JNITED STATES HOUSE OF REPRESENTATIVES	Form A	Page 1 of
013 FINANCIAL DISCLOSURE STATEMENT	For Use by Members, Officers, and Employees	C SHOULD HAVE MESOURCE CENTER
		2014 SEP 23 PM 1: 01
Name: Tutsi Gabbard	Daytime Telephone:	CSSIDE OF REPRESENTATIVES MC
		(Office Use Only)
FILER STATUS Member of or Candidate for State: U.S. House of Representatives District: \(\)	Officer or Employing Office:	
TYPE 2013 Annual (Due: May 15, 2014)	Amendment Termination Date:	ate:
RELIMINARY INFORMATION - ANSWER EACH OF T	THESE QUESTIONS	
 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? 	Yes No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	reement or arrangement with an Pes No X
3. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	lue from a single Yes No
 Did you or your spouse have "earned" income (e.g., salaries, ionoraria, or pension/IRA distributions) of \$200 or more during the eporting period? 	Yes No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	ependent child receive any tes to reavel totaling more than the fortravel totaling more than the fortravel totaling the reporting period?
5. Did you, your spouse, or your dependent child have any reportable lability (more than \$10,000) at any point during the reporting period?	Yes No I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	nation to charity in Yes No
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	E CORRESP	ONDING SCHEDULE IF YOU ANSWER "YES"
PO, EXCLUSION OF SPOUSE, DEPENDENT, O	DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF TH	H OF THESE QUESTIONS
PO – Did you purchase any shares that were allocated as a part of an Initine Committee on Ethics for further guidance.	PO - 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 he Committee on Ethics for further guidance.	sstion, please contact Yes No 🔀
RUSTS - Details regarding "Qualified Blind Trusts" approved by the Comhis report details of such a trust that benefits you, your spouse, or depend	RUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have his report details of such a trust that benefits you, your spouse, or dependent child?	Have you excluded from Yes No 🔀
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or ests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	liabilities of a spouse or dependent	child because they meet all three Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Page_ <u>약</u>

BLOCK A	BLOCKB	BLOCK C	RIOCK	B OOK II
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
identify (a) each asset held for investment or	Indicate value of asset a	Check all columns that apply. For accounts that	For secate for which you charked 'Tax-Defarred' in Rinck C. you	_
production of income and with a fair market value exceeding \$1,000 at the end of the reporting period.		^ 8	may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below.	_
income that generated more than \$200 in "unearned" income during the year.	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in variable accounts.		sales (S), or exchanges (E)
Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Column M is for assets held by your spouse or dependent child in which you have no interest.	if the asset generated no income during the reporting period.	III is for assets held by your spouse or dependent	in the reporting period.
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.			child in which you have no interest.	in only a portion or an asset was sold, please indicate as follows: (S (part)).
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over	C		VI VIII OR X	Leave this column blank if there are
\$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts.				no transactions that exceeded \$1,000.
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.				
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the malure of its activities, and its geographic location in Block A.				
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial income the second sec		me)		
If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.		ome or Farry		
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly hed with anyone (JT), in the optional column on the far left.	0000 0,000 0,000 00,000 00,000 55,000,000	BLIND TRUST	00 00 00 000 000 000	
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	None \$1,\$1,000 \$1,001,\$15, \$15,001,\$40 \$50,001,\$10 \$100,001,\$10 \$1,000,001,\$10 \$250,001,\$10 \$250,000,001,\$10 \$250,000,001,\$10	TAX-DEPER	2) Long approved	P, S, S(part), or €
SP SP Mega Corp. Stock EF	×	x	×	S(part)
Examples:	trdefinite	Royalites		
ABC Hedge Fund X	×	Parthership Income		
3331 Valley	×	×		Sale
Alexandria JA				
USAR Money Morrow	X		***	
WAA Procios Hotel		<u> </u>	×	
West Emerging Noverth	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	*	X	
Third Ave Real	- X			

Estate Investment
TONA
Use additional sheets if more space is required.

