₹ ₹	es C	pendent child	pouse, or a dependent child? transactions, or liabilities of a spouse or dependent child t consulted with the Committee on Ethics.	arned" income,	details of such a trust bene- eport any other assets, "uni- n? Do not answer "yes" unie	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 because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committe	discle EXE
		ot be	other "e	nittee on Ethics	usts" approved by the Com	TS—Details regarding "Qualified Blind Tr	TRUS
ñ	DIJESTION	THESE I	ANTION - ANGWED FACH OF THESE DIJESTIONS		NDENT OR TRIE	EXCLUSION OF SPOLISE DEBENDENT OF TRUST INFORMATION	CAB
_	esponse.	each "Yes" r	propriate schedule attached for each "Yes" response	and the ap	art must be answere	Each question in this part must be answered and the appropriate sche	_
N X	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.	8	any report· yes X	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 able lia If yes,
₹ <u>X</u>	Yes 🔲	rangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	№	e "unearned" hold any of the period? Yes	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 income reports If yes ,
₹	Yes	efore the date or two years?	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.	No	, salaries or g period? Yes	l. 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 fees) c
			QUESTIONS	OF THESE	or black ink. - ANSWER EACH OF THESE QUESTIONS	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW	PRE
who files	· - •	A <i>\$200 penalty</i> shall b against any individua more than 30 days late	Check if Amendment	Date of Election:	State: Closica A District: 7th Employing Office:	candidate for the House of Representatives New officer or employee	Filer Status
	(Office Use Only)	(Color of the Color of the Colo					
Sak	AFFICE OF THE CLERK HOUSE OF REPRESENTATIVES	U.S. YOUSE OF	Daytime Telephone:	Daytime 1	5	ne: David Allen Smith	Name:
Page 1 of S	MAY 1 3 2014 Pag LEGISLATIVE RESOURCE CENTER 7014 MAY 16 PM 12: 11	MAY I	FORM B For use by candidates and new employees	75	RESENTATIVES MENT SMAY 2014	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2014 / 5 MAY 2614	Peric

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Page 2 of S

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.

Exclude: williary pay (such as National Guard of meserve pay), lederal retirement programs, and benefits received under the Social Security Act.	dienieni programs, and beneins re	aceived under the oocidi	Security Act.
College (include date of receipt for honoraria)	Type	Amount	unt
Company date of cools of fortionals	· JPC	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
Serco INC.	SA LARY PAYOUT	21,055.89	148,512.20
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			:

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name DAVID Allen Smith Page 3 of 5

NAVY Fee Cond: ナ しゃらっゃ For additional assets a	Liascolon Financial	Variand Money MK+	Serco YOIK (ING)	Vanguard Roth IRA	Theift Savings Plan	2046 Leagues of Oxes CA Pass		DC, Examples: Simon & Schuster	SP Mega Corp. Stock	ing \$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.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits total-	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.	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.
く ねめ :ナ りゃうりゃ For additional assets and unearned income, use next page.	*	×				*	×	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 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G H - J K L M	BLOCK B Value of Asset 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.
			×	×	×		×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm	income		BLOCK C Type of Income 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) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" of the asset generated no income during the reporting period.
×	×	×	× ×	×	×			×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 None \$1 - \$200 \$201 - \$1,000 \$1,000,001 - \$5,000,000 None \$1 - \$2,500 \$201 - \$1,000 \$1,001 - \$1,000,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$5,000 \$15,001 - \$5,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	======================================	Current Year Preceding Year	Amount of Income Amount of Income Therefore 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 income. Check "None" if no income was earned or generated. This column is for income derived from assets solely held by your spouse or dependent child.

SCHEDULE III — LIABILITIES

Name David Allen Smith

Page $\frac{4}{5}$ of $\frac{5}{5}$

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

							A	Amount of Liability	t of L	iabilit	 			
7 S	Creditor	Date Liability	Type of Liability	A	В		. E				11—		>	er 🛪
٦, <u>۶</u>	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				П					H	-	
	None													
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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); and positions solely of an honorary partire

and positions solely of an honorary nature.	aure.
Position	Name of Organization
Mamber	Central Florida SPCA (B.D)
Member	Central Florida YMCA (Blanchard Park Bod)

SCHEDULE V — AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement 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	Terms of Agreement
	None	
,		

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 1.

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