No IX	child Yes	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	ome, transactio e first consulter	s, "unearned" inco	eport any other assett n? Do not answer "yes	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obscause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	<b>EXEMPTIC</b> because the
<b>8</b>	Yes 🔲	-Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	thics and certain our spouse, or a	pproved by the Committee on Ethics and coor such a trust benefiting you, your spouse,	usts" approved by the details of such a trust	Details regarding "Qualified Blind Trusts" a have you excluded from this report details	TRUSTS—Details redisclosed. Have you
Ø	SE QUESTION	- ANSWER EACH OF THESE QUESTIONS	RMATION	RUST INFO	ENDENT, OR T	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUS
	response.	te schedule attached for each "Yes" response	e appropriate	answered and the	part must be ansv	Each question in this p	
N <sub>S</sub>	Yes X	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.		No X	any report- g period? 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, y able liability (r If yes, compl
ĕ ≻	Yes	you have any reportable agreement or arrangement noutside entity?  complete and attach Schedule V.	V. Did you have any with an outside entity If yes, complete and	No	e "unearned" hold any of the period? 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, yo income of mo reportable ass
N <sub>O</sub>	date Yes X	Did you hold any reportable positions on or before the date illing in the current calendar year or in the prior two years? es, complete and attach Schedule IV.	IV. Did you hold any roof filing in the current if yes, complete and	No	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.	I. Did you or tees) of \$200
:		STIONS	ESE QUES	CH OF THE	or black ink.  - ANSWER EACH OF THESE QUESTION	In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSW	In all sections PRELIMI
assessed who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Check if Amendment	Date of 6/3/14	Date Electi	State: CA District: 31 Employing Office:	Candidate for the House of Representatives New officer or employee	Filer Status
JRCE CENTER 'M 12: 28 CLERK ESENTATIVES	LEGISLATIVE RESOURCE CENTER  2014 MAY 15 PM 12: 28  OFFICE OF THE CLERK U.S.OHAUSESOFORE, PRESENTATIVES	ine:	ne Telephone:	Daytime		PETE HavilAR	Name:
age 1 of <u>6</u> 2014	MAY 1 2 2014	FORM B For use by candidates and new employees	For use by c		REPRESENTATIVES	ATES HOUSE OF DISCLOSURE SI	FINANCIAL Period covers

## SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

Name
Positi R
Agoual

Page 2 of k

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.

Amount	enieni programs, and benens n	Amount	unt
(morane vare or receipt or revenue)	Type	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
_	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
SOUTHERN CANTONNIA STRATEGIC ADVOCACY SULVITIONS LLC	SALARY	12,033	44,000
University of PEOLANOS	Sparge SALARY	N/A	N/A
City of Péochuss	Stratino	3,192	6,000
SAN BERNAMOING BOAMS OF ASSOCIATED GIVERNMENTS	STIPENO	1367	3,600