			\Box	<u> </u>				_					_			5 8 %		
- a a single particular property									US Index	Daw Jores	Ishaves			Precións	US Gold &	ASSET NAME		BLOCK A Asset and/or Income Source
							<u> </u>									#		
														Ļ			\$1-\$1,000	
367%		75-7 126-7		- 30		n sil	,	2									\$15,001-\$60,000	
								i e		01.35		J.			Gual.		\$50,001-\$100,000 m \$100,001-\$250,000 m	BL(Value
	2		5.00			15.	50.0								Vert		\$250,001.\$500,000	BLOCK B Value of Asset
ICS .		.,.		2			7 3.50				- M	5) II	8		100		\$1,000,001-\$5,000,000	*
			3.03							343					- 1		\$5,000,001-\$50,000,000	
(j)) \$		133			1	Š	3.3		37. ··	*** , : . ` .				\$ 35			Cree* \$50,000,000	
					ADJ ADJ A CIE	/67% / X4			or in		3.00					8,500 100 100 100 100 100 100 100 100 100	NOTE	
	47	7 t		ř .:)	100 2. 3.	89 / C 3	35				X			X	: E		DIVIDENDS	
Ų.	-		, - 1			.,	2) X 2		1 2				٠/٠ <u>%</u>		1		INTEREST CAPITAL GARS	BLOCK C Type of Income
	. *	200	ÿ.	e nies						34 V _a r y		0.00					EXCEPTED/BLIND TRUST 7AX-DEFERMED	BLOCK C
					1	328		Ċ.	72								Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	ne
			ia.	1,22.00 1,52.00 1,50.0	12.0%				Sur.			se's	, , , , , , , , , , , , , , , , , , ,		2 1 (U. 200 (S		\$1-\$200 =	
नुष्य दुरु	Kin si					\$49	- 23			866 X	/	40		X			\$20(\$1,000)	
,	, W.W.		9) (3) (1)		100			9 70	2:10 ()								\$1,001.\$2,500 < \$2,501.\$5,000	Amor
		273	63 7 %	() () () () () ()	Yes,	· 亿.	in (s) in (s) in (s)				3.4 2.5.7				KAN.		\$5,001-\$15,000 ≤ \$15,001-\$50,000 ±	BLOCK D Amount of Income
,		200	30 ° °				25.21 A	-3									\$50,001-\$100,000	ncome
	- 2		3/3 2	255		(S)	(a) (a)	1/1	39 A	40.0						4083A4	\$1,000,001-\$5,000,000 ×	
					-				ř.	Ž						φ % 0	Cher \$5,000,000 Spouse/DC Asset with Income over \$1,000,000* ≚	
																	P, S, S(part), or E	BLOCK E Transaction

	SCHEDULE A - ASSETS & "UNEARNED INCOME"
Name:	
Pageof	

SC

SCHEDULE B ~ TRANSACTIONS			Name:	E	:					Page_		of	
Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the	Type of 1	Type of Transaction		Date				Amount	of Tran	Transaction			
reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital base. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the			Sain .		•	æ n			7	•	≖	-	*
a portion of an asset is sold, please choose "partial sale" as the type of transaction.			apital (Quarterly,					च स्थ			000	
Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose			iox if Ci	weekly, if			1-			œ	,000	4233	
	Purchae Sale	Pedial S	Check E Exceeds	:	\$1,001. \$15,000	\$15,001 \$50,000 \$50,901	\$100,00 \$100,00 \$250.00	1250,00 1500,00	\$500,00 \$1,000,	\$1,000, 95,000,	55,000,4 25,000	\$26,000 \$60,006 Over \$5	Over \$1 Openso
SP.DC, JT Asset								小倉					
SP Example Mega Corp. Stock			×	35/13		×	- 10						
3331 Valley						eren Erak			02. vil.s				
Alexandria VA	X						3	X	222				
						- X- X- X-	437				*	3,5	
	3					51 - Y							L. A
							4		2000		1 () 2 ()		***
											18771	3	
												O e	
									9 AV *				
					ingto Ingg			, E.			7. j		A)
													2.
						TITOR O'WAS		right.			a. 1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
								i de		3			
							it i						
						A XL			18815777				
									, 10 t				
						(w) (s)		i dina	.		4 J.	(

