APR 15 2014

| N<br>N                  | Yes  | ependent child   | ties of a spouse or dependent child ommittee on Ethics. | "unearned" income, transactions, or liabilitie unless you have first consulted with the Cor  | arned" income,<br>ss you have first | er assets, "une:<br>wer "yes" unles | is report any other<br>tion? Do not ans        | <b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilit because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the C                                    | EXEMPTION because they  |
|-------------------------|--|--|---|--|-------------------------------------|-------------------------------------|--|--|---|
| N<br>S                  | Yes  | ot be  | ppted trusts" need no                                   | and certain other "exce<br>pouse, or a dependent   | ittee on Ethics<br>ing you, your st | d by the Comm<br>a trust benefit    | ያ Trusts" approve<br>yrt details of such       | <b>TRUSTS</b> —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-Del  |
| S                       | QUESTIONS                                  | )F THESE (   | WER EACH C  | IATION — ANSI  | T INFORM                            | OR TRUS                             | PENDENT,                                       | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS  | XCLUSIO   |
|                         | esponse.                                   | each "Yes" r   | le attached for   | propriate schedul  | and the ap                          | e answered                          | part must bu                                   | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.   |   |
| N <sub>o</sub>          | Yes 🖂                                      | \$5,000 from   | ensation of more than prior years?  ch Schedule VI.     | 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                                   | Yes 🖸                               | ave any report-<br>ting period?                | 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, you able liability (mor                                 |
| S                       | Yes 🖸                                      | rangement  | table agreement or an                                   | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.  | 8                                   | Yes                                 | peive "unearned" or hold any nd of the period? | 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 income of more to reportable asset if yes, complete |
| <u>\$</u>               | Yes 🖸                                      | реfore the date<br>or two years?                       | table positions on or bandar year or in the price.      | 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                                  | Yes                                 | (e.g., salaries or<br>xrting period?           | <ol> <li>Did you or your spouse have "earned" income (e.g., salaries or<br/>fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>  | I. Did you or you fees) of \$200 or If yes, complete                  |
|                         |  |  |   | QUESTIONS  | EACH OF THESE                       |                                     | lue or black ink.                              | In all sections, please type or print clearly in blue or black ink  PRELIMINARY INFORMATION — ANSW   | In all sections, p  |
|                         | 30 days late.                              | more than 30 days late                                 |   |  |                                     | Office:                             | Employing Office:                              | employee   |   |
| assessed who files      | יעי  | A <i>\$200 penalty</i> shall be against any individual | Check if Amendment                                      | 4 MARINA 2014  | Date of Election:                   | 22                                  | State:Z<br>s District:                         | Candidate for the House of Representatives   | Filer<br>Status   |
|                         | (Office Use Only)                          | $\mathcal{M}_{\mathcal{M}}$                            |   |  |                                     |                                     |  |  |   |
| -                       | OFFILE COLERY (S. HOUSE OF KEPRESENTATIVES | S. HOUSE OF KE   |   | Daytime Telephone:   | Daytime T                           |                                     |  | MARU GIBSON  | Name:   |
|                         | PH 1:31                                    | 2014 APR 23 PH 1:31                                    |   |  |                                     | 2014                                | Mani 15 2014                                   | Period covered: January 1, 10/4 -  | Period cover  |
| Page 1 of <u>6</u><br>R | Pa<br>EGISLATIVE RESOURCE CENTER           | EUSPAINT BEG   | , səənolamə məu   | FORM B   | Fo                                  | TIVES                               | PRESENTA                                       | UNITED STATES HOUSE OF REPRESENTATIVES   | UNITED ST   |

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Page . 2 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) 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.

| Amount  | Figure 1            | Amount                 | occurry Act.   |
|---|---------------------|------------------------|----------------|
| (micros vare or receipt or normalia)          | ·ype                | 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             |
| WASTE MANAGENEUT CORP.                        | SALARY              | \$ 37,333              | \$117,000      |
| U.S. Army Resources                           | 0-6 Pm (610-02)     | \$ 5,667               | \$ 17,000      |
| S'S BENEATS (Social Security - OF THERE MADE) | Social South KNETTS | \$ 13,336              | \$ 40,000      |
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| SANUE OF AMERICA - WELLS  LPL TRA ACCOUNT SEAF. CHARGO THA | 5  | AMERITARDE ACCOUNT | USAA AccTS | 1st Bank of Paducah, KY accounts | Examples: Simon & Schuster | SP Mega Corp. Stock | 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 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 | 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., "ental 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. | 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 licker symbols) | Asset and/or Income Source | BLOCK A |
|--|----|--------------------|------------|----------------------------------|----------------------------|---------------------|---|--|--|---|--|--|----------------------------|---------|
|  |    | <u> </u>           |            | ×                                | Indefinite                 | ×                   | None<br>\$1 \$1,000<br>\$1,001 \$15,000<br>\$15,001 \$50,000<br>\$50,001 \$100,000<br>\$100,001 \$250,000<br>\$250,001 \$500,000<br>\$500,001 \$1,000,000<br>\$1,000,001 \$5,000,000<br>\$5,000,001 \$25,000,000<br>\$25,000,001 \$50,000,000<br>Over \$50,000,000<br>Spouse/DC Asset over \$1,000  | 0,000*   | B C D E F G H - J K L M  | "This column is for assets solely held by your spouse or dependent child.   | ing year and is included only because it generated income, the value should be "None."   | 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 report-   | Value of Asset             | вгоск в |
|  | ζ. | ζ.                 |            | ×                                | Royaties                   | X                   | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income  | or Farm Income)  |  | during the reporting period.  | Interest, and capital gains, even If reinvested, must be dis- closed as income. Check "None" If the asset generated no 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. <b>Dividends</b> ,  | Type of Income             | BLOCK C |
|  | 7  |                    |            |                                  | ×                          | X                   | 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 Over \$5,000,000 Spouse/DC Income over \$1,0 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 | =   =  | ırrent Year Precedir   |   | * This column is for income derived from assets solely held by your spouse or dependent child.   | 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. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income</b> . Check "None" if no income was earned or generated.                  | Amount of Income           | BLOCK D |

