№	child Yes	ependent (lities of a spouse or dependent child Committee on Ethics.	_ =.	arned" income ss you have fir	er assets, "une wer "yes" unles	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	EXEMPTION —Have yo because they meet all the
S ⊠	Yes 🔲	not be	cepted trusts" need r	s and certain other "exc spouse, or a dependen	nittee on Ethic	d by the Comn a trust benefi	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?	TRUSTS—Details regar disclosed. Have you exc
S	ANSWER EACH OF THESE QUESTIONS	OF THE	WER EACH	I	T INFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF
	Yes" response.	each "۱	schedule attached for each "Yes" response.	appropriate schedu	d and the a	e answerec	Each question in this part must be answered and the	Each (
v ⊠	Yes 🔲	\$5,000 fror	pensation of more than opensation of more than prior years? Tach Schedule VI.	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 □	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.	III. Did you, your spouse, o able liability (more than \$10 if yes, complete and attac
N _o	Yes	rrangement	portable agreement or arrangement	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V	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.	II. Did you, your spouse, or income of more than \$200 income of more than \$200 income of more than the reportable asset worth more if yes, complete and attact
□ S	date rs? Yes X	before the c or two years	ortable positions on or lendar year or in the pricach Schedule IV.	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.		Yes X	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? f yes, complete and attach Schedule I. 	I. Did you or your spouse have "earned" in fees) of \$200 or more from any source in If yes, complete and attach Schedule I.
				ANSWER EACH OF THESE QUESTIONS	OF THES	R EACH		PRELIMINARY INFORMATION
								la all agations planes turn
assessed who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 agains more t	Check if Amendment	11-4-2014	Date of Election:	Office:	Candidate for the State:	Filer
1 2	SES JOTICE LECONVITATION	er Se Ere						
2	ZOISMAY 23 PM 2: 47	1 2013		Daytime Telephone:	Daytime	15	ichael E. Obermueller	Name: Mich
Page 1 of	MAY 1 5 2013	MAX	A B and new employees	FORM B		1, 2013	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 20は	UNITED STATES HOUSE OF FINANCIAL DISCLOSURE STATES HOUSE OF Period covered: January 1, 2913

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Michael E Obermueller

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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

						Dakota County, MN	Winthrop + Wainstine PA	Harris County, Texas Public Schools	_	Examples: First Bank & Trust, Houston, TX	XYZ Corporation, Houston, TX	(include date of receipt to inclination)	Source (include date of receipt for honoraria)
						Spouse Salary	Salary	Spouse Salary	Honorarium	Director's Fee	Salary	1 7 0 0	Typo
								NA	0	\$400	\$6,300	Current Year to Filing	Amount
				i		OKIOHA	8127045	NA	\$1,000	\$3,200	\$28,450	Preceding Year	unt

5	who k plant itst	JT 1st Bank of Paducah, KY accounts	Examples:	SP Mega Corp. Stock	Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> 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.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business the nature of the activities and its neographic	account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address.	Asset and/or Income Source Identity (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. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed. For retirement accounts which are not self-directed.
×	X	×		×	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 - \$50,000,000 Over \$50,000,000	7 7 6	A B C D E F G H I J K L	BLOCK B Value of Asset 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
X	XXX	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm	n Income)	Type of Income 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 "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
X	X		X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000		Current Year Preceding Year	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.

SCHEDULE III — LIABILITIES

Name Michael E Obernueller

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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 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. 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-

	SP			SP, DC, JT
	Federal Stafford Loans	Federal Stafford Loss	Example: First Bank of Wilmington, DE	Creditor
	Various	Various	May 1998	Date Liability Incurred mo/year
	Student Loans	Student Loans	Mortgage on 123 Main Street, Dover, DE	Type of Liability
	×			\$10,001— \$15,000
		×		\$15,001— \$50,000 ***
			×	\$100,000 C
				\$250,000 m s2500,000 m s500,000 m s1,000,000 m s5,000,000 m s5,000,000 m s6,000,000 m s6,000 m
	<u> </u>			\$500,001 \$1,000,000
				\$1,000,001— s
				\$5,000,001— エ
	ļ			\$25,000,001— \$50,000,000
				Over \$50,000,000

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 nonorary nature.	aiure.
Position	Name of Organization
President	Dakota Center for the Arts
ite.	