SCHEDULE C - EARNED INCOME

	Name:
l	
	Page_
	igeof
1	

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 honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	nent) totaling \$200 or more during the	e reporting period. For a spouse, list
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. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	wait security Act. ated at or above the "senior staff" rationally prohibited.	ite was \$26,955. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
Keene State State of Marvand	Approved Teaching Fee	\$6,000
EXEMPLES: Civil War Roundlable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
US House of Representatives	Salary	148 745
Vanus Productions	Carninas	Gross keelepts 1,114
	C	

SCHEDULE D - LIABILITIES

Name:	
Page of	

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 liabile); and 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 reporting period exceeded \$10,000. **Column K is for liabilities held solely by your spouse or dependent child.

							mount o	Amount of Liability	- 1	
<u>-</u> -		Date		, B	c	D	•	Ę.		Ŧ
SP. DC. JT	Creditor	Date Liability Incurred MO/YR	Type of Liability							00
		MOTE		\$10,001- \$15,000 \$15,001- \$50,000	\$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-
m	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE			×				
િ	Capital one Palative	7(Mortgood on 3331 Valle		, ,		4			7.37
_		5/26	A	7					П	E .
	95	10/12	E		X					
C		7	الما		Х					
	Contrata d	7	وسياء						T	

r

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 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.

- Andrews - Andr		VP	Position
		Healthy Hawaii Coalition	Name of Organization

SCHEDULE F - AGREEMENTS

Name:	
Te:	
Page of _	

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.

Date	Parties to Agreement	Terms of Agreement
Automotive and the state of the		
	+	
	MOVIL	

SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
	4 CMA	

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

_		
	Name:	

	Page	
	9	
	ł	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 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: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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.

Comparison Conference Con		Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
3/8-3/9 DCA - BOS - DCA Y N N N N N N N N N N N N N N N N N N		Government of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	*	≺	z
3/8-3/9 DCA - BOS - DEA Y NEW 23-25 SEO- BOS - HNL ANGOH- MODIZ JAD - TEI AVIV - JAD Y		Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	~	*	~
3/8-3/9 DCA-BOS-DCA Y Now 23-25 SEO-BOS-HNL ANGOY-MODE TAO-TELAVIV-JAD Y	Wisd	lon Conference 2.0	2/24=BS	HNL - SFO - DC	ب	Z	Z
3/8-3/9 DCA - BOS - DCA Y Now 23-25 SEO - TSOS - HNL ANGOH- MOGIZ TAO - TEI AVIV - JAD Y		L) wisdom Productions					
May 04- Marz IAD - Tel Aviv-	Howard	Women's Leadership	3/8 - 3/9	H		7	Z
Temel Augo4- Mogra 2A0 - Tel Aviv -		47 Leadership Series					
Augoy-Majiz IAO - Tel Aviv-	工工艺	tandation	Nov 23-25	SFO- BOS-HNL			
	ATEF	Israel	AW 04 - AUGIZ	l		ح	-ر
			ر				
		The state of the s	and the second s	The state of the s			

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

No. of the Control of

List the source, separate confid	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	sor of an event to a charitable organ	nization in lieu of paying an	honorarium to you. A
	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2013 Aug. 13, 2013	\$2,000 \$500
				10 10 10 10

FILER NOTES (Optional)

|| |<u>\$</u>

								NOTE NUMBER
				- Landa Andrews (Marine)	-			
			<u> </u>					
								NOTES
		;						