PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — In all sections, please type or print clearly in blue or black ink 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. FINANCIAL DISCLOSURE STATEMENT II. Did you, your spouse, or a dependent child have any report able liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III. 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? Period covered: January 1, 2013 --UNITED STATES HOUSE OF REPRESENTATIVES Name: **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child **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? If yes, complete and attach Schedule II. because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics Status Filer Each question in this part must be answered and the appropriate schedule attached for each "Yes" response etterson Candidate for the House of Representatives New officer or March State: \_\_ District: Employing Office: New iti Yes Yes Yes Mexico X X Daytime Telephone: Z 0 <u>Z</u> S O Date of Election: For use by candidates and new employees 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. V. Did you have any reportable agreement or arrangement with an outside entity?
 If yes, complete and attach Schedule V. 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. June 3, 2014 **ANSWER EACH OF THESE** Amendment Check if OFFICE OF THE CLERK against any individual A \$200 penalty shall be assessed LEGISLATIVE RESOURCE CENTER more than 30 days late 2014 APR 14 APR 05 2014 QUESTIONS (Office Use Only) Yes Yes Yes Yes X Page 1 of 1 who files š X <u>₹</u> <u>₹</u> ŏ 8

## SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

Name

Page 2 of 5

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.

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	Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
	XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Eyamoloe:	First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
compres.	XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
	Harris County, Texas Public Schools	Spouse Salary	NA	NA
	Jns Bud UC	Salary	0	30,000
	Tulumai. Public Schools	Salary	O	1,625
	Losan Municipal Schale	Salar	0	W 00
	Lugar Municipal Schools	Spouse Solary	NA	N/A
	Regional Education Center	Spouse Sule,	NIA	NIA
	Burds I Engineering, LLC	Spouse Sulan	A/\A	NIA
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/ Stack	l	Fixel IRA	Fixed IRA	Edge	m. ty	ah, KY accounts	×	k		cluding second	y-held business A ime of the busi- its geographic	<del></del>	s 401(k) d in the			Source	
×	×	×	×	×	*	  -  ×	Indefinite		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000	44	60 C D m	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value o	вго
									\$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		0 H - C X	assets solely held sependent child.	), the value should	during the report- ided only because	set at close of u use a valuation tair market value, method used.	Value of Asset	BLOCK B
*						×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST			during the reporting period.	if the asset generated no income if the asset generated no income.	plans or IRAs), you may check the "Tax-Deferred" column. Dividends,	Check all columns that apply, For retirement accounts that do not allow you to choose specific investments of that generate taxdeferred income (such as 401(k)	Type of Income	вгоск с
	×	×	×	×	×		Poyellies		TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income	ome) —		wiod.				ome	
*						×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$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*		Current Year		<ul> <li>This column is for income derived from assets solely held by your spouse or dependent child.</li> </ul>	Income. Check "None" if no income was earned or generated.	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
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Continuation Sheet (if needed) SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Jefforson L. Burd Page 4 of 5

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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 sibling 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. owed 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

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		First Title Somies	Wells Forge Bank	Example: First Bank of Wilmington, DE	Creditor		
	ر	Ana 2006	Feb 2012	May 1998	Incurred mo/year	Date	
	JJ	Aug 2006 Multipage on Tubumbar NM 8844	Feb 2012 Mortgues on Tueumour vim 8x40	Mortgage on 123 Main Street, Dover, DE	Type of Liability		
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## SCHEDULE IV - POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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-

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 an honorary nature.

Position	Name of Organization
Treasurer	Right to life Committee of Now Mexico Quer Court Charte