D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or IPO - Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS 2014 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** 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 that benefits you, your spouse, or your dependent child? exceeding \$1,000 during the reporting period? A. Did you, your spouse, or your dependent child: Name: reporting period? three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all REPORT TYPE FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the . Make more than \$200 in uneamed income from any reportable asset during the reporting period? end of the reporting period? or 2014 Annual (Due: May 15, 2015) U.S. House of Representatives Member of or Candidate for State: District: ¥88 ¥ 8 Yes 좒 exas F Daytime Telephone: 202-225-3035 Amendment 공 중 Š <u>z</u> 중 For Use by Members, Officers, and Employees G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" lieu of paying you for a speech, appearance, or article during the reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any year up through the date of filing? Did any individual or organization make a donation to charity in Employee Officer or Employing Office: Date of Termination: Termination U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTE 2015 MAY 15 PM 3: 43 DELIVERED Office Use Only HANDage 1 of 4 Yes **¥**88 ¥9\$ **8** š ĕ8 Š 공 ᇂ 8 ᇂ 중

7

SCHEDULE C - EARNED INCOME

Name: LOWIR Gohmert Page 2 of 4

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 a spouse, list the source and amount of any homorais, ist only the source exceeding \$1,000. See examples below. INCOME. LIMITS and PROMIBITED INCOME. The 2014 limit on outside aerned income (notably homoraid, director's fees, and payments for professional services involving a flouciery relationship) were totally prohibited. Source (include date of receipt for honoraria) Characteristics Type Amount Account Include Characteristics Amount Account Include	mment) totaling \$200 or more during the relow. Social Security Act. Insated at or above the "senior staff" rate of totally prohibited. Type Approved fleaching Fee Legislating Pension Spouse Speech Speech Spouse Salary Spause Salary	reporting period. For a spouse, list was \$26,955. In addition, certain Amount \$1,000 \$1,000 \$1,000 N/A
University of Texas at Tyler	Spause Salary	NA

SCHEDULE D - LIABILITIES

Name: /	
DIMIC	
1001	<u>\</u>
mer!	+
Page 3 of 5	<u> </u>

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. 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 liabilities owed to you 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 exceeded \$10,000.

*Column K is for liabilities held solely by your spouse or dependent child.

							Amou	Amount of Liability	iability	$ \hat{\ } $, ,
				>			m	п	ဓ	I		٠.	
50, 51 Sp.	Creditor	Date Liability Incurred MO/YR	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	
-	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE			×							
15	Citizens 15t Bank, Tules, Tx	12-2005	Personal	Į.	7								
71	Southside Bank. Tyler. Tx	4-2012	Residential Martinge				7						
77	AES		Student Loans for children		7	\							
				<u> </u>									

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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

held in any religious, social, fratemal, or political entities (su	held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: /
Louie
Caphone
ert
Page 4
or 4

Identify the source and list travel timerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Government of Chine (MECCA) Examples: Hebbet for Humanity (charity fundrates) He fitage to MA Atian	Date(8) Aug. 5-11 Mar. 3-4 Te. b. 6-820/4	City of Departure - Destination - City of Return DC-Boiling, China - DC DC-Boiling, China - DC DC-Boiling, China - DC	Lodging? (Yin)	Food? (YM)
			•	