assessed who files	Office Use Only) A \$200 penalty shall be a against any individual we more than 30 days late. Ore the date we we we we we were ach "Yes" response. THESE QUESTIONS be Yes more than 30 days late.	A \$200 penalty shall b against any individua more than 30 days late or two years? Yes armore the date or two years? Yes armogement Yes armogement Yes are each "Yes" response. PF THESE QUESTIC of be Yes appendent child Yes appendent child Yes are appendent child Yes	Filer Status Candidate for the Status Candidate for the Status Check if A \$200 penalty shall be as Status Check if A \$200 penalty shall be as Delicing. Check if A \$200 penalty shall be as Delicing. Check if A \$200 penalty shall be as Status Check if A \$200 penalty shall be as Penalty shall be as Delicing. Check if A \$200 penalty shall be as Delicing. Check if A \$200 penalty shall be as Delicing. Check if A \$200 penalty shall be as Delicing. Check if A \$200 penalty shall be as Delicing. Check if A \$200 penalty shall be as Delicing. Check if A \$200 penalty shall be as Delicing. Check if A \$200 penalty shall be as Delicing. Check if A \$200 penalty shall be as Delicing. Check if A \$200 penalty shall be as Delicing. Check if A \$200 penalty shall be as Delicing. Check if A \$200 penalty shall be as Delicing. Check if A \$200 penalty shall be as Delicing. Check if A \$200 penalty shall be as Delicing. Check if Check	ave a vith n oth n oth n oth with n oth n	No Date of Election: No No ST INFORM ST INFORM mrittee on Ethics fiting you, your seasyou have firs	State: TAL District: CA District: CA Employing Office: black ink. ANSWER EACH alaries or Yes Answere alaries or Yes Answere must be answere must be answere priod? Yes DENT, OR TRUS "approved by the Comails of such a trust beneand ont answer "yes" uniton the comails of such a trust beneand ont any other assets, "un bo not answer "yes" uniton the comails of such a trust beneand ont answer "yes" uniton the comails of such a trust beneand ont answer "yes" uniton the comails of such a trust beneand ont answer "yes" uniton the comails of such a trust beneand ont answer "yes" uniton the comails of such a trust beneand the comails	State: Employing being continued in blue or black in blue or black in blue or black in blue or black in hold or black in receive "unearned fod or hold any e end of the period? I receive "unearned of the period? porting period? porting period? porting period? porting period? blind Trusts" appropriately in this part must be this report any inpition? Do not	Filer Status Candidate for the District. Status Date of Election: Date of Election:	Filer Status In all sections, pl In all sections, pl In Did you or your fees) of \$200 or n If yes, complete II. Did you, your sincome of more if reportable asset v If yes, complete III. Did you, your sable liability (more fir yes, complete III. Did you, your sable liability (more fir yes, complete III. Did you, your sable liability (more fir yes, complete III. Did you, your sable liability (more fir yes, complete III. Did you, your sable liability (more fir yes, complete III. Did you, your sable liability (more fir yes, complete III. Did you, your sable liability (more fir yes, complete III. Did you, your sable liability (more fir yes, complete) III. Did you, your sable liability (more fir yes, complete) III. Did you, your sable liability (more fir yes, complete) III. Did you, your sable liability (more fir yes, complete) III. Did you, your sable liability (more fir yes, complete) III. Did you, your sable liability (more fir yes, complete) III. Did you, your sable liability (more fir yes, complete) III. Did you, your sable liability (more fir yes, complete) III. Did you, your sable liability (more fir yes, complete) III. Did you, your sable liability (more fir yes, complete) III. Did you, your sable liability (more fir yes, complete) III. Did you, your sable liability (more fir yes, complete) III. Did you, your sable liability (more fir yes, complete)
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Tage 1 of	LEGISLATIVE RESOURCE CENTER 1 of 2014 APR 21 PH 1: 26	LEGISLATIVE R	FORM B For use by candidates and new employees	FO use by candidate		TATIVES	REPRESENTAT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013-	UNITED ST FINANCIAL Period cover

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

_		
	Name MAROTTE BERGMAN	
	Paç	

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 hav (such as National Guard or Reserve hav) federal refirement programs, and hencefits received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	eceived under the Social S	Security Act.
Course (include date of require for homoragic)	Type	Amount	unt
Source (licitude date of receipt for horizonaria)	lype	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
FEDEX CORPORATION	Persion	12, 259	12 259
Analic Visits LLC	Managing Rodner-Gloss)
	1 Receipts		

		FEDEX - COMPUSHAME	FIDECITI		Examples:	SP, SP Mega Corp. Stock	nomes 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 Thritt 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.	Exclude: Your personal residence, including second	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	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 IRAs 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
		X	×	×	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 - \$5,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		B C D E F G H - 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-	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	вгоск в
		×	*	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	ome)		during the reporting period.	Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income.	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
		×	×	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500		Current Year Prec		* This column is for income derived from assets solely held by your spouse or dependent child.	3	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	Amount of Income	ВГОСК Д
				×	×		\$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*	V VI VII VII IX X XI XII	Preceding Year		ets solely held by your	-	ked "Tax-Deferred" in Block C, you may all other assets, indicate the category of priate box below. Dividends, interest, reinvested, must be disclosed as		

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SCHEDULE III - LIABILITIES

Named harabite bengmann

Page of S

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-

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S.S.		Date Liability	Town of Delin.	>	B	ဂ	ם	П	П	ີ ຄ		,	, و	
Ъ,	Creditor	Incurred mo/year	Type of Liability	310,001 315,000	\$15,001— \$50,000	50,001 5100,000	\$100,001— \$250,000	\$250,001— \$500,000	5500,001	\$1,000,001 \$5,000,000	55,000,001— 625,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Spouse/DC
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE							L				
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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 inetflution 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.	ature.	
Position		Name of Organization

Use additional sheets if more space is required.

SCHEDULE V — AGREEMENTS





•			Date	Identify the date service; continu efit plan mainta
			Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future emplo service; continuation or deferral of payments by a former or current employer other than the U.S. Government efft plan maintained by a former employer.
			Terms of Agreement	Identify the date, 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 perprofit 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.

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	Source (Name and Address)		Brief Description of Duties
	Example: Doe Jones & Smith, Hometown, Homestate	Accounting services	
_			
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GPO: 2013

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