UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	POSTMARK ILLEGIBLE
Name: Haven James	Daytime Telephone:	2014 SEP 16 PM 1:17
New Member of or Candidate for State: CA U.S. House of Representatives District: CA Candidates – Date of Election:	Check if Amendment	OFFICE OF THE CLERK
New Officer or Employee Employing Office:	Period Covered: January 1,	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF	F THESE QUESTIONS	
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? Or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting period Yes No No
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?	No F. Do you have any reportable agreements or arrangements with an outside entity?	arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	1\$5,000 from a single Yes No
ATTACH THE CORI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	INFORMATION - ANSWER BOTH OF THESE QUESTIONS	QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from	ive you excluded from Yes No No
EXEMPTION ~ Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, transactions, or liabilities of a spouse or dependent child because they meet all three Committee on Ethics.	se they meet all three Yes No No

For all 401(k) p SCHEDULE A - ASSETS & "UNEARNED INCOME" For an ownership interest in a privately-held busines that is not publicly traded, state the name of the business, the nature of its activities, and its \$5,000, list every financial institution where there more than \$1,000 in interest bearing accounts. Exclude: Your personal residence, including secon or rentat and other real property held for investmen or bank and other cash accounts, total the amount in the interest-bearing accounts. If the total is over do not use only ticker symbols) ncome source is that lependent child (DC), or jeographic tocation in Block A. rental property," and a city and state roduction of income and with a fair market value exceeding \$1,000 at the end of the reporting period and (b) any other reportable asset or source of you so choose, you may indicate that an ass nome source is that of your spouse (SP ependent child (DC), or jointly held with anyone you have a privately-traded fund that is an Excepte nestment Fund, please check the "EIF" box. nvestment Fund, etirement program, including the Thrift Savings Plan omes and vacation homes (unless there was renta the optional column on the far left rovide complete names of stocks and mutual fund mearned" income during the year. Assets and/or Income Sources II IRAs and other retirement plans (such plans) provide the value for each asset held count that exceeds the reporting thresholds. during the reporting period); and any financia in, or income derived from, a federa <u>@</u> complete each , please refer to the instruction booklet generated Simon & Schuster Wega Corp Stock and with a fair market value more description, (SP) 9.9 쁶 If an asset was sold during the reporting period and included only because it generated income, the val should be "None." *Column M is for assets held by your spouse or depende indicate value of asset at close of the reporting period. None ilease specify the method used. \$1-\$1,000 w in which you have no interest \$1,001-\$15,000 o \$15,001-\$50-000 0 \$50,001-\$100,000 ш Value of Asset 71 \$100,001-\$250,000 BLOCK B 6 × \$250,001-\$500,000 I \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ے \$25,000,001-\$50,000,000 _ Over \$50,000,000 valu Spouse/DC Asset over \$1,000,000* S the "Tax-Deferred" column. Dividends Interest, and capital gains, even it reinvested, must be disclosed as income for assets held in taxable accounts Check "None" if the asset generated no NONE ncome during the reporting period 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends. Check all columns that apply. For accoungenerate tax-deferred income (such as DIVIDENDS RENT Type of Income INTEREST Name: BLOCK C CAPITAL GAINS EXCEPTED/BLING TRUST TAX-DEFERRED Royalties Other Type of Income (Specify; e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" other assets indicate the category of income by checking the appropriate box below. Dividing and capital gains, even if reinvested, must be disclosed as income for assets haccounts. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest None \$1-\$200 = × = \$201-\$1,000 ₹ \$1,001-\$2,500 < Current Year \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≨ \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 Amount of Income \$1,000,001-\$5,000,000 ϫ BLOCK D Spouse/DC Income over \$1,000,000* ≚ \$1-\$200 = # \$201-\$1,000 × Page ₹ \$1,001-\$2,500 < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ ow. Dividends, interes × \$15,001-\$50,000 ≦ 잌 \$50,001-\$100,000 ≂ \$100,001-\$1,000,000 column × \$1,000,001-\$5,000,000 × ğ Spouse/DC Income over \$1,000,000* ≚

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

Name: Ø Page 잌

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. 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 both the filer and filer's 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.

Amount		Am	Amount
Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15) State of Maryland	Honorarium Satery	\$0 \$20,000	\$500 \$76,000
Civil War Roundtable, Richmond, VA (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$D N/A	\$1,000 N/A
Retirement Stanisbus Country 4,00/mo	retuemil	48,000/m	
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SCHEDULE D - LIABILITIES

Name: April Deer	
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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 your dependent child. Mark the highest amount owed during the reporting period. New 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 exceeded \$10,000. liabilities owed to 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 *Column K is for liabilities held solely by your spouse or dependent child.

					SP, DC, JT	_	
				Example			
		NA	* 1 N	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
		7		Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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 listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	-	N/H		Position
				Name of Organization

SCHEDULE F - AGREEMENTS

Name: Page 잌

Identify the date, parties to, and general terms of any agreement or arrangement that you have 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.

DIA DIA	Date	Parties to Agreement
		NIN

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

government and any mornance of the common testing as a reserve a privileged relationship rocogniced by testing	privileged relationship recognition by raw. Do not repeat information nation on consistence of
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
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FILER NOTES (Optional)

Name:

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