use they meet all three Yes No L	abilities of a spouse or dependent child because	samed" income, transactions, or li with the Committee on Ethics.	EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child becatests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
lave you excluded from Yes No L	<u> </u>	nmittee on Ethics and certain oth	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. this report details of such a trust that benefits you, your spouse, or dependent child?
E QUESTIONS	- ANSWER BOTH OF THESE	RUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THES
O COMPLETE	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	NLY THE SCHEDULES	THIS FORM INCLUDES O
\$"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	CORRESPONDING SC	ATTACH THE
1 \$5,000 from a single Yes No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	No No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
or arrangements with Yes No	F. Do you have any reportable agreements or an outside entity?	No No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
g the reporting period Yes No No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?
	TIONS	<u>CH</u> OF THESE QUES:	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penaity shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1, to		New Officer or Employee Employing Office:
(Office Use Only)	Check if Amendment	6 th	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:
OFFICE OF THE CLERK N U.S. HOUSE OF REPRESENTATIVES	one:	Daytime Telephone:	Name: Mark Walker
LEGISLATIVE RESOURCE CENTER	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES

SCHEDULE A - ASSETS & "UNEARNED INCOM

RNED INCOME"	
Name: Mark Walker	
Page 2 of 4	

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	W-5.N	400 Pwg	Kenty Proper	Guideshine		Examples: Simo	W-bg	For hank and other exact are reporting for braint and other exact accounts, to \$5,000, list every financial institution more than \$1,000 in inherest bearing of the state of t	alt IRAs and othe k) plans) provide th	Provide complete names of stoo (do not use only ticker symbols).	identify (a) each asset held it production of income and with a succeeding \$1,000 at the end of the and (b) any other reportable as income which generated more unlied income during the year.	Assets and/or	2
	NC 27103	Owany Fronk Ct	ment	Sems	ABC Hadge Fund	Simon & Schuster	Mega Corp Stock	For hank and other cesh accounts, total the amount is lift interest bearing accounts. It the total is over \$5,000 list every financial institution where there is for rental and other real property held for investment. For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of this activities, and its geographic location in Block A. Exclude: Your personal residence, including second formes and vacation homes (unless there was rental informed thing the report homes (unless there was rental informed thing the report homes derived from, a federal retirement grogarm, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted informed thanks a privately-traded fund that is an Excepted informed the course is that of your spouse (SP) or dependent chird (DI), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each easet held in	Provide complete names of stocks and mutual funds do not use only ticker symbols).	identify (a) each easet held for investment or production of income and with a fair market value accessing \$1,000 at the end of the reporting period and (b) any other reportable asset or source of income which generated more than \$200 in unearmed income during the year.	Assets and/or Income Sources	BLOCK A
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						T		None >					
			9, 3	0()	(U)		1	\$181.000			indicate value of asset at close you use a valuation method of yease specify the method used. If an asset was sold during thinduded only because it gen should be "None."		
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						Ļ	×	\$50,001-\$100,600 m		BVB!	Mark The Park	¥a_	
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			<u> </u>	<u> </u>	-	L	<u> </u>	\$0,01\$1,00,000 · · · · · · · · · · · · · · · ·		 Column M is for assets held by your spouse or dependen child in which you have no interest. 	Indicate value of asset at close of the reporting period; it you use a requestion method other than fair market value beese specify the method used. Because it was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	T.C
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	1777	g Sjudje	Lende Se	(4).6	10.	1	1 3 7 63	Cyric \$50,000,000 Spouse/DC Asset over \$1,000,000*	ł	Ž.	ASIL VALUE		
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			. :"	1-		╄		3 3 3 3		Check "None" if the asset gen income during the reporting period.	Check all columns that apply. For that generate tex-deferred income 401(k), IRA, 529 accounts), you in the "Tax-Deferred column, you in interest, and capital gains, interested, must be disclosed a for assests had in transition."	Type of Income	BLOCKC
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0.5		¥.,	\ \ \ .	٥.	Partnership Income	Royalties		TAX DEFENSED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" accounts, you may check the "Tax-Deferred" accounts, you may check the reason that gains, even if retreased, must be disclosed as income for assets held in transible accounts.		
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			×		×	T		#2.561-85.000: < < C C C C C C C C C			For essets for which you checked "Is other assets indicate the category of it and capital galine, even if reinvest accounts. Check "None" if no income "Column XII is for assets held by your a		
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2207		63.434			 		- 14	\$1.200 =	ŀ		and app	Amount of Income	
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7.			1,12	20	1 TY 1			\$5,001-\$15,000 ≤ 5,5001-\$15,000 ≤ 5,5001-\$15,000 ≦ 55,001-\$100,000 ≦ 55,001-\$100,000	ĺ		ax-Deferred in Block C, you may check the "None" column. For all income by checking the appropriate box below. Dividends, interest, stad, must be disclosed as income for assets held in taxable eves earned or generated. spouse or dependent child in which you have no interest.		
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` .		· · · · · ·	ļ	1	4	4.	*	Spouse/DC Income over \$1,000,000° ≚			6 ≥ 5.		

SCHEDULE C - EARNED INCOME

Name:	
Mark No	
Men	
Page 3	
7	

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse camed 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. INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senio 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totall	mployment by the U.S. governm employment by the U.S. governm e sceeding \$1,0 lenefits received under the Socioest and employees compensations and employees compensational services involving a fidure	ent) totaling \$200 or more during the OO. See examples below. OO. See examples below. al Security Act. led at or above the "senior staff" rated at or above	more during the reporting period. For both the filer below. "senior staff" rate was \$26,955. It is unchanged in a totally prohibited for Members and senior staff.
	4	Am	Amount
Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0 \$0	0003 005\$
Examples: Civil Wer Roundtable, Richmond, VA (Oct. 2)	Spouse Speech	\$0 N/A	\$1,000 N/A
	`		
Laundale Baptist Church	Selvy	13,200	78K
NC Baptist Harpital	SpouseSaley	21人	70K

SCHEDULE D - LIABILITIES

Name: ${\cal N}$	
alk welk	
Page 4	

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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		6/21	040	Example				exception a ropour.
	~	Greentice Mtg	GROUSE - FASEA	First Bank of Wilmington, DE	Creditor			Column N is for habilities had solely by your spouse of dependent critical
	,	5/19	7/012	5/98	Date Liability Incurred MO/YR			iy by your spous
		Mortgege	School Leen	Mortgage on Rental Property, Dover, DE	Type of Liability			e or dependent crind.
					\$10,001- \$15,000	>		
			×		\$15,001- \$50,000	80		
		×			\$50,001- \$100,000	n	ļ	
				×	\$100,001- \$250,000	D		
	ì				\$250,001- \$500,000	IRI,	moun	
					\$500,001- \$1,000,000	TI	Amount of Liability	
					\$1,000,001- \$5,000,000	\$	ability	
					\$5,000,001- \$25,000,000	=		
					\$25,000,001- \$50,000,000	_		
					Over \$50,000,000	د		
					Over \$1,000,000*			1

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Poster	Lewidola Bapkist Church