UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	For New Members, Car	FORM B For New Members, Candidates, and New Employees	Page 1 of <u>(</u>
Name: Xosie lago Lancas ter Daytime Telephone:	Daytime Telephone		2014 JUL 17 PM 1:23
New Member of or Candidate for State: U.S. House of Representatives District: Candidates - Date of Election:	M.S. Territory American Samoa	Check if Amendment	OFFICE OF THE CLERK (STICE OF BEERS ARN) TATIVES
New Officer or Employee Employing Office:		Period Covered: January 1, 2014 to 100, 2014	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUESTIOI	NS	
A. 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?	No E. Di	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting period Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. Do	F. Do you have any reportable agreements or arrangements with an outside entity?	r arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Die	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU ARE	OULE IF YOU ANSWER "YES" AT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	INFORMATION - A	NSWER <u>BOTH</u> OF THESI	TH OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "exud?		not be disclosed. Have you excluded from Yes No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, transactions, or liabilitie Committee on Ethics.	es of a spouse or dependent child becau	ependent child because they meet all three Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME" For a detailed discussion of Schedule requirements, please refer to the instruction booklet n the optional column on the far left Exclude: Your personal residence, including secon ⁻or an ownership interest in a privately-held busin For rental and other real property held for investment nore than \$1,000 in interest bearing accounts \$5,000, list every financial institution where there For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds. jeographic location in Block A. rental property," and a city and state. do not use only ticker symbols). tirement program, including the Thrift Savings rovide complete names of stocks and mutual funds ineamed" income during the year. you so choose, you may indicate that an asset come source is that of your spouse (SP) you have a privately-traded fund that is an Excepte vestment Fund, please check the "EIF" box. come source is that of your spouse (SF pendent child (DC), or jointly held with anyone duction of income and with a fair market value seeding \$1,000 at the end of the reporting period (b) any other reportable asset or source of is not publicly traded, ness, the nature of Assets and/or Income Sources 15 Hillywood during the reporting period); and any financial in, or income derived from, a federal Rental Income and vacation homes Examples rue ger, by (a) each asset Simon & Schuster ABC Hedge Fund Mega Corp Stock held for investment ij state the or description, activities, than name and of \$200 III × Indicate value of asset at close of the reporting period. Iyou use a valuation method other than fair market valu *Column M is for assets held by your spouse or depende child in which you have no interest. None ➣ If an asset was sold during the reporting period included only because it generated income, the should be "None." blease specify the method used \$1-\$1,000 8 \$1,001-\$15,000 o \$15,001-\$50-000 ø × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 BLOCK B × \$250,001-\$500,000 ဝ \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ٤. \$25,000,001-\$50,000,000 * Over \$50,000,000 _ and value Spouse/DC Asset over \$1,000,000* Z 401(k), IRA, 529 accounts the "Tax-Deferred" colun interest, and capital Check all columns that apply. that generate tax-deferred inc NONE ncome during the reporting period einvested, must be disclosed as income or assets held in taxable accounts the control of the asset generated in generate tax-deferred income (such as (k), IRA, 529 accounts), you may check "Tax-Deferred" column. Dividends, DIVIDENDS RENT Type of Income INTEREST Name: BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED For acco Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income For assets for which you checked "Tax-Deferred" in Block C, yo driver assets indicate the category of income by checking the apard capital gaints, even if reinvested, must be disclosed accounts. Check "None" if no income was samed or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest None \$1-\$200 Ø \$201-\$1,000 ≡ \$1,001-\$2,500 ₹ \circ < Current Year \$2,501-\$5,000 you checked "Tax-Deferred" in Block C, you may check the "None" column. For the category of income by checking the appropriate box below. Dividends, intere even if reinvested, must be disclosed as income for assets held in taxal ≤ \$5,001-\$15,000 ancaste \$15,001-\$50,000 ≦ ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Amount of Income Over \$5,000,000 ≚ ≅ Spouse/DC Income over \$1,000,000* \$1-\$200 = \$201-\$1,000 = Page \$1,001-\$2,500 ₹ ٧ \$2,501-\$5,000 × \$5,001-\$15,000 ≤ ≦ × \$15,001-\$50,000 ≦ \$50,001-\$100,000 앜 \$100,001-\$1,000,000 × 6 \$1,000,001-\$5,000,000 taxabi Over \$5,000,000 × Spouse/DC Income over \$1,000,000 ¥

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Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: Rosie 1ago Lancaster Page 4 of 6

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 both the filer and filer's 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.

2014. In addition,	2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. Amount	fessional services involving a fidu	ciary relationship) are totally prohibit Am	chibited for Members and senior staff. Amount
	Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
;	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples:	State of Maryland Civil War Roundtable, Richmond, VA (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$20,000 \$0 N/A	\$/6,000 \$1,000 N/A
	NA			
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SCHEDULE D - LIABILITIES

Name: Rosie
Tago Lancastor
Page 5 of 6

period. New 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 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 exceeded \$10,000. 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 the reporting period (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 *Column K is for liabilities held solely by your spouse or dependent child.

							₽	Amount of Liability	of Lia	bility				
		Date		>	<u>.</u>	n	0	m	π	ဓ	r	_	E.,	*
SP, DC, JT	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	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							
77	Specialized Loan Siren LLC 9/2013	9/2013	Mortgage/Refinenced on				X							
	Sallie Mee	2009	2009 Student Loan			×								
				_	_									

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

		$\mathcal{N}\mathcal{A}$	Position Nam
			Name of Organization

SCHEDULE F - AGREEMENTS

Name: Rosie 1ago Lancaster Page 6 of 6

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
			NA	Parties to Agreement
				Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
NA	