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		OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	THE CLERK PRESENTATIVE	:S
Name: VINCENT た。 しれも Daytime Telephone:	<u>.</u>	-		
		(Offi	(Office Use Only)	
House of Representatives District: Date of Election: NOV 2014	Check if Amendment	A \$200 penalty shall be	10	assessed
		against any individual more than 30 days late.		Wno Tiles
n all sections, please type or print clearly in blue or black ink.				
RELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS				
I. Did you or your spouse have "earned" income (e.g., salaries or lees) of \$200 or more from any source in the reporting period? Yes No 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.	ble positions on or before ar year or in the prior two Schedule IV.	e the date o years?	Yes	× ⊠
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 No Did you have any reportable agreement or arrangement with an outside entity? With an outside entity? If yes, complete and attach Schedule V.	ble agreement or arrang	ement	Yes 🔲	× ⊠
Ill. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes 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 III.	ensation of more than \$5,0 prior years? ach Schedule VI.	00 from	Yes	₹
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	attached for ead	ch "Yes" res	ponse.	
XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSW	WER EACH OF THESE QUESTIONS	THESE QI	JESTIONS	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?	epted trusts" need not be child?	6	Yes 🔲	8
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.	es of a spouse or depen mmittee on Ethics.	ndent child	Yes	ĕ ⊠

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name
VINCENT E. DANKT
Page of .

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

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	rement programs, and benefits r	eceived under the Social \$	Security Act.
Source (include date of receipt for honoraria),	Type	Amount	unt
() and () an	. Jec	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
CHUNLEY CARIBBEAN SERVICES, LLC	Spring	\$30,100	93,380

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None >	SCF Contin	SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) BLOCK A BLOCK B BLOCK B Walue of Asset	ID "UNEARNED" IN BLOCK B Value of Asset
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SCHEDULE III — LIABILITIES

Name VINCENT & MAST Page of L

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

		l		П				Amou	Amount of Liability	Liabil	ŧ			
SP, DC,	Creditor	Date Liability Incurred	Type of Liability	>	8			m	ю Т	0 53)00 T			ver ス
JT		mo/year		\$10,001 \$15,000	\$15,001— \$50,000	\$50,001— \$100,000	\$100,001- \$250,000 	\$500,000 \$500,001	\$1,000,000	\$5,000,000	\$5,000,001 \$25,000,00	\$25,000,00 \$50,000,00	Over \$50,000,00	Spouse/D0 Liability ov \$1.000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE											
	FLARSTAR BANK	5/1013	5/1017 MOMGBEE ON SHEERING				X							
	South BANK	12008	12008 NARTHINE ON 208 DUREN'S PLACE				X							

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 institution other than the United States

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 notionally nature.	alue.
Position	Name of Organization

Use additional sheets if more space is required.

SCHEDULE V — AGREEMENTS

Name
JUNICE

Page — of -

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
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Date	Parties To	Terms of Agreement
	NIK	

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 1.

recognized by law. Do not repeat intofficiation lieted on ocheaners.	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services

CAMPAIGN NOTICE

POSTMARK ILLEGIBLE

REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yoursally JUN -4 PM 1: 22 others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn OFFICE OF THE CLERK your candidacy, please indicate your status and sign and date below.

U.S. HOUSE OF REPRESENTATIVES

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6601

Indicate	Your	Status:
(Select C)ne)	

Dear Madam Clerk:

X	Over \$5,000 Threshold Not
	Exceeded

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

	This is to notify you that under the laws of the state of,
Withdrawal of Candidacy	I withdrew my candidacy for the U.S. House of Representatives on
	[Note: If your Financial Disclosure Statement was due before the date on which you withdrew
	from the race, you still must file a Financial Disclosure Statement with the House.]
	Name (Please Print or Type): VINCENT E. DANST State: VIEGIN ISLANDS District: 1
	State: VIRGIN ISLANDS District:
	Date: 28APPHL 14

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building Washington, DC 20515-6601