Period covered: January 1, 2013 - Masch 3 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** Name: BARBARA L. MUIV ANEC Status Filer Candidate for the House of Representatives New officer or employee State: Ca : District: 333 Employing Office: -4106 Daytime Telephone: Date of C For use by candidates and new employees 1000 FORM B Amendment Check if POSTMARK ILLEGIBLE against any individual who files more than 30 days late. A \$200 penalty shall be assessed U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 2014 MAR 12 PM 1:37 (Office Use Only) Page 1 of

in all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	esponse.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	and the	e answered	Each question in this part must b
₹ [7]	Yes 🔲	Yes No No If yes, complete and attach Schedule VI.	_ 	Yes 1	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.
<u>\$</u>	Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	S S	Yes No	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.
Š	Yes	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 No	Yes No	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? If yes, complete and attach Schedule I.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

₹	Yes	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
8 ∑	Yes	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?

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name BAR DARA	
 mulyane 4	

Page _____ of ___

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 fouch as National Guard or Boson's pay, federal retirement programs, and benefits received under the Social Society Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and		benefits received under the Social Security Act.	security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
ייייייייייייייייייייייייייייייייייייי) po	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Framples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
US STATE NEPARTMENT - SPEAKETS	Soesker's dee	, in the second	× 750.
Lee Shorehoù			
1			

1999	family tousted	Topp-mulvAney	B. TEWST of the		Examples:	SP Mega Corp. Stock	homes and vacation homes (<i>unless</i> 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.	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.	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	×	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 \$25,000,001 - \$50,000,000 \$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 X F M	by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	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
				×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)	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	вгоск с
				×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	======================================	Current Year		* This column is for income derived from assets solely held by your spouse or dependent child.	income. Check "None" if no income was earned or generated	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	вьоск в
				×	×	×	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	= = = = = = = = = = = = = = = = = = =	Preceding Year		rom assets solely neld by your	as earned or generated.	you checked "Tax-Deferred" in Block C, you may umn. For all other assets, indicate the category of the appropriate box below. Dividends, interest , even if reinvested, must be disclosed as	ncome	D

This
page
mav
ь С
öpied
≕ ∓
<u>S</u>
space
S
page may be copied if more space is required.