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SPONSE THA ( WELSTSED) KASTE MANAGEMENT TRA Asset and/or Income Source Guild ILA (SANS) 1804, cusa 1 Gx470 2007 Verticle 2 METHODIST JAA THE SAMETURES **BLOCK A** Source to None ⋗ Ø \$1 - \$1,000 C \$1,001 - \$15,000 \$15,001 - \$50,000 O Value of Asset \$50,001 - \$100,000 т 71 BLOCK B \$100,001 - \$250,000 ଦ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 <u>ر</u> \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 \_ Over \$50,000,000 Spouse/DC Asset over \$1,000,000\* NONE **DIVIDENDS** Type of Income RENT BLOCK C INTEREST **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income--(Specify: e.g. Partnership Income or Farm Income) None \$1 - \$200 \$201 - \$1,000 ≡ \$1,001 - \$2,500 7 Current Year \$2,501 - \$5,000 < \$5,001 - \$15,000 < VII VIII X \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 × × Over \$5,000,000 BLOCK D ¥ Spouse/DC Income over \$1,000,000\* None \$1 - \$200 = = \$201 - \$1,000 Preceding Year \$1,001 - \$2,500 7 \$2,501 - \$5,000 V VI VIIVIII IX \$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\*

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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 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.

|       |                                       |                     |  |                      |                       |                        |                         | Amc                     | unt o                     | Amount of Liability         | ility                        |                               |   |  |
|-------|---------------------------------------|---------------------|--|----------------------|-----------------------|------------------------|-------------------------|-------------------------|---------------------------|-----------------------------|------------------------------|-------------------------------|---|--|
| 3,5   |                                       | Date<br>Liability   |  | ٧                    | В                     | C                      | D                       | m                       | TI                        | _ ច                         | _ <b>=</b>                   |                               | ے ر                                     | ×  |
| J DC, | Creditor                              | Incurred<br>mo/year | Type of Liability                      | \$10,001<br>\$15,000 | \$15,001—<br>\$50,000 | \$50,001—<br>\$100,000 | \$100,001—<br>\$250,000 | \$250,001—<br>\$500,000 | \$500,001—<br>\$1,000,000 | \$1,000,001—<br>\$5,000,000 | \$5,000,001—<br>\$25,000,000 | \$25,000,001-<br>\$50,000,000 | Over<br>\$50,000,000                    | Spouse/DC<br>Liability over<br>\$1,000,000 |
|       | Example: First Bank of Wilmington, DE | May 1998            | Mortgage on 123 Main Street, Dover, DE |                      |                       |                        | ×                       |                         |                           |                             |                              |                               |   |  |
|       | AFS (Shedent Loans)                   | 214 1997            | Shollant LOANS                         |                      |                       | 2                      |                         |                         |                           |                             |                              |                               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
|       | CHASE Mortgage                        | 36 1971             | 46 1977 Mortage on 16106 Massachen     |                      |                       | 1                      |                         |                         |                           |                             |                              |                               |   |  |
|       | Wells TANGO Martinges                 | 2d, 20/2            | ILL 2012 Mortgage as 6307 PENHANSON    |                      |                       |                        |                         | 1                       |                           |                             |                              |                               |   |  |
|       | Wells These Nantgage                  | Me lass             | My 2005 Markage on Lor (Surchman)      |                      |                       |                        | 7                       |                         |                           |                             |                              |                               |   |  |
|       | Butages Crear Chies                   | 766 Jane            | 14 100 Cm Can - 6x 470                 | <                    |                       |                        |                         |                         |                           |                             |                              |                               |   |  |
|       |                                       |                     |  |                      |                       |                        |                         |                         |                           |                             |                              |                               |   |  |

## **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-

and positions solely of an honorary nature 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 solety of an nonotary nature. | aure:                 |
|---|-----------------------|
| Position                                    | Name of Organization  |
| CHAIRMAN OF THE BOARD                       | Wous Findence Sources |
|   |                       |
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|   |                       |
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## **SCHEDULE V — AGREEMENTS**

Name MARL CTIBSON

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|  | Ules TEAD 1999    | Vostas 2009                       | राक्ष दश्य त्या            | Date               | Identify the date<br>service; continu-<br>efit plan maintai   |
|--|-------------------|-----------------------------------|----------------------------|--------------------|---|
|  |                   | Myser + Lyondoll Egyper Tudeshies | USSES DAS MUSSES + US MANY | Parties To         | Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future emploservice; continuation or deferral of payments by a former or current employer other than the U.S. Governmen efft plan maintained by a former employer.  |
|  | letrasent Benglis | Parise sust Scrafts               | Notice went benefit        | Terms of Agreement | 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. |

## 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.

| Source (Name and Address)                       | Brief Description of Duties |
|---|-----------------------------|
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting services         |
| 4/11  | MA                          |
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