAL MONEY MARKET	1st Bank of Paducah, KY accounts	Examples: Simon & Schuster	SP Mega Corp. Stock	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.	Exclude: Your personal residence, including second	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 location in Block A.	plans) provide the value for each asset held in the 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.	Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401 (k)	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.	BLOCK A Asset and/or Income Source
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									\$1 - \$1,000		Œ	be "None." "This column is for assets solely held by your spouse or dependent child.	If an asset was sold during the report- ing year and is included only because it generated income, the value should	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.	
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NED INCOME

Name LAWRENCE 6. MROZINS

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SCHEDULE III — LIABILITIES

Name / AWRENCE G. MROZINGKI

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

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DC SP,	Creditor	Date Liability	Type of Liability	٧	8	၁	_ D	m		<u>ត</u>	о <u>т</u>	0 -	,	er 🔨
JT,	Creditor	incurred mo/year		\$10,001 \$15,000	\$15,001— \$50,000	\$50,001 \$100,000	\$100,001— \$250,000	\$250,001 \$500,000	\$500,001— \$1,000,000 \$1,000,00 1-	\$5,000,001- \$5,000,000 \$5,000,001-	\$25,000,000 \$25,000,00 0	\$50,000,000 Over	\$50,000,000 Spouse/DC	Liability over \$1.000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×						L	
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DC.	SALLIE MAE		COLLEGE LOAN	×										
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88	SALLIE MAE		PARENT PLUS COLLEGE		X									
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SCHEDULE IV — POSITIONS

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

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 an honorary nature

 	_	_		_	_
			BOARD MEMBER	Position	and positions solely of an ilonorary nature.
			THE GEORGIA ALZHEIMER'S AND DEMENTIA FOUNDATION	Name of Organization	ature.

SCHEDULE V - AGREEMENTS

Name / AWRENCE G. MROZINSKI

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•	1	
Date	Parties To	Terms of Agreement
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SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

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 1.

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