None																																																ļ	ı		
None	SCF Continu	IEDULE II — ASSETS AN uation Sheet (if needed)	ģ	Ĉ	2	Ш	7	Ĩ	M	Ö	-	Z	ဂ္ဂ	9	Ş	111										z	3	O O							1							1		1	, Se	1 9	1	일	[]		
None >		BLOCK A						꼰	ဂ္ဂ	줐	ω								_	뽄	8	\tilde{a}	· ·										1				ᄱ	8 !	쥬	0				ļ	1						
None >		Asset and/or Income Source				<	<u> </u>	<u> </u>	으	>		ュ						J	ਕ੍ਰੇ	9	, ≛	ᇊ	ğ	ਰ	[l	ĺ		4	ੁਠੁ	1 3	o.	∓	្ត	ğ	T	l								Щ_
None	ę,						ш	71	ច	I						30 ≤								fvren						Ľ∐	Te l	Ĭ	≾	a								7	ဂ္ဂ	<u>a</u>	5	ارو	ře l	2			
None \$1 - \$1,000 \$1 - \$1,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,000 - \$10,000 \$1,000,001 \$10,000 \$25,000 \$10,000 \$25,000 \$25,000 \$10,000 \$25,000 \$10,000	JT,									0				0,000	** ***	\$1,000,00						RUST		e(Speci									- =					000. ₹	_	=	Ξ										ມ00* ≘
\$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$	8						0,001 – \$100,000	00,001 \$250,000	50,001 - \$500,000	· · · · · · · · · · · · · · · · · · ·										rerest	PITAL GAINS	CEPTED/BLIND TF				ne											er \$5,000,000	ouse/DC Income over \$1,000,	ne	- \$200	01 \$1,000	,001 – \$2,500	,501 \$5,000								ouse/DC Income over \$1,000,
																																-												· · · · · ·				\vdash	\vdash		L
					ļ							 	-			<u> </u>									l 				ļ		 	ļ	<u> </u>		<u> </u>	ļ	<u> </u>		<u> </u>	ł			1	1		 	 	+	 	-	<u> </u>
		The space of		ļ			J				<u> </u>		-		ļ		<u> </u>	ļ	ļ				<u> </u>	 					 	-		-	├	1.	 	ļ					-	1	1	1		 	+	 	+	-	1
				 	<u> </u>	<u> </u>					 	 	 	\vdash	 	↓	┞	ļ	<u> </u>	<u> </u>			+-	 			1	 	 	 	 	┼	┼	 	 	 	↓				T		T	1	+	+-	+	+	+-	╄	1
				<u> </u>		L		ļ			 		 	├	├		<u> </u>		<u> </u>			<u> </u>		 			 	\vdash				┼──	 	 	 	↓	 				1	1		1	†	+	+	 	+	+	<u> </u>
																,															-	-	-								T	1	1	†	 	\vdash		 	 	 	l
																												ļ						-			L		<u> </u>				1	l	† 	 	 	<u> </u>	 	-	<u> </u>
																							-										 									1	†	 	 	 	 	 	 	<u> </u>	<u> </u>
																		,											<u> </u>		<u> </u>		ļ		ļ	<u> </u>			<u> </u>			ļ	-	1	-	-	-	 	-	1	<u> </u>
											······	<u> </u>				<u></u>		ļ	L			<u> </u>	 -	 			·	 	 	 -	 	 -	├		 -	<u> </u>	<u> </u>				Ĭ			† <u>-</u>	 	 		 -	 -	ļ	<u></u>
								İ																1					 	 		ļ	<u> </u>		├	ļ	ļ		<u> </u>				1	1		 	+	1		-	<u> </u>
											-	 	 		-		ļ	ļ	<u> </u>					╁	ļ 			<u> </u>	 	 	 	ļ	1	 	ļ	ļ	<u> </u>		<u> </u>			1	1	1	 	 	+	1	1	₩	1
		And the second s		ļ	<u> </u>		<u> </u>					 	1		 	ļ	ļ		<u> </u>				†	 			1	1	 	+		 	 		<u>}</u>		ļ				1	1	T	\top	+	+	+	+	+		1
						<u> </u>					<u> </u>	-		-			<u> </u>			L									-	!	<u> </u>	—		-	-	ļ										\vdash		-	\vdash	-	

SCHEDULE III — LIABILITIES

Name BASTOARA MULVANEG

Page 1 of 1

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 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 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

SP, Creditor Liability Type of Liability Incurred mo/year mo/year May 1998 Mortgage on 123 Main Street, Dover, DE 55,000,000 55,000,000 55,000,000 55,000,000			l				į.		Amou	nt of	Amount of Liability	₹			
Example: First Bank of Wilmington, DE May 1998 Mortgage on 123 Main Street, Dover, DE Section 15,000 Section 15,0	S	Creditor	Date Liability	Type of Liability	A	8			111		ω,	<u>-</u>	o -		ィ 大
May 1998 Mortgage on 123 Main Street, Dover, DE	JT	Creditor	incurred mo/year		\$10,001 \$15,000	\$50,000	\$100,000	\$100,001— \$250,000 \$250,00 1—	\$500,000 \$500,001—	\$1,000,000 \$1,000,001	\$5,000,000 \$5,000,001	\$25,000,001 \$25,000,000 \$25,000,001	\$50,000,000	Over \$50,000,000 Spouse/DC	Liability over \$1.000.000
n/A	Exa	mple: First Bank of Wilmington, DE	May 1998								L		L		
		n/A													
		7											_		
			i												

SCHEDULE IV - POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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,

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
2000	

SCHEDULE V -- AGREEMENTS

ame MulvAney	ひろらきゃ
Page 1 o	
1 2 1	-

efit plan maintained by a former employer. 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 ben-

Date	Parties To	Terms of Agreement
	3,000	
·		
•		

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.

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

GPO: 2013 78-995 (mac)