No C	Yes	pendent child	lities of a spouse or dependent child Committee on Ethics.	, transactions, or liabilist consulted with the C	rned" income s you have fir	er assets, "unea wer "yes" unles	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics
S N	Yes 🔲	ot be	cepted trusts" need no	s and certain other "ex spouse, or a depender	ittee on Ethics	d by the Comm a trust benefiti	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?
S	EACH OF THESE QUESTIONS)F THESE (ER	MATION — ANSW	T INFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	esponse.	each "Yes" r	lule attached for each "Yes" response	ppropriate sched	and the a	e answered	Each question in this part must be answered and the appropriate schedule
Š	Yes U	\$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 compens a single source in the two pr If yes, complete and attach	8 □	Yes 🖵	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>S</u>	Yes	angement	oortable agreement or arrangement ttach Schedule V.	V. Did you have any reportat with an outside entity? If yes, complete and attach	N _S	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.
\ 	¥ ₈ g	efore the date r two years?	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.	IV. Did you hold any rep of filing in the current cal If yes, complete and at	S.	Yes 🖵	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.
		r.		ANSWER EACH OF THESE QUESTIONS	OF THESI	R EACH (In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWE
assessed who files	100	A \$200 penalty shall be against any individual more than 30 days late.	Check if Amendment	Date of 11/4/20/4_	Date of Election:	State: LCQ-15 IATA IT District:	Filer Candidate for the State: <u>LOC/151</u> House of Representatives District: <u>Candidate for the State: LOC/151</u> Status New officer or Employing Office:
	(Office Use Only)	(0	<u> </u>	Daytime Telephone:	Daytime		Name: (ASSIE FELDER
Page 1 of 10	LEGISLATIVE RESOURCE CENTER Page 1 2013 NOV 27 AM II: 37 OFFICE OF THE CLERK INSTANTATIVES	LEGISLATIVE: 2013 NOV 2 OFFICE 0 HIS HOUSE OF	new employees	FORM B	7	TIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - November 11, 2

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name CASSIE FELDER

Page 2 of 5

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

Exclude: Military pay (such as National Guard or Heserve pay), federal retirement programs, and benefits received under the Social Security Act. Amount	ement programs, and benefits re	Served under the Social Sec	unt
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	o	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Cassie Felder & Associates, L.L.C. (Cassie Felder)	Distributions (2011)		30,446
Recul Title, L.L.C. (Cassie Felder)	Distributions (2011)		0
Cassic Feldy & Associates, L.L.C. (Cassic Feldy)	Datributions (2012)		Took a loss
Rosal Title, L.L.C (Cassie Felder)	Distributions (2012)		9,908
Cassie Felder & Associates, L.L.C. (Cassie Felder)	Distributions (2013)	81,067,78	
Rocal Title, L.C.C. (Cassie Fulder)	Distributions (2013)	resi	
Technical Services Group, Inc. (Matt Breson)	Salary (2011) SAUX		17703.55
Interstate Electronic Systems (Matt Becsus)	Salary (2011) spouse		25384.65
Interstate Electronic Systems (Matt Brown)	Salory (2012) Souse		14, 701,00
Chailland (matt Breson)	Sclary (2012) spouse		15,593,00
Cassie Felder & Associates, L.L.C. (Matt Berson)	Salary (2013) Sauxe	500.00	
Read Title, L.L.C. (Matt Beeson)	Rumout / Comm. (20,3) 5,004		
		10 10 10 10 10 10 10 10 10 10 10 10 10 1	

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SCHEDULE III — LIABILITIES

Name (ASSIE FELDER

Page 4 of 5

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. owed 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 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 sib-

							Amou	Amount of Liabili	Llabili	\		
SP, DC,	Creditor	Date Liability Incurred mo/year	Type of Liability	\$10,001— \$15,000 > \$15,001— \$50,000 D	\$50,001— \$100,000 O	\$100,001— \$250,000 □ \$250,001—	\$500,000 m	\$1,000,000	\$5,000,000 = 5 \$5,000,001— _	\$25,000,000 T \$25,000,001— _ \$50,000,000	Over \$50,000,000	Spouse/DC Liability over ス \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE			ш			_		Н	
95	Fed Lown	Avs. Jus	Student loans		×							
SΡ	Sollie Mae	Aug 200	2001 Student loans	×	•							
	Great Halves	Sut. 1997	Stylest loans			\times						
	ACS	May 1997	1999 Student Looms	×				-	-			
							-	-	H	-		\vdash

SCHEDULE IV — POSITIONS

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

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 sololy of an inclinity flatance	STOLE.
Position	Name of Organization
Director/VP	Baton Rouse Opera Guild
Director/Treasurer	SENSE BR
Director	Catholic Charities

SCHEDULE V — AGREEMENTS

Name (
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Page Sof S

Care Policies		
Date	Parties To	Terms of Agreement
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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 ilsted on Schedule I**.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
All sources of information recording	
Dayment for my services during o	
the 2 years prior are subject	
to attorner-client ocivilere.	
0 1 3	

GPO: 2013 78-995 (mac)