<b>₹</b>	Yes	pendent child	ilities of a spouse or de Committee on Ethics.	e, transactions, or liables is consulted with the	arned" income is you have fir	er assets, "une wer "yes" unles	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "uneamed" 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.
<u>₹</u>	Yes 🔀	ot be	excepted trusts" need no	s and certain other "e. spouse, or a depende	nittee on Ethic ting you, your	d by the Comn a trust benefit	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?
<u></u>	EACH OF THESE QUESTIONS	)F THESE (	NSWER EACH O	l A	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	esponse.	each "Yes" r	dule attached for	appropriate sched	and the a	e answered	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response
<b>₹</b>	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.	Vi. Did you receive con a single source in the to if yes, complete and a	<b>§</b>	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.
N <sub>0</sub>	Yes	angement	<ul> <li>V. Did you have any reportable agreement or arrangement with an outside entity?</li> <li>If yes, complete and attach Schedule V.</li> </ul>	V. Did you have any rewith an outside entity? If yes, complete and a	No O	Yes 🔲	II. Did you, your spouse, or a dependent child receive "unearmed" 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.
<b>₹</b>	Yes	efore the date r two years?	reportable positions on or before the date calendar year or in the prior two years? attach Schedule IV.	IV. Did you hold any re of filing in the current or if yes, complete and a	No U	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.
				- ANSWER EACH OF THESE QUESTIONS	OF THES	REACH	In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWE
	1	more than 30 days late				Office:	Status New officer or Employing Office:
assessed	w	A \$200 penaity shall be	Check if Amendment	11/04/14	Date of Election:		Filer Candidate for the State: 11.
	(Office Use Only)	$\mathcal{U}$					
	CLERK	OFFICE OF THE CLERK HOUSE OF REPRESENTATIVES	u.s.	Daytime Telephone:	Daytime		Name: TKAKA Anderson
	/ h :21 W	ZUHANAY ILL PHIZ: LI	ZU				
Page 1 of		SLATIVE RESOU	IM B s and new employee∉G SLATIVE RESOURCE CENTER	FORN For use by candidates	F	TIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2014 -
4407		<u> </u>					

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

lame
Ikaika
Andrews

Page 2 of 4

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.

Excitude: Initiaty pay (such as inativitat Suate of Insperies pay), resetta tententent programs, and		שניים ופרפואפת מומפו מופ סטכומו ספלמות איני	Jocainty Act.
Course (include date of receipt for bonomia)	Type	Amount	unt
Course (a range vale vi receipt to a round any	) po	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
-	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
City \$ County of Honolulu	Salary	\$15,432	\$ 54,892

٥		SP	been the place	팔	Iden of in the repo mon Prov (do   For   plan eacc
state 1	Examples:	SP	location in Block A.  Exclude: Your personal hornes and vacation hornes and vacation hornes and vacation hornes are variety as ing \$5,000 or leas in accounts; and any firderived from, a federal the Thrift Sevings Plan.  If you so choose, you from source is that the optional column of the optional column of the optional column of the optional column of the instruction of t	an ownership is not publicly	Asset and/or incor Identify (a) each asset had for inve of income with a fair market value the end of the reporting period reportable asset or sources of inco more than \$200 in "unearmed" inco more than \$200 in "unearmed" inco for all IRAs and other retirement plants) provide the value for eac account that acceeds the reporting for rental or other recel property rental property," and the city and
Tarm Insurance NSUrance Policy	Simon & Schuster	Mega Corp. Stock	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.	For an ownership hiseness in a privately-held business that is not publicly traded, state the name of the business. The nature of the activities and its necessarials.	stment or production succeeding \$1,000 at and (b) any other me which generated one during the year. Its and mutual funds send mutual funds send mutual funds when such as 401(k) he asset held in the 3 thresholds.
×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000	A B C D E	Value creporting year. I reporting year. I method other the please specify the please specify the please specify an asset was ing year and is it generated income."  *This column is by your spouse
	×		\$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	F G H I J	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."  *This column is for assets solely held by your spouse or dependent child.
4		×	\$25,000,001 - \$50,000,000  Over \$50,000,000  Spouse/DC Asset over \$1,000,000*  NONE  DIVIDENDS	K L M	ition lue, lue, ause ause held lid.
, , , , , , , , , , , , , , , , , , ,	X Royala		RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income		BLOCK C  Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of 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 retirwested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
	all as		(Specify: e.g., Partnership Income or Farm Income)   None		
	××	×	\$1,001 - \$2,500	Current Year	Am For assets for which you check the "None" column. Fincome by checking the apand capital gains, even income. Check "None" if no this column is for income spouse or dependent child.
			\$1,000,001 - \$5,000,000 ×  Over \$5,000,000 ×  Spouse/DC Income over \$1,000,000* ×	ear	BLOCK D  Amount of Income you checked "Tax-Deferme mn. For all other assets, he appropriate box belo even if reinvested, in a" if no income was earn come derived from assignid.
	××	×	None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       ≥         \$2,501 - \$5,000       <	Prece	Amount of Income  Tax-Deferred" in Block C, yetheck the "None" column. For all other assets, indicate the cate income by checking the appropriate box below. Dividends, in and capital gains, even if reinvested, must be disclost income. Check "None" if no income was earned or generated income. Check "None" if no income was earned or generated "This column is for income derived from assets solely held to spouse or dependent child.
			\$5,001 - \$15,000 ≤ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 ≦ \$100,001 - \$1,000,000 ⋈	Preceding Year	Amount of Income  Amount of Income  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.
			\$1,000,001 - \$5,000,000 ×  Over \$5,000,000   Spouse/DC Income over \$1,000,000*		u may gory of herest, ed as

## SCHEDULE V -- AGREEMENTS

Name IKGiKa Anderson

Page 4 of 4

			Date	Identify the dat service; continue of the plan mainta
			Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with service; continuation or deferral of payments by a former or current employer other the efft plan maintained by a former employer.
			Terms of Agreement	Identify the data, 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
 City & compy of Honolulu	Councilmember Salary

GPO: 2013 78-995 (mac)