UNITED STATES HOUSE OF REPRESENTATIVES  FINANCIAL DISCLOSURE STATEMENT  Period covered: January 1, 303 - 15 3014  For use by candidates and new employees  2814 APR 18		•
V JR NIG7	SOUR	Page 1 of 6
Name: Sinda Itam Port Daytime Telephone.	7	RESENTATIVES
(Office )	(Office Use Only)	
Filer Status  Candidate for the House of Representatives District: FE Election: 5.20.14  New officer or Employing Office: Check if Election: 5.20.14  A \$200 penalty shall be against any individual more than 30 days late.		assessed who files
In all sections, please type or print clearly in blue or black ink.		
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 II. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?  Yes No III. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?  Yes, complete and attach Schedule IV.	Yes 🔀	S S
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?  Yes No If yes, complete and attach Schedule V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	Yes 🔲	No No
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No Yi. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  Yes, complete and attach Schedule VI.	Yes 🔲	N <sub>O</sub>
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	oonse.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	ESTION	S
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?	Yes 🔲	No X
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child <b>Yes</b> because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	: ]	8 ∑

SCHEDULE	
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INCOME (INC	
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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

<b>Exclude:</b> Military pay (such as National Guard or Heserve pay), tederal retirement programs, and	ement programs, and benefits re	benefits received under the Social Security Act.	Security Act.
Source (include date of receipt for honoraria)	- AUAL	Amount	unt
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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
Harrisburg City Shurrenton I-Alog Pa	Salaky	2 150.4	56, 493
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Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at

BLOCK A

Asset and/or Income Source

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.

please specify the method used.

If an asset was sold during the report-

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

reporting year. If you use a valuation

BLOCK B

Value of Asset

Indicate value of asset at close of

BLOCK C

Type of Income

method other than fair market value,

Page 3 of 6

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	<del> </del>	-		ļ	1_	Γ.	<u>DC, F</u>	SP,	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.  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 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.	"rental property," and the city and state.	account that exceeds the reporting thresholds.  For rental or other real property held for investment, provide a complete address or a description of a
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BLOCK D

### Amount of Income

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 income**. Check "None" if no income was earned or generated.

\* This column is for income derived from assets solely held by your spouse or dependent child.

¥

Spouse/DC Income over \$1,000,000\*

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.

be "None."

it generated income, the value should

if reinvested, must be disclosed as income. Check "None"

"Tax-Deferred" column. Dividends, interest, and capital gains, even

ing year and is included only because

(do not use ticker symbols).

Provide complete names of stocks and mutual funds

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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## SCHEDULE III — LIABILITIES

Name In da THOMPSON

Page 5 of 6

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.

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JT JT	Creditor	Incurred mo/year	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	Spouse/DC Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE							_				
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## **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);

alla positions solely of all florionary nature.	aiule.
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Mand Member	able Logulation Band (Prior)

## **SCHEDULE V — AGREEMENTS**

Name Linder O THOMPSON

Page 6 or 6

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		<i>(</i>	MW.	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.
	·				angement with respect ployer other than the
			•	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
Wn/	

### CAMPAIGN NOTICE

### REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

2014 APR 18 AM 11: 17
GTFICE UF THE CLERK
AS HOUSE OF REPRESENTATIVES

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6601

Indicate Your Status: (Select One)	Dear Madam Clerk:
,	This is to notify you that I have not yet raised (either through contributions or loans from myself
Over \$5,000 Threshold Not	or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.
Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial
	Disclosure Statement with the Clerk of the House of Representatives according to the deadlines
	set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been
	provided to me by the Clerk.
	Г
	This is to notify you that under the laws of the state of,
Withdrawal	I withdrew my candidacy for the U.S. House of Representatives on
of Candidacy	[Note: If your Financial Disclosure Statement was due <b>before</b> the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]
	Name (Please Print or Type): INda D. THUMPSON  State: TONNSTIVANIA District: 4th  Date: 4-12-14

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building Washington, DC 20515-6601