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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - 104 3012013	FORM B For use by candidates and new employees	JUL 18 PM 1: 43	Page 1 of 6
	u.s	U.S. HOUSE OF INL TRECT IN THE RES	
Name: Elisabeth Jensen Daytime	Daytime Telephone:		
		(Office Use Only)	
Filer State: KY (Date of House of Representatives District: O6 Election:	or: 11 2014 Check if		assessed
Status New officer or Employing Office:		more than 30 days late.	Wild lifes
In all sections, please type or print clearly in blue or black ink.			
PRELIMINARY INFORMATION — ANSWER EACH OF THESE	SE 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 No	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.	or before the date prior two years? 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 No II yes, complete and attach Schedule II.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	or arrangement Yes	∑ S S
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.	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.	han \$5,000 from Yes	₹
Each question in this part must be answered and the	and the appropriate schedule attached	ule attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	1	ANSWER EACH OF THESE QUESTIONS	Ø
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?	ics and certain other "excepted trusts" new	ed not be	No M
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obecause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	or dependent child Yes Cs.	No No

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Elisabeth

Page 2 of 6

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. 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

Exclude: Military pay (such as National Guard of Reserve pay), lederal retirefile in programs, and to		beliefile feceived dilider the pocial peculity Act.	Security Act.
Course (include date of require for homograph)	Time	Amount	unt .
Source (iliciade date di lecelor loi rigiloralia)	- ypa	Current Year to Filing	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	NA
alucation	Salary	29,358	71,000
	1		

(18 25% OWNER)	Multiple Locations	with business in	Indung Based	> Real Estate Investmen	Jensen Properties	JT 1st Bank of Paducah, KY accounts	Examples:	SP, 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.	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	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 account that exceeds the reporting thresholds.	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 "unearned" income during the year.	Asset and/or Income Source	BLOCK A
				> +		×	Indefinite	X	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 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		A BB C D M M M M M M M M M M M M M M M M M M	*This column is for assets solely held by your spouse or dependent child.	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
					X	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	me)		during the reporting period.	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income	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	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 \$1 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 Spouse/DC Income over \$1,000,000°	11X 1X X X 1111 114 1V V V 181 11 1 1 1 1 1 1 X X X 1111 1V V V V 1 11 1 1 1	Current Year Preceding Year		* This column is for income derived from assets solely held by your spouse or dependent child.		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

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HEDUTE II — ASSETS AND	CINEATINED INCOME)
inuation Sheet (if needed)			" Is I sabeth Jensen " "
BLOCK A	BLOCK B	BLOCK C	BLOCK D
Asset and/or Income Source	Value of Asset	Type of income	Amount of Income
	ABCDEFGHIJKLM		Current Year Preceding Year
	0 00	Specif	X X
	,000 0,000 50,000 00,000 ,000,000 55,000,000	LIND TRUS ED f Income(000 000 000 000,000 ,000,000 00 00 00 00
	None \$1 - \$1,000 \$1,001 - \$15, \$15,001 - \$56 \$50,001 - \$2 \$250,001 - \$2 \$500,001 - \$1 \$1,000,001 - \$5,000,001 - \$25,000,001 - \$25,000,001 - \$25,000,001 - \$25,000,001 - \$25,000,001 -	NONE DIVIDENDS RENT INTEREST CAPITAL GAIL EXCEPTED/B TAX-DEFERR Other Type of Partnership In-	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,00 \$15,001 - \$100 \$100,001 - \$1,00 \$1,000,001 - \$1,00 \$100,001 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$1,001 - \$1,000 \$15,001 - \$1,000 \$15,001 - \$15,00 \$15,001 - \$100 \$100,001 - \$1,00 \$100,001 - \$1,00 \$1,000,001 - \$1,00
Steif Nicolaus	X		
Roth - JRA			
Sterf Nicolaus 2RA			
William Collies			
Special needs trust			

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SCHEDULE III — LIABILITIES

Name Elisabeth Jenser

Page \leq of 6

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 a spouse, or the child, parent, or sib-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.

								Amou	Int of	Amount of Liability	lity			
S.Ş.		Date Liability		>	8	ဂ	٥	m	ור	_ _			, د	*
٦ Ç	Creditor	Incurred mo/year	Type of Liability	\$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	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001 \$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		_		×							
	CITICARDS-COLUMBUS, Dhio 2010 revolving charge	2010	revolving charge	Ask .	X									
			(7				<u> </u>					
											.,			

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.

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Position	Name of Organization
Partner	Jensen Properties

SCHEDULE V — AGREEMENTS

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Page 6 of 6

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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 I.

Source (Name and Address)	Brief Description of Dutles
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
none	