8 ×	Yes	sependent child	sactions, or liabilities of a spouse or densuited with the Committee on Ethics.	"unearned" income, transactions, or lie unless you have first consulted with th	report any other assets, "une on? Do not answer "yes" unle	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.
No X	Yes 🔲	not be	se, or a dependent child?	ittee on Ethics an	Trusts" approved by the Comr t details of such a trust benef	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependence of the committee of the c
ร์	QUESTION	OF THESE	TION — ANSWER EACH OF THESE QUESTIONS	T INFORMA	ENDENT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	response.	each "Yes" ı	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	and the appr	oart must be answered	Each question in this p
No X	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.	No Single A single H ye	e any report- ng period? 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.
No X	Yes	rrangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	No V. D	ive "unearned" r 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.
v _o	Yes 🔲	before 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.	No IV. I	g., salaries or Yes X	I. Did you or your spouse have "earned" income (e.g., salaries fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
			UESTIONS	OF THESE G	— ANSWER EACH OF THESE QUESTION	PRELIMINARY INFORMATION
					e or black ink	in all sections, please type or print clearly in blue or black ink
assessed who files	' — 6	A \$200 penaity shall be against any individual more than 30 days late	Amendment	Date of Election:	State: 79 District: 3 Employing Office:	Filer Candidate for the House of Representatives New officer or employee
	(Office Use Only)				(
IVES	U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE OF	phone:	Daytime Telephone	(x)	Name: Grant Lal
NIER of S	LEGISLATIVE RESOURCE CENTER of S	LEGISLATIV	FORM B For use by candidates and new employees	For us	RESENTATIVES MENT Present	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - Present

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name

Page 2 of S

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.

								Lally, Misir, LCP, Mincola, NY	Lally, Micir, CLP, Mineste NY	ranis county, jexas Public Schools	- 1	Examples: First Bank & Trust, Houston, TX	1		Source (include date of receipt for honoraria)	
								Spore Salary	Partner Oran	Spouse Salary	Honorarium	Director's Fee	Salary		Type	
·	•							NA	30500,	NA	0	\$400	\$6,300	Current Year to Filing	Amount	coorda ander the Oodar Security Act.
			·		,		-	NA	138,000.	NA	\$1,000	\$3,200	\$28,450	Preceding Year	unt	Deculity Act.

Took I wal Food (TKF) X	Bonk of Frelow Stores	Bank et Aunerien NY	1. 18 N	News Wire Politications CCC	L'ally Enterprises	=	1st Bank of Paducah, KY accounts	Examples: Simon & Schuster	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.	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.	For an ownership interest in a privately-held business A B C 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., by your "rental property," and the city and state.		Provide complete names of stocks and mutual funds (do not use ticker symbols).		2	Asset and/or Income Source
		×	***	>		,	×	Indefinite	\$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 - \$50,000,000 0ver \$50,000,000 Spouse/DC Asset over \$1,000		E F G H I J K L M	*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-	reporting year. If you use a valuation method other than fair market value, please specify the method used.	value of peret at close of	BLOCK B
<u>×</u>	×	×	×			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	+	A	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income			during the reporting period.	Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset constant.	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-	Type of income	BLOCK C
×	×	X	×	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 Spouse/DC Income over \$1 None \$1 - \$200 \$201 - \$1,000		Current Year F		* This column is for income derived from assets solely held by your spouse or dependent child.	and capital gains, even if reinvested, must be disclosincome. 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 .	Amount of Income	BLOCK D
						×	×		\$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,	V V VI VIII X X X	Preceding Year		assets solely held by your	, must be disclosed as parned or generated.	ferred" in Block C, you may sts, indicate the category of elow. Dividends, interest.	me	

For additional assets and

SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

8 SP. Ë G Asset and/or Income Source **BLOCK A** None \$1 - \$1,000 8 C >><\$1,001 - \$15,000 \$15,001 - \$50,000 ō Value of Asset \$50,001 - \$100,000 П BLOCK B חד \$100,001 - \$250,000 \succ Ω \$250,001 - \$500,000 \$500,001 - \$1,000,000 I \$1,000,001 - \$5,000,000 ٦ \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 ㅈ Over \$50,000,000 Spouse/DC Asset over \$1,000,000* × NONE 又 DIVIDENDS Type of Income RENT INTEREST BLOCK C **CAPITAL GAINS** EXCEPTED/BLIND TRUST TAX-DEFERRED 25.5 Other Type of Income--(Specify: e.g., Partnership income or Farm Income) >None \$1 - \$200 X \$201 - \$1,000 × ≡ 7 \$1,001 - \$2,500 Current Year \$2,501 - \$5,000 XI VII VIII X \$5,001 - \$15,000 \$15,001 -- \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 × Over \$5,000,000 × BLOCK D ≥ Spouse/DC Income over \$1,000,000* > <X \times None \$1 -- \$200 \$201 - \$1,000 \times Preceding Year \$1,001 -- \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 -- \$1,000,000 \$1,000,001 - \$5,000,000 × Over \$5,000,000 Spouse/DC Income over \$1,000,000*

3

SCHEDULE III - LIABILITIES

Name Grant Lally

Page £ of £

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

					SP, DC,
	American Eupress	Citi Bonk	Bank of America	Example: First Bank of Wilmington, DE	Creditor
	2013	2013	2012	May 1998	Date Liability Incurred mo/year
	charge card	charge card	charge card	Mortgage on 123 Main Street, Dover, DE	Type of Liability
		-			\$10,001— \$15,000
	×	×	×		\$15,001— \$50,000 W
	<u> </u>	<u> </u>			\$50,001— \$100,000 O \$100,001—
		 		×	\$250,000 \$250,001—
-		-		-	\$500,000 III
 -	-	<u> </u>	-	╁╴	
	-	-	-		\$5,000,001— = V
		-	-	 	\$25,000,001— \$50,000,000
					Over \$50,000,000
					Spouse/DC Liability over X \$1,000,000

SCHEDULE IV - POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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 inormal y hardre.	atule:
Position	Name of Organization
Director	PhHouseha Home Soudy Inc.
Director	Enerald Isle Immigration Conter