					_									
	*			×	JŢ	D <sub>C</sub>	SP	hor inco acc deri the ent the plea	that hoca	For	repo mor Pro (do For plar pro pro	5 <u>1</u> 6		
	-\	- <del>-</del>		100	T	DC, Examples:		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.	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 tocation in Block A.  Exclude: Your personal residence, including second	account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.	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 threshold in the account that exceeds which are not self-directed, provide only the name of the institution holding the	dentify (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 the arc other.	As	
I	TURA A	A		APPAWHEAD		den		durin durin the source of the	in e or ma Se de dia	and alor	le as an \$50 an	2 (8 0)	Asset and/or Income Source	
	조			E	_			vaca or le or le or le or le vings oose oose ce is ce is colur to th		nple	plete bicker and are server se	# H 20	à	
	2	227		£ 2	I-	-	SP	tion be repaired in the repair	of A.	te ac	or so	tsser fair r	Ð	
	3240	2		2	1st Bank of Paducah, KY accounts	Simon & Schuster	SP Mega Corp. Stock	hom per finar ral ral ral ral ral ral ral ral ral r	rest its a	at th	near Treati Treti Treti Troct Troct Troct Troct Troct	t hek	ō	BLOCK A
ŀ	''			3	ar X	Ď œ	င္ပ	nes in the street in the stree	, sta ctivi	e en	of s  of s  of s  which  the  which  it is a second	et v	Ĭ	Š
	ایدا	Σ		3	Q. P.	Sch	jip.	inte men men men men men men men men men me	a printe the the	A of	inco inco inco stock ent p (i.e., value the r	i i i i i i i i i i i i i i i i i i i	ğ	S
ļ	4 1 k	WSURANCE		CENTRAPL	aduc	uste	Sioc	hechies the check herest the process to process the process the process to process the pro	e and set	the r	come which generated come which generated come during the year. with a report of the year of the year.	exce	æ	
	J. 1	₹			a, ~		<b> </b> ^	here y de king in, gran gran (SP)	rits y-he	for epor	which which which during the control of many control of the contro	ed in	So	
		É		CASAVE	Υa			was post or s or , in a or d	ina geografia	ting	utua  h as  whi ect the	a Se Se	물	
1 .	] ]			SAVINGS POIT	ğ		]	s tot savin ncor cludi	isine e bu grapi	perio stme	fun fun 401 401 rected	production g \$1,000 at	Ö	
				~	돲			इंड इंग्रेट विक्रिक्ट	로 광약 %	ă Ę.	<u> </u>	\$ # S		
								None		>	ಕ್ಷಣಾ = = = = = =	오동		
					<u> </u>	_		\$1 - \$1,000			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."	Indicate value of asset at close of reporting year. If you use a		
<u> </u>			—	ļ	4_	Indefinite		\$1,001 - \$15,000		ი	et vod	or #e	_	
	× _	X		×	┡	Ĭ		\$15,001 - \$50,000			use use the	الِّهِ آق	Value of Asset	
<b>-</b>	-		<del> </del>	1	₺		×	\$50,001 - \$100,000		<u>m</u>	vas vas	ye.	ue	В
<b>—</b>	<del>   </del> -	<del>-  </del>	+-	<del> </del>	<u>×</u>	$\vdash$		\$100,001 ~ \$250,000		<u> </u>	lue and	of a	으	BLOCK B
	-	-	<del> </del>		╂┈	┼-	$\vdash$	\$250,001 ~ \$500,000 \$500,001 ~ \$1,000,000		I	oth	isse fyc	As	ô
	<del>                                     </del>	_	<del> </del>		┢─	<del> </del>		\$1,000,001 - \$5,000,000	<u></u>		er the special	2 24	Se	
		<del>-  </del>	+-	1	╂─			\$5,000,001 - \$25,000,000			ng scity	t clo	7	
			†-		t-			\$25,000,001 - \$50,000,000			the tai	ose a		
					T			Over \$50,000,000	**	F				
	×	×			1		×	NONE			######################################	. R O		
								DIVIDENDS			allow you to choose ments or that g deferred income (s plans or IRAs), you "Tax-Deferred" colun interest, and capit if reinvested, must as income. Check asset generated no the reporting period.	hec		
					×			RENT			s red red Defe est, s or gen	mer a	4	
<u> </u>			<u> </u>	×	<b> </b> _	<u> </u>		INTEREST			inc	. α S	Ă	
		_	+	<u> </u>	<b>!</b>	<u> </u>		CAPITAL GAINS			tha	S ST	Q	BLOCK C
<u> </u>	-		<u> </u>		<b>}</b>	<del> </del>	$\vdash$	EXCEPTED/BLIND TRUST			no no	ung Surg	=	Š.
<u> </u>		<del>-  </del>	+		<b>!</b>	<u> </u>		TAX-DEFERRED		·	allow you to choose specific I ments or that generate deferred income (such as plans or IRAs), you may che plans or IRAs), you may che "Tax-Deferred" column. Divid interest, and capital gains, if reinvested, must be disc as income. Check "None" asset generated no income the reporting period.	that s th	Type of Income	O
						공		Other Type of Income			erate as as as ain; ain; ain; ain; ain; ain; ain; ain;	ap	Ħ	
			ŀ	ļ		Royalties		(Specify: e.g., Partnership Income	or Farm Incon	ne)	e 40 eck eck sicion	g Š	•	
		1				es		(opcon). c.g., I aminosino moomo	or raint moon	,	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.	Check all columns that apply. For retirement accounts that do not		
	×	×	+-	<b>;</b> —	<del> </del>			None					-	
				×	t	<del> </del>	1	\$1 – \$200			1			
			<del>                                     </del>	1	1		1	\$201 - \$1,000						
			<del>                                     </del>		T		×	\$1,001 - \$2,500	= = =	니 요		וב כ		
					İ×	×		\$2,501 - \$5,000	<	Current Year	Log <b>and</b> by a so	ğ Q		
								\$5,001 - \$15,000	≤	] ž	ne reat	ass		
			<u> </u>	<u> </u>	L	_		\$15,001 - \$50,000		<b>∐</b> ≴	colu ego iate iate iate was	± ĕĕ		
		_		 	<u> </u>	_		\$50,001 - \$100,000	\(\frac{\x}{\x}\)		ed:	For assets for which	Ą	
$\vdash$			<del> </del>	ļ	<b> </b>	<u> </u>		\$100,001 - \$1,000,000			as as	٠ ا	Ď	
<b> </b>		<u> </u>	<del> </del>	<u>_</u>	┞	-	<del> </del>	\$1,000,001 - \$5,000,000	×		ed c	<u> </u>	틸	뗻
<b>}</b>			+	<del>                                     </del>	⊢	-	Н	Over \$5,000,000	×		all con om or g	고오	ġ	BLOCK D
	*	<u> </u>	+	<u> </u>	$\vdash$	-	$\dashv$	None			"None" column. For all other assa the category of income by cr appropriate box below. Dividend and capital gains, even if reinve be disclosed as income. Check income was earned or generated.	₹ ₹	Amount of Income	Ô
$\vdash$	<del></del>	<del></del>	+	×	$\vdash$		H	\$1 \$200 \$201 \$1,000			er a by by cher a rein rein che er a	- c	င္ပ	
			<del> </del>	<del>                                     </del>		<del> </del>	×	\$201 - \$1,000 \$1,001 - \$2,500	= =	┨┇	assi ch nve nve	che	Ħe	
1-	-	-	<del> </del>	-	<del> </del>	×	$\vdash$	\$2,501 - \$5,000		%	"No "No cets, in the cets, in t	<u> </u>	_	
$\vdash$		<del></del>	+-		广	- ^	$\vdash$	\$5,001 - \$15,000			"None" column. For all other assets, indicate the category of income by checking the appropriate box below. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check "None" if no income was earned or generated.	you checked "Tax-		
	-	<del></del>	<del> </del>	<u> </u>	H			\$15,001 - \$50,000	\$ \$ \$ \$ \$	1 2	mu dica	, Fa ≠		
		<del>- </del> -	<del> </del>	<u> </u>	H			\$50,001 - \$100,000		⊺	ਰ <b>਼ ਮ</b> , ਜੋ ਜੋ ਜੋ ਜੋ	5 ×		
		<u> </u>	<b>T</b>		1		1	\$100,001 - \$1,000,000		] <u>ş</u>				
								\$1,000,001 - \$5,000,000	×	_				
								Over \$5,000,000	×					
					_	_							_	_

