₹	child Yes	ependent c	bilities of a spouse or dependent child e Committee on Ethics.	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabi because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	arned" incom	her assets, "une	his report any ot ption? Do not au	you excluded from the three tests for exempted	TION Have they meet al	EXEMP because
N _O	Yes	not be	'excepted trusts" need not be dent child?	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	nittee on Ethi iting you, you	ed by the Comi	nd Trusts" approv	garding "Qualified Blines	—Details reg	TRUSTS disclose
Ø	SWER EACH OF THESE QUESTIONS	OF THE	NSWER EACH (MATION - AN	T INFOR	, OR TRUS	EPENDENT	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	IO NOIS	EXCL
	'es" response.	each "Ye	edule attached for each "Yes" response.	Each question in this part must be answered and the appropriate sched	and the	oe answered	s part must	n question in thi	Each	
_ □	Yes X	\$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 compensation of ratingle source in the two prior years? If yes, complete and attach Schedul	No.	Yes X	have any report- orting period?	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.	u, your spouse ty (more than \$ mplete and at	III. Did yo able liabili If yes, co
₹ X	Yes	rrangement	reportable agreement or arrangement ? attach Schedule V.	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V.	S S	Yes 🔀	eceive "unearned" od or hold any end of the period?	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.	more than \$20 more than \$20 asset worth m	II. Did yo income of reportable If yes, co
Š	ate Yes	before the da 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.	IV. Did you hold any reportable positions o of filing in the current calendar year or in the if yes, complete and attach Schedule IV.	No ON	Yes X	e.g., salaries or porting period?	 Did you or your spouse have "earned" income (e.g., salaries fees) of \$200 or more from any source in the reporting period? Yes, complete and attach Schedule I. 	or your spouse 200 or more fro mplete and att	fees) of \$:
			S	ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	1	PRELIMINARY INFORMATION	MINARY	PRELI
							blue or black ink.	in all sections, please type or print clearly in blue or black ink	ions, please ty	in all sect
assessed who files	A <i>\$200 penalty</i> shall be a against any individual w more than 30 days late.	A \$200 against more th	Check if Amendment	CONVENTION	Date of Election:	Ing Office:	State: District: Employi	Candidate for the House of Representatives New officer or employee		Filer Status
	(Office Use Only)	8		;			,	:		
IVES	DFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S. HOU		Daytime Telephone:	Daytime	-+-	avaviage	Name: LORI HARGINS -CAVANIAGET	LOPZ	Name
Page 1 of // CENTER	MAY 1 5 2014 Page 1 LEGISLATIVE RESOURCE CENTER 2014 MAY 22 PM 1: 22	MA LEGISL	RM B s and new employees	FORN For use by candidates :		ATIVES 30, 2014	EPRESENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013- APCIL 30, 2,	D STATES CIAL DIS covered: Ja	UNITE FINAN Period

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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name LORT /bROWS-CAVANAGET Page 2 악

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.

Figure 1. Military pay (such as National Guard or Reserve pay), federal refresent programs, and benefits 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.	ment programs, and benefits re-	ceived under the Social \$	Security Act.
Source (include date of receipt for honoraria)	Twna	2014 Amount	unt 20/3
טישועה (ווויוועה ממנה טי ופיפולי וטי ווטיוטימוומ/	Type	Current Year to Filing	Pa
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
Ţ	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	¥
SHAREVIEWS, LLC -OWNER (SELF)	SALARY (GAUSS)	41,771	#135,481
LAWRENCE SMEMBRIAL HORAM (SAUSE)	SALARY	1/4	2/4
LEANFORMA CONSULTING (SAUSE)	SALARY	2/2	\\\ \alpha \ \a
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SCOTIONS INVESTMENT SENCES	SO FIDERITY INVESTMENTS	SAMMONS SECULATIES	ST MIDLAND NATURAL	AMMINS SECURTATES	MERRILL EDGE		DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	nomes and vacation nomes (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.	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 location in Block A.	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
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7	<i>*</i>	ブ	*	ж ж	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 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$1,000,000 Spouse/DC Income over \$1,000,000 \$1,000,001 - \$5,000,000 Spouse/DC Income over \$1,000,000*	======================================	Current Year Preceding Year		 * This column is for income derived from assets solely held by your * spouse or dependent child. 	=	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	BLOCK D

Name LORE HOREINS -CAVANIAH Page -

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														\$50,001 - \$100,000	<u></u> ≼		
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	1													Over \$5,000,000 🔀			
						1		1	1	ı	i	1		Spouse/DC Income over \$1,000,000° ≚			

