× ×	Yes 🗌	apendent child	ities of a spouse or dependent child committee on Ethics.	, transactions, or liabili st consulted with the C	arned" income, ss you have firs	ther assets, "une inswer "yes" unle	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obscause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	EXEMPTION—H because they mee
₹	Yes	ot be	cepted trusts" need no	s and certain other "ex spouse, or a depender	nittee on Ethics ting you, your s	ved by the Comn uch a trust benefi	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?	TRUSTS—Details disclosed. Have ye
ัง	QUESTION)F THESE (ANSWER EACH OF THESE QUESTIONS	1	TINFORM	r, or trus	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION
	esponse.	each "Yes" re	ule attached for	ppropriate sched	l and the at	be answered	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	
<u>\$</u>	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.	VI. Did you receive com a single source in the two a single source and att	S _o	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 you, your spuable liability (more the street section). If yes, complete an
Š	Yes	rangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did you have any reportable agreemen with an outside entity? If yes, complete and attach Schedule V.	S C	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 you, your spouse, or a dependent income of more than \$200 in the reporting reportable asset worth more than \$1,000; If yes, complete and attach Schedule II.
No.	Yes	xefore the date or two years?	ortable positions on or b lendar year or in the prio tach Schedule IV.	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.	S S	Yes 🖂	 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 you or your sp fees) of \$200 or mor If yes, complete an
				ANSWER EACH OF THESE QUESTIONS	OF THESE	VER EACH	PRELIMINARY INFORMATION — ANSV	PRELIMINAR
						•	In ail sections, please type or print clearly in blue or black ink	in all sections, plea
assessed who files	A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	A <i>\$200 penalty</i> shall be against any individual more than 30 days late.	Check if Amendment	11/4/14	Date of Election:	ob ing Office:	Candidate for the State:	Filer Status
	(Office Use Only)	° °						
CLECK	U.S. HOUSE OF REPRESENTATIVES	U.S.H	Ľ	Daytime Telephone:	Daytime '		Name: Joseph Kennoth Leibham	Name: Jos
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Page 1 of	Page 1 of	LEC.	I B and new employees	FORM B For use by candidates and new employees	Fo	TATIVES	FINANCIAL DISCLOSURE STATEMENT Period Covered: January 1 2013 - April 20 201	FINANCIAL Derived Covered

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Joe Leibham

Page 2

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.	etirement programs, and benefits r	eceived under the Social	Security Act.
Source (include date of receipt for honoraria)	Tyne	Amount	unt
The finding and of looply to the formal	1)00	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
_	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
State of Wisconsin	Salary		s49,943.°4
State of Wisconsin	Ter Dien		1/ 952.00
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Vanguard Institutional	Black lock Mid Coo Episty	DFA US Micro Cap 1	Black Plack EAFE Equity	American Fonds	ED Vest		Examples:	SP Mega Corp. Stock	income during the reporting period); any deposits total- ing \$5,000 or less in personal checking or savings accourts; 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 depen- dent child (OC) 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	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.	Asset and/or income Source identity (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.
×	×	*	×	*	× .	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$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 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G H : J K L M	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.
×	×	×	×	*	×	X	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come		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" if the asset generated no income during the reporting period.
X	×		×		X	×	×	×	None \$1 - \$200 \$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 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	======================================	Current Year Preceding Year	Amount of Income 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 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 II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOC Leibhim Page 4 o

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Joe Leibham

Continuation Sheet (if needed)			Name JOE Le DRAN
BLOCK A	вгоск в	BLOCK C	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
S.P.	A B C D E F G H	fy: e.g.,	Current Year Preceding
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Fidelity Retirement (Cid.)			
-FID Small Cop Discovery	×	×	X
SP W/ Energy Corp Holding Co.	×	×	X
Columbia Colobal Equity	×	×	X
Columbia Large Cap	×	×	
American Supply Shortlern Fixe	*	×	
Homerican Supply Lupe W Equity	*	×	
Those Rice Smill Con Stock	*	×	
Vanyund Instit Index Phs	×	×	><
Vengund Balanced Index hot.	><	×	
SIE Fixed Interest	><	×	
SIF Money Market	>	*	

SCHEDULE III — LIABILITIES

Name Joe Leibham

Page 6 of 6

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 owed during the reporting period. **Exclude**: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. 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 sibling 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.

		!						Amount of Liability	t of L	iabili				
SP, DC.	Creditor	Date Liability	Type of Liability	A	8						10 I	,, (6 -	00 -
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	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE		<u> </u>		_							
SP	SP Visa-	Dec. 13	Dec. 13 Credit Card	X								1 1		
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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.	ature.
Position	Name of Organization