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PETT Ayouar

Page H of 6

		4	SP, JT, DC	
PUBLIC AFFAMPS CONSULTING PANCHO CULAMONGA CA	CAL	John Hamicacic Hot K  82 Orannicembro CT  Providence CA - Providence		BLOCK A  Asset and/or Income Source
	×	×	None	BLOCK B  Value of Asset
	×	*	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C  Type of Income
	×	x	None	BLO:
	×	X	None	BLOCK D  Amount of Income

This page may be copied if more space is required.

#### SCHEDULE III — LIABILITIES

Name PETS Annuare

Page 5 of 6

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 furniling 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, DC,			27			
Creditor		Example: First Bank of Wilmington, DE	ARROWHERD CENTRAL CAZOIT UNION			
Date Liability Incurred		May 1998	July 2003		į	
Type of Liability		Mortgage on 123 Main Street, Dover, DE	MORTLANE - 83 ORANGE WOOD CT	Préoranos 98373		
0,001— 5,000 <b>&gt;</b>						
5,001— <b>w</b>						
0,001— 00,000 <b>೧</b>	\$1		<u> </u>			
00,001— 50,000 50,001—	\$2	×	×			
50,001— m = 50,000	\$5	_				
Amount of 50,000 m of 100,000 m of 100,000 m of 100,000 m	\$1	_				,
000,001—	\$5	-	_			
5,000,000	\$2		-			
0,000,000	\$5					
er _		1				

#### 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 honorary nature

PMNITRANS - SAN BERNARDING COUNTY	ALTERNATE BOARD MEMBER
CALIFORNIA CONSUMER MOTOR VEHICLE RECOVERY CORPORATION	Board Member
SAN BERNARDINO VALLEY MUNICIPAL WATER ADVISORY COMMITTEE	ALTERNATE BUARO MEMBER
YMCA & THE EAST VALLEY	Botho Mensee
Name of Organization	Position
IUIG.	and positions solely or all individity riations

### **SCHEDULE V -- AGREEMENTS**

Name PETE ALUILARC

Page of b

# 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.

SURSAIDE MED SURGICAL	NATIONAL COMMUNITY FENANSANCE	AND LIMITED PAPTINEISHIP	SCM GROUP INC	CHUMBAIA NEVADA CREDIT UNION LEAGUE	CHURROUR STATE UNIVERSITY SAN BEANAPOING	THE COMMUNITY FOUNDATION OF PLUSASIDE SAN BEAUMADING	Example: Doe Jones & Smith, Hometown, Homestate	Source (Name and Address)
baiennmon Afferes	PROJECT MANAGEMENT	GOVERNOUT COMMENTITY ASPARAS	PROJECT MANAGEMENT	LOUSENA ENT AFFRANS	FOUNDATION CONSULTANT	Now POSIT & Community AFFAMS CONSULTING	Accounting services	Brief Description of Duties

GPO: 2012 72-584 (mac)