ĕ ⊠	Yes 🔲	pendent child	, transactions, or liabilities of a spouse or dependent child st consulted with the Committee on Ethics.	arned" income, ss you have firs	er assets, "une swer "yes" unle:	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabi because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the
No X	Yes 🔲	ot be	s and certain other "excepted trusts" need no	nittee on Ethics	ed by the Comr h a trust benefi	<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?
<u>v</u>	QUESTION	OF THESE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	esponse.	each "Yes" r	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	d and the ap	e answered	Each question in this part must b
S □	Yes 🔀	\$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.	S O	Yes X	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.
ĕ ⊠	Yes	rangement	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	<u>s</u>	Yes X	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.
S .	Yes	efore the date or 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.	ž X	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.
			E QUESTIONS	EACH OF THESE		In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWER
					Office:	Employee Employing Office
assessed who files	— m	A <i>\$200 penalty</i> shall b against any individua more than 30 days late	Check if Amendment	Date of Election:	Ort Ort	er or
(	(Office Use Only)	(0				
	E SLERK RESENTATIVES	CFFICE CATACT CLERK MOUSE OF MEPRESENTATIVES	Daytime Telephone.	Daytime '		Name: Cavia Sein
age 1 of 4	APR 30 2014  LECTION RESOURCE CENTER Page 1 of 4  Solid MAY -7 PH 12: 58	APR 30 2014  ELISLATIVE RESOURCE CENTE  2014 MAY -7 PH 12: 58	FORM B For use by candidates and new employees		ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - 63/30//4
	) } •	) 				

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			(Sour lake wa)	Sein Station LLC		DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	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 tar 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 IHAs 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 "unearned" income during the year.	Asset and/or Income Source	BLOCK A
Jahrenden (9-4				,×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$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 - \$25,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C C D E T G G H C C K C K C K K C K K C K K C K K C K K C K K C K K C K K C K K C K K C K K C K K C K K C K K C K K C K K C K C K K C K K C K	*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.	Value of Asset	BLOCK B
				\$:2 7:0m	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEPERRED Other Type of Income (Specify: e.g., Partnership Income or Farm In	ncome)		during the reporting period.	if reinvested, must be dis- closed as income. Check "None"	plans or IRAs), you may check the "Tax-Deferred" column. Dividends,	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))	Type of Income	BLOCK C
				*	×	×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$5,000 \$50,001 - \$100,000 \$1,000,001 - \$1,000,000  Cver \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$1,001 - \$2,500 \$1,001 - \$2,500 \$1,001 - \$1,000,000 \$1,000 - \$1,000,000 \$50,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Cver \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year		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</b> , and capital gains, even if reinvested, must be disclosed as	Amount of Income	BLOCK D

## SCHEDULE III — LIABILITIES

Name Garin Scian

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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 owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. 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.

		ï						Amou	nt of	Amount of Liability	Ťγ			
SP, DC,	Creditor	Date Liability Incurred mo/year	Type of Liability	101 1000 <b>&gt;</b>		,000 C		,001 ,000 m	00,000	00,000	000,000 <b>=</b>	000,000	000,000 <b>-</b> se/DC	ity over ス
	Example:   First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	\$10, \$15,	\$50,	\$50, \$100	× \$100	\$500	\$1,0	\$5,0	\$25,		<b>\$</b> 50,	Liabi
	NS BONK	10/2013	Credit line	×										
	US Bank	\$102/28	paris credit line	X										
										:				

## SCHEDULE IV — POSITIONS

cer, 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. 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-

**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 honorary nature.

and positions solely of an inchorary flatore.	ature:
Position	Name of Organization
District Rep	Professional Photographers of Washington, ( past Position)
President	God's Nursury.
Comas	Coalition of Western States

## SCHEDULE V — AGREEMENTS $^{\sqrt{\rho}}$

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Page 4 or4

			Date	service; continue fit plan mainta
			Parties To	Identity the date, parties to, and general terms of any agreement or arrangement with respect to: future employers; continuation or deferral of payments by a former or current employer other than the U.S. Government effit plan maintained by a former employer.
			Terms of Agreement	Identity the date, parties to, and general terms of any agreement or arrangement with respect to: tuture 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.

Example: Doe Jones & Smith, Hometown, Homestate	Accounting services  Accounting services  Resale deal for that training
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GPO: 2013

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