| because they meet all three Yes No | liabilities of a spouse or dependent child becaus | □income, transactions, or he Committee on Ethics. | EXEMPTION □ Have you excluded from this report any other assets, @nearmed⊡income, transactions, or liabilities of a spouse or dependent child tests for exemption? Do not answer @es⊆unless you have first consulted with the Committee on Ethics. |
|--|---|--|---|
| ave you excluded from Yes No | her 'excepted trusts⊡naed not be disclosed. Ha | e on Ethics and certain oth | TRUSTS □ Details regarding @ualified Blind Trusts□approved by the Committee on Ethics and certain other @xcepted trusts⊡need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? |
| E QUESTIONS | N - ANSWER <u>BOTH</u> OF THESE | ST INFORMATION | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF T |
| SD COMPLETE | ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER DYESD THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE | RESPONDING SC | ATTACH THE COR THIS FORM INCLUDES ONLY |
| n \$5,000 from a single Yes No No | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | * | 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? |
| r arrangements with Yes No | F. Do you have any reportable agreements or arrangements with an outside entity? | \[\lambda \] \[\frac{8}{5} \] | C. Did you or your spouse have @arned⊡ncome (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? |
| e date of filing? | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | No | 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? |
| | STIONS | OF THESE QUES | PRELIMINARY INFORMATION □ ANSWER EACH OF THESE QUESTIONS |
| A \$200 penalty shall be assessed against any individual who files more than 30 days late. | Period Covered: January 1, 2013 to December 31, 2013 | | STATUS New Officer or Employee Employing Office: |
| (Office Use Only) | Check if Amendment | determined | New Member of or Candidate for State: こA U.S. House of Representatives District しいんととい Candidates □ Date of Election: いつなともといっても |
| U.S. HOUSE OF REPRESENTATIVES | none: | Daytime Telephone | Name: Anthony J. Portentino |
| 2014 MAY 22 PM 12: 04 | FORM B For New Members, Candidates, and New Employees | For New Members | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT |
| 5 | | | |

SCHEDULE A ASSETS & UNEARNED INCOME

| | RNED INCOME | |
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| OCScholorshure 529 | STF. 13+ Ext. Graditurion | 57 Partners Credit union | JI Capital One | DT Cit bank | ABC Hadge Fund | Examples: Simon & Schuster | SP, DC, Mega Corp Stock EF | If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. | If you have a privately-traded fund that is an Excepted investment Fund, please check the IEIF Dox. | Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. | For an exmensible 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 and other real property held for investment, provide a complete address or description, e.g., tental property, tand a city and state. | all inferest bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts. | the account that exceeds the reporting thresholds. | For all IRAs and other retirement plans (such as 401(X) plans) provide the value for each asset held in | Provide complete names of stocks and mutual funds (do not use only ticker symbols). | Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in Dineamed/Lincome during the year. | set | BLOCK A |
|--------------------|---------------------------|--------------------------|----------------|-------------|----------------|----------------------------|----------------------------|--|---|---|--|--|--|--|---|--|---|------------------|---------|
| × | * | × | * | * | × | trublinie | × | None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$100,000 \$1,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,000-\$25,000,000 | | 000 | | | | A B C D E F G H I J K I M | | Column M is for assets held by your spouse or dependent child in which you have no interest. | Indicate value of asset at close of the reporting period. It you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be filtons. | Value of Asset | BLOCK B |
| × | * | ×. | * | X | Y Pathership | Royalies | × | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUE TAXADETERRED Other Type of Income (S) | | g, Partmorship Inco | one or Farm thou | rrie) | | | | Check @None□ If the asset generated no income during the reporting period. | Check all columns that apply. For accounts that generate tax-deferred income (such as 401(t), IRA, 529 accounts), you may check the ☐ax-Deferred☐ column. Dividends, therefore, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. | Type of Income | BLOCK C |
| <u>×</u> | × × | У. | <i>y</i> | ×. | × | × | × | None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$6,000 \$5,001-\$15,000 \$15,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 \$201-\$1,000 \$1,000-\$5,000,000 \$1,000-\$5,000,000 \$1,000-\$5,000,000 \$1,000-\$5,000,000 \$1,000-\$5,000,000 \$1,000-\$5,000,000 \$1,000-\$5,000,000 \$1,000-\$5,000,000 \$1,000-\$5,000,000 \$1,000-\$5,000,000 \$1,000-\$5,000,000 \$1,000-\$5,000,000 \$1,000-\$5,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 | | | | | | Current Year Preceding Year | | 8 | Eror assets for which you checked 'Tax-Deferred'Din Block C. you may check the 'None'Dolumn. For all say other assets indicate the category of income by checking the appropriate box below. Dividends, interest, by and capital gains, even if reinvested, must be disclosed as income for assets held in taxable and capital gains, even if reinvested, must be disclosed as income for assets held in taxable and capital gains, even if reinvested, must be disclosed as income for assets held in taxable and capital gains, even if reinvested, must be disclosed as income for assets held in taxable and capital gains, even if reinvested, and capital gains, even in the capital gains and capital gains. | Amount of Income | BLOCK D |

Use additional sheets if more space is required.

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SCHEDULE C - EARNED INCOME

Name: Anthony 70 Monthub Page 5 of 8

| ist 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 |
|---|
| ist 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 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. |
| |

| INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. It is unchanged in 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. | embers and employees compensations and services involving a fidu | ted at or above the "senior staff" raciary relationship) are totally prohibi | ate was \$26,955. It is unchanged in ted for Members and senior staff. |
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| Source (illiciate date of leceipt for notionalia) | ype | Current Year to Filing | Preceding Year |
| ABC Trade Association, Baltimore, MD (July 15) | Honorarium | \$0 | \$500 |
| Examples: Civi War Roundable, Richmond, VA (Oct. 2) Ordano County Board of Education | Spouse Speech Spouse Salary | \$20,000 \$0 | \$76,000 \$1,000 |
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SCHEDULE D - LIABILITIES

Name: Authory Portantin Page 6 of 8

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 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 (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 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 exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

| | | | | sp. DC, JT | | |
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| | | Jaz 18 | 5/98 | Liability Incurred MO/YR | | _ |
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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.

| Position | Position Name of Organization |
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Additional Non Profit Boards

Board Member – La Canada Flintridge Chamber of Commerce - Uncompensated Board Member - Arroyos and Foothills Conservancy - Uncompensated Member - Pasadena City College Bond Oversight Committee - Uncompensated Advisory Board Member – Hathaway Sycamores -- Uncompensated Advisory Board Member – Professional Child Development Associates – Uncompensated Board Member - Pasadena Armenian Genocide Memorial Committee - Uncompensated

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SCHEDULE F - AGREEMENTS

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| Page 3 of 8 | |

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.

Z

| Date | Date Parties to Agreement | Terms of Agreement |
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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.

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