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SCHEDULE III — LIABILITIES

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Page 4 of

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-

	2	June June	٧I	JANNO	٤	AWW	À	שוגשב	1-1	Ę				
	·								/ `	X	25/13 CREDIT CARD	25/3	SP AMERICAN EXPRESS CARES	8
							/-	X		-	MOGREPHICON 253 STATE ST.	7,00 21,00	6	121
7.97.2	V .		,				\times			ŕ	2010 MORTHAUE ON 249 PERSON AVE	2010	IT CHARGE ONL FEDERAL UNION	77
								X			2 MOGRALE ON ENTREFORD, CT	FEB. 2010	LAWRENCE SMEMOREUR CREDIT	78
木						X				*	MOISTAND ON WATERFED, CT	2002 2007	WELLS FAMILIO HOME MONTHANE ZOOS	Z Z
<u> </u>							×					May 1998	Example: First Bank of Wilmington, DE	
\$1,000,000	\$50,000,000 Spouse/DC Liability over	\$25,000,001— \$50,000,000 —	\$5,000,001— \$25,000,000 エ	\$1,000,001— \$5,000,000 D	\$500,001— \$1,000,000	\$250,001 \$500,000 m	\$100,001— \$250,000	\$50,001 \$190,000 O	\$15,001— \$50,000	\$10,001 \$15,000	Type of Liability	Date Liability Incurred mo/year	Creditor	SP, DC,
1			Jility V	of Liat	Amount of Liability	A						,		

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 offi-* PREDICTION FERIOD

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);

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

and positions solely of an honorary nature.	nature.
Position	Name of Organization
OWNER	SHOWEVIEWS LLC
OWNE/2	HORGINS REALTY
MEMBEL	249 PEQUOT ANE LLC

SCHEDULE V — AGREEMENTS

Name 2012 HORVS-CAVANNAGE (+

Page T of 11

efit plan maintained by a former employer.	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 ben-	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

erit pian maintained by a former employer.	a lormer employer.	
Date	Parties To	Terms of Agreement

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		
PROPERTIES, NEW UNDIN, CT TROPERTY ADDRESS REAL ESTATE BROKALLE SERVICES	J SUMISE THEY	SEOKIME SERVICES	
HOUSING SURBAN 106 BROOKLYN RD. """	"	11	
HUD, SS BARBARA LAME - " "	"	11	
ANGELÁ M. KERR, 32 TERRACE AVE A (1)	17	11	
NADUAT CHARNY, SWINTHAP CT - " "	И		
THATHY SDOWNA YULLAS, NIAVIC, CT CT "	ll	11	
HUD, USCLONGED TRAIL - " "	11	11	

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SCHEDULE V - AGREEMENTS

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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.

Date	Parties To	Terms of Agreement

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Source (Name and Address)		Brief Description of Dutles
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services	
NIAMTIC, CT	REAL ESTATE	REAL ESTATE BLOKINE SERVICES
~	11	<i>''</i>
RANDY GIGLIO, SO HILL CLEST RD.	11	11
HUD, YOLUSTOWN CT PD.	11	//
HUID, COCHESTIBE, CT	11.	"
HID, BROTON, CT	11	11
HUD, LEDYMAD, CT	11	′ ′

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SCHEDULE V - AGREEMENTS

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	Date	Parties To	Terms of Agreement

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Source (Name and Address)		Brief Description of Dutles	
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services		
FSTATE OF JOHN CHRISCOLA, ST SHIME POLY TOOKS	PEAL ESTATE	BROWAGE SERVICES	-
HUD, EUSTENIEY WOOD DR " " "	11	"	
HUD, NEW LONDON, CT	()	(1	
HUD, MOENICH CT PO.	11	1)	-
HUD, SAST HADDAM, CT	l't	11	,
HUD, BOUNKEL FARM FO	11	//	
RANDALL REALTHES, HORKUTON, TELL	lc		

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SCHEDULE V — AGREEMENTS

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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 beneat the attention of the payments are account of the payments of the payments are accounted by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or beneated the attention of the payment are accounted to the payments of the pa

ent plan maint	ent plan maintained by a former employer.	
Date	Parties To	Terms of Agreement

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

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Source (Name and Address)		Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services	
HUD- 383 POVIE 32, CT 4- BUBEST	FAL BIMIE BOUNG SAVICES	LAGE SELVICES
HUD- SZ AP GATES PO, - " "	17	//
FIME OF DOURDS - 26 POLL RICHE FO,	17	
DATIMONS, BRIGGS- SAS OCEAN AVE	11	"
HUD- SALEM, CT PD.	\ i .	
COLDWELL BANKER, ASSMERLY, PIT.	h	9
HUD- SHEW LOWDEN, CT))	tr
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SCHEDULE V - AGREEMENTS

Name 2010 HORENS-CAVANAGE (+

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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.

		Tarma of Agrange
Date	Parties To	lerms or Agreement
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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 cilents and oustomers 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
PETER FABRYWENICZ- WATERFOOD, CTARREST REAL ESPATE E	REAL ESPATE BROWNER SERVICES
SUSAN ALBERNO - 30 GONE BEACH " HUDEN	17 n
DAVIO FONTAINE - GTATRICUS PO.	
HUD- 27 LANGENCO De,	11