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.	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH	Each question in this part must be answered and the appropriate schedule attached for	III. Did you, your spouse, or a dependent child have any reportable ilability (more than \$10,000) during the reporting period? Yes 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 III.	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold arry reportable asset worth more than \$1,000 at the end of the period? Yes No III With an outside entity? If yes, complete and attach Schedule II.	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? Yes No III Yes, complete and attach Schedule I.	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	Filer Candidate for the State: A Date of House of Representatives District: D+h Election: 424 14 Amendment Status New officer or Employing Office:	Name: Marc S Savith Daytime Telephone:	FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - 104 For use by candidates and new employees
ependent child Yes	not be Yes	ANSWER EACH OF THESE QUESTIONS	attached for each "Yes" response.	\$5,000 from <i>MB</i> Yes	rrangement Yes	before the date or two years? Yes		A \$200 penalty shall be assessed against any individual who files more than 30 days late.	C.S. HOUSE OF REP	LETISH AFFYERE 2014 APR 25
No C		ONS	•	No CT	□	№		be assessed ial who files ite.	OFFICE RESENTATIVES (Office Use Only)	2014 APR 25 PH 12: 19

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Page 2 of 6

U.S. Governmence for other spo	U.S. Government) totalling \$200 or ce for other spouse earned income
List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Governme more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouseding \$1,000. See examples below.	ent by the U.S. Government) totallin ly the source for other spouse earne
S. Governme for other spo	vernment) totallin ther spouse earne
	nt) totalling buse earned

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: williary pay (such as inational Guard of maseries pay), receilin femente in programs, and be	ement programs, and penellis re	nems received under the Social Security Act.	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
	7,500	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
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	×	NA
The Mortgage Center Martinsburg WY	Salary	18 750.03	\$75,000
The Nortgage Center, Nortingourg, UV	Spouse Salary	2/A	∑/*
			•

of McCarty & Assac.	or American Funds	IT American	37 Ameritrade	SP Lincoln fir	Lincoln Fir	JT 1st Benk	DC, Examples: Simon 8	SP, SP Mega Corp. Stock	income during the reporting period); any deposits total- ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal restrement 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 depen- dent 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	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 "uneamed" income during the year.	Asset and/or Income Source	BLOCK A
& Asac.	n funds	n Funds	ace	Incoln Financial Serv	incoln Financial SERV	1st Benk of Paducah, KY accounts	Simon & Schuster	orp. Stock	period); any deposite total- mal checking or savings il interest in, or income ement program, including indicate that an asset or ar spouse (SP) or depen- ed with your spouse (JT), far left. Schedule II requirements, booklet.	idence, including second (unless there was rental	a privately-held business atte the name of the busi- rities, and its geographic	held for investment, a description, e.g., state.		stocks and mutual funds	r investment or production value exceeding \$1,000 at eriod, and (b) any other of income which generated if income during the year.	come Source	X >
 		<u> </u>		<u> </u>		┞	┞		None \$1 - \$1,000		>	This column is for assets solely held 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.		
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\mathbb{Z}	メ	X	×	X	X				TAX-DEFERRED			during the reporting period.	2 K	33	Check all columns that apply, retirement accounts that do retirement accounts that do allow you to choose specifivestments of that generate investments for that generate deferred income (such as 40)	Type of Income	
							Hoyal		Other Type of Income				If reinvested, must be dis- closed 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 retirement accounts that do not allow you to choose specific allow you to choose specific investments or that generate tax-deferred income (such as 401(k)	•	- 1
<u> </u>		<u> </u>		 	1	╄			(Specify: e.g., Partnership Income or Farm In	COME)	<u> </u>	8 € ₹ :	7 7	<u> </u>		_
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		<u> </u>		 	1	L	_	Ц	Spouse/DC Income over \$1,000,000*	<u>×</u>		Į	column is for income derived from assets solely held by your sor 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	BLOCK D
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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Page U of 6

Conti	Continuation Sheet (if needed)			Name MATC J. Day, H. Page 7 of W.
	BLOCK A	BLOCK B	BLOCK C	BLOCK D
_	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
<u>9</u>		A B C D E F G H I J K L 00° M		Current Year Preceding Year
5		00 000	-(Specif	
8		5,000 50,000 100,000 \$250,000 \$500,000 \$1,000,000 - \$5,000,000 \$25,000,000 1 - \$50,000,000	AINS /BLIND TRU	0 500 000 0,000 00,000 1,000,000 \$5,000,000 000 000 000 000 000 000
		\$5,000,001 \$25,000,00 Over \$50,00	TAX-DEFER	None \$1 - \$200 \$201 - \$1,00 \$1,001 - \$2,8 \$2,501 - \$5,0 \$5,001 - \$15 \$15,001 - \$5 \$50,001 - \$1 \$100,001 - \$ \$1,000,001 - \$0,001 None \$1 - \$2,00 \$201 - \$1,00 \$1,001 - \$2,8 \$2,501 - \$5,00 \$15,001 - \$1 \$15,001 - \$5 \$15,001 - \$1 \$100,001 - \$5 \$100,001 - \$5 \$100,001 - \$1 \$100,001 - \$1 \$1,000,001 - \$1 \$1,000,001 - \$1 \$1,000,001 - \$1 \$1,000,001 - \$1
4	McCary & Assoc.	X	X	X
4	Educard Jones	*	X	X. X.
4	Educard Jones	×	X	X
4	Susque hanna Bank	*	*	*
4	Susque hanny Bank	7	X	x.
4	Susquehanna Bonk	X	×	*
2 ۲	Eg	**	X	×
=	Port Charlotte, FLA	*	X	× ×
与	Investment - LAND Englewood, FLA	X	X	× ×
	National Assoc Ind. Housing fro Worsh Ington, De Create Asso.)	X		
	₹ Š	×		

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SCHEDULE III — LIABILITIES

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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 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. 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

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	Bank of AMBRICA	HBC - M+ Laurel, NT	Example: First Bank of Wilmington, DE	Creditor	
	March 14	goot han	May 1998	Date Liability Incurred mo/year	
	March 14 Revolving	Nov about Mortagge - 356/358 Stuckeyct.	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
	X			\$10,001— \$15,000	1
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				\$50,000,000 Over	
				\$50,000,000 C Spouse/DC	
				Liability over ス \$1,000,000	

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

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 individity flatting.	atore:
Position	Name of Organization
President	National Association of Independent Housing Professionals
President	
Treas Board Member	Treas Band Member Chear Brook. Vol. Fire Dept.

SCHEDULE V — AGREEMENTS

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efit plan maintained by a former employer.	service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee well	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 g
	mployee welfare or ben-	he period of government

Date	Date Parties To	Terms of Agreement
	NA NONE	

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
	AND AIN	