№	Yes	ependent child	ities of a spouse or de committee on Ethics.	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	arned" income ss you have fir	er assets, "une swer "yes" unle	n this report any oth emption? Do not an	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	EXEMPTION— because they me
<u>₹</u>	Yes	ot be	cepted trusts" need not be	s and certain other "exc spouse, or a dependen	nittee on Ethic ting you, your	ed by the Comr h a trust benefi	Blind Trusts" approve	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?	TRUSTS - Detai
īs	QUESTION	OF THESE	ANSWER EACH OF THESE QUESTIONS	1	T INFORI	OR TRUS	DEPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION
	esponse.	each "Yes" r	ule attached for each "Yes" response	ppropriate schedu	and the a	e answerec	his part must b	Each question in this part must be answered and the appropriate schedul	
N _S	Yes	\$5,000 from	pensation of more than \$5,000 from to prior years?	VI. Did you receive compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI.	<u>8</u>	Yes	d have any report- aporting 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.	III. Did you, your s able liability (more if yes, complete a
⊠ S	Yes	rangement	ortable agreement or arrangement tach Schedule V.	V. Did you have any reportable agreemen with an outside entity? If yes, complete and attach Schedule V.	<u>s</u>	eg	d receive "unearned" riod or hold any ne 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.	II. Did you, your spincome of more that reportable asset will yea, complete a
<u>8</u>	Yes 🔀	before the date or two years?	ortable positions on or t lendar year or in the pric tach Schedule IV.	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 Schodule IV.	S S	Yes X	me (e.g., salaries or reporting period?	 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. 	I. Did you or your fees) of \$200 or multifyes, complete a
	ı			ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	ا ق	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW	in all sections, ple
		more than				Office:	Employing Office:	New officer or employee	Status
assessed who files	A \$200 penalty shall be against any individual	A \$200 pen	Check if Amendment	May 6, 2014	Date of Election: May	7	State:(tives District:	Candidate for the House of Representatives	
	(Office Use Only)								
27 4.7 4.7 2.7 2.7 2.7	U.S. House of the last	บ.ร. หนับ		Daytime Telephone:	Daytime		BOCCIEA	Idum A. B	Name: Ja
Page 1 of 8	2013 MAY 22 AN 10: 41	2013 1	I B and new employees	FORM B For use by candidates and new employees		ATIVES	REPRESENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - May 15, 2013	UNITED STA

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name John A. Bowley

Page Z 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.

	State Form Mitval Arts Insurance Co. Salary \$29,912 \$37,081 OHIO State Trasury - Victurans Bonus Bonus \$1060	Salary \$6,300 Director's Fee \$400 Honorarium 0 Spouse Salary NA \$21,874 \$	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. Amount Type Current Year to Filling Preceding Year
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		71	_		-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	Γ-	DC. Examples:	.U	incomes bind vacuated interest termines from the man formation of the reporting period); any deposits total-ing \$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 Thriff 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 hald with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please rafer to the instruction booklet.	Exclude: Your personal residence, including second homes and varieting homes (infest 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.	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.	-	
Growth Fund of America	who had	FANKLIN RUSING DIV Fund	Pyxis Total	Emights of Columbus	Education Scholars Choice		ž Ž		mits: of free so in the so		n ownership interest in a privately-held business s not publicly traded, state the name of the busi- the nature of its activities, and its geographic on in Blook A.	Pro m	n ga	× is Ω	fy (a) ome nd c able than	Asset and/or Income Source	1
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Page 5 of 8

Continuation Sheet (if needed)

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Spouse/DC income over \$1,000,000° ≚									1						Over \$5,000,000			
															Spouse/DC income over \$1,000,000° ≚			

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

Name John

A. Bocciers

Page 6 of 8

								[S 7 8		
Unilever PLC	SEP DIV Fund	Dow Jones Ind Ave Fund	Barchays Conventity Sec	RBS GOID	Raytheon Co.	Moctor à Grandie	Powershave Senvor Loan	Powershaves Trust	Pries.	McDonalds Corp	Market Vectors Agribus	Kimberly Clark	Johnson & Johnson		Asset and/or Income Source	BLOCK A
X	*	*	×	×	*		*	*	7	*	ブ	7	*	None	Value of Asset	BLOCK B
	*	*	*	<u>×</u>	*	*	*	7	*	メ	*	*	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specify: e.g., Partnership income or Farm Income)	Type of Income	BLOCK C
*	7	*	*	*	*	×		*	X	*	×	7	*	None \$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500	Amount of Income	ВLОСК D
X	×	X	×	*	*	X	7	*	*	×	×	×	*	None -	of Income	ж о

CHEDULE II — ASSETS AND "UNEARNED" INCOME	"UNEARNED" INCOME	Name John A. Boccier Page 7 of 8

												л. В	SP,		
lirtus Dynamic fund	Principal Funds	Newberger bernan Find	nainstay tundo	toothand Mutual fund	Gabelli Equity Fund	reducated Attack Yield Bond	Delaware Health Canc Ful	3M 6.	Misdoutince lefty fund	Vanguard Executing MICT	VF CORP			Asset and/or Income Source	BLOCK A
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				1						<u> </u>		Other Type of Income-(Spec	ify: e.g.,	70	
			<u> </u>									Partnership income or Farm Inc			
												None –			
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SCHEDULE III — LIABILITIES

Name John A- BocciEM

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

			77		SP, DC, JT
		_	IT Ocman Loan Survivag LLC	Example: First Bank of Wilmington, DE	Creditor
			2009	May 1998	Date Liability Incurred mo/year
		-	2009 Martage on 1465 Westwood, Alliance OH	Mortgage on 123 Main Street, Dover, DE	Type of Liability
· /···································					\$10,001 \$15,000
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-					\$5,000,000
					\$25,000,001
	 			\vdash	\$50,000,000 Over
					\$50,000,000 Spouse/DC Liability over 大 \$1,000,000

SCHEDULE IV - POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States 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,

and positions solely of an honorary nature 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 all notionary flatore.	aidie.			
Position			Name of Organization	
Statustory Agent	SIN	RJS Consultants		
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