	Yes	of be spendent child	ANSWER EACH OF THESE QUESTIONS er "excepted trusts" need not be  ves  hendent child?  Ilabilities of a spouse or dependent child  the Committee on Ethics.	with	nittee on Ethiliting you, your arned" incoms ss you have f	OR TRUS ad by the Comr h a trust benefi er assets, "une swer "yes" unle	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?  EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependence they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	TRUSTS—D disclosed. Hadisclosed. Hadisclosed. Hadisclosed. Hadisclosed. Hadisclosed the
	response.	each "Yes" r	edule attached for each "Yes" response	appropriate sche	and the	e answered	Each question in this part must be answered and the appropriate sched	
N <sub>o</sub>	Yes	\$5,000 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 on a single source in the If yes, complete and	<b>№</b>	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.	III. Did you, yo able liability (m
<b>∑</b>	Yes 🔲	rangement	<ul> <li>V. Did you have any reportable agreement or arrangement with an outside entity?</li> <li>If yes, complete and attach Schedule V.</li> </ul>	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V.	N <sub>S</sub>	eg M	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.	II. Did you, yo income of mor reportable ass
N <sub>o</sub>	Yes 🔀	perfore 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 not filing in the current of filing in the current of the second	No	Yes	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?  If yes, complete and attach Schedule I.	I. Did you or y fees) of \$200 of the state of \$200 of \$200 of the state of the stat
			S	ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWE	In all sections PRELIMIN
vno riies	against any individual who riles more than 30 days late.	more than 30 days late				Office:		Status
assessed	A \$200 penalty shall be a	A \$200 pen	Check if Amendment	n: June 10,204	Date of Election:	*	Candidate for the House of Representatives  State:	Filer
	(Office Use Only)							
IVES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	OFFICE U.S. HOUSE O		Daytime Telephone:	Daytime		Tuce Bower Shutteworth	Name: 2
Page 1 of //_ NTER 23	Page LEGISLATIVE RESOURCE CENTER 2014 MAY 15 PM 1: 23	LEGISLATIVE	IM B s and new employees	<b>FORM B</b> For use by candidates and new employees		ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - April 30, 2014	FINANCIA Period cov
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# SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Page 2 of //

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 pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)  XYZ Corporation, Houston, TX  First Bank & Trust, Houston, TX  XYZ Trade Association, Chicago, IL (Rec'd December 2)  Harris County, Texas Public Schools  Source (include date of receipt for honoraria)  Type  Salary  Honorarium  Spouse Salary		benefits received under the Social Security Act.  Amount  Current Year to Filing Precedir \$6,300 \$28,400 \$3.400 \$3.400 \$3.400	security Act.  Int  Preceding Year \$28,450 \$3,200 \$1,000 NA
Dickstein Shapiro, Washington DC Reed Smith Washington DC	Spouse Salary	NA	m M
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<u> </u>					_	17	DC,E	SP,	the Thrift Savings Plan. 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 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	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.	Asset and/or Income Source 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 "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) 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.
Schwab Stp 500 Index	Schwab	Richal	Wirginia	Virginia J	Con	ı	Examples:		so so hild optic optic deta	and	in of	BLOCK A  Asset and/or Income Source iffy (a) each asset held for investment or product come with a fair market value exceeding \$1,00 end of the reporting period, and (b) any or rable asset or sources of income which gener than \$200 in "unearned" income during the y ide complete names of stocks and mutual fro t use ticker symbols).  II IRAs and other retirement plans (such as 44 s) provide the value for each asset held ir unt that exceeds the reporting thresholds.  rental or other real property held for investing de a complete address or a description, al property," and the city and state.
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Spouse/DC Income over \$1,000,000\*

Continuation Sheet (if needed)

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None   None															SP, DC		· · · · · · · · · · · · · · · · · · ·
Note	Noth IRA 2025 Vanguard Variet Retirem	e Loan	10,74	Varguery Intl-Producted	d Pargat	60/1	64	7		in God me	west pape c	Rayer	American				BLOCK A  Asset and/or income Source
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Continuation Sheet (if needed)

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None	×	*	×	*	*	×	X	×	×	×		×	*		DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specify: e.g.,	Type of Income	ВГОСК С
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Spouse/DC Income over \$1,000,000\*

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#### SCHEDULE III — LIABILITIES

Name Luce Sowen Shuttenorth

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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 owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. 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. 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 sib-

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SP, DC, JT	Creditor	Liability Incurred mo/year	Type of Liability	\$10,001— \$15,000	515,001— 550,000 <b>w</b>	550,001— 5100,000 <b>O</b>	\$100,001— \$250,000 <b>□</b>	\$500,000 III \$500.001—	51,000,000 TI	\$5,000,000 S	\$25,000,000 <b>=</b>	550,000,000 —	50,000,000 C	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE											
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#### **SCHEDULE IV — POSITIONS**

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 officer, director, 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.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position	Name of Organization
Trustee	Allen & Shuttleworth Trust
Trustee	Lera & Shittleworth Trust