INITED STATES HOUSE OF REPRESENTATIVES	7	
For use by candidates and new employees	LEGISLATIVE RESOURCE CENTER 2014 APR -9 PM 1: 24	RECE CENTER 1:24
Name: Tete Cyoss fand Daytime Telephone:	GEFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	NIATIVES
	(Office Use Only)	
Candidate for the State: 5/410 Date of 5/6/14 Check if Amendment	A <i>\$200 penalty</i> shall be assessed	who files
Status New officer or employee Employing Office: more that	more than 30 days late.	
In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
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? Yes No III IV. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes [∑ N
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? Yes No Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes	S S
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No No III 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.	Yes	₹
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	es" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	SE QUESTION	0,
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?	Yes 🔲	<u>8</u> ∑
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.	hild Yes 🔲	₹

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Pete Crossland

Page of 6

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 Society 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 r	eceived under the Social S	ecurity Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
שיים של היים המים או המים ליום ומיום מומן של המים ליום המים מומים מומים ליום המים מומים מומים מומים מומים מומים מומים מים מים מים מים מים מים מים מים מים	- 400	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
State Teaders Retirement Pension Fund of Oltro	Pension	15,030	75473
Otto Public Emp Ret Sys	Persim	1156	3867
United McHodos Cheuch Renesit Board	Pen Slow	485	1441
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DIVIDEND ETF	FORD MOTOR COM	INCOME OHIO MUNI	INDEX FID	VANGUARD SMALL CAP	41 10/0 HT	t Bank of Paducah, KY	Examples:	SP, Mega Corp. Stock	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 homes and vacation homes (unless there was rental	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.	of income with a tair 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. 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) provide the value for each asset held in the account that exceeds the reporting thresholds. 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.	Identify (a) each asset held for investment or production	Asset and/or Income Source
×	*	- X	~	*	×	×	Indefinite	l X	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 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		A BB C C D E E E E E E E E E E E E E E E E E	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.	Indicate value of asset at close of	Value of Asset
	*	X	×	×	*	×	Royatties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm In	ncome)	retirement accounts that do not 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	BLOCK C Type of Income
X	×	X	X	× -	*		×	X	None \$1 - \$200 \$201 - \$1,000 \$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* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$15,000 \$15,001 - \$50,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000		Current Year Preceding Year	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 heid by your spouse or dependent child.		Amount of Income

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Pete Crossland

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HEDULE II — ASSETS AN Mation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME	" INCOME		Name	Pete Cross	ssland	Page 5 of G
BLOCK A	ВГОСК В	w	BLOCK C			BLOCK D	
Asset and/or Income Source	Value of Asset	sset	Type of Income	ō	Amo	Amount of Income	
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SCHEDULE V — AGREEMENTS

Name Pete Crossiand

Page 6 of 6

Tacker's Pension Plan Pertrainstitu	Myself and Style teachers Retirement Pension	exter 1995
Terms of Agreement	Parties To	Date
n respect to: future employment; a leave of absence during the period of government han the U.S. Government; or continuing participation in an employee welfare or benden the U.S. Government; or continuing participation in an employee welfare or benden the U.S. Government; or continuing participation in an employee welfare or benden the U.S. Government; or continuing participation in an employee welfare or benden the U.S. Government; or continuing participation in an employee welfare or benden the U.S. Government; or continuing participation in an employee welfare or benden the U.S. Government; or continuing participation in an employee welfare or benden the U.S. Government; or continuing participation in an employee welfare or benden the U.S. Government; or continuing participation in an employee welfare or benden the U.S. Government; or continuing participation in an employee welfare or benden the U.S. Government; or continuing participation in an employee welfare or benden the U.S. Government; or continuing participation in an employee welfare or benden the U.S. Government in the U.S.	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employ service; continuation or deferral of payments by a former or current employer other than the U.S. Government; effit plan maintained by a former employer.	Identify the da service; contin efit plan maint

Date	Parties To	Terms of Agreement
Vartar 1995	misself and State teachers Retirement Pension Funo of Outlo	Tacker's Pension Plan Pentraipation
Vestal 2013	OHIO Public Employer Patirement System	Public Employees Pensin Plan Participation
Vested 1895	Vested 1895 Myself and United Methodolist Church Benefit Board	
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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 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
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