POSTMARK ILLEGIBLE

<u>\$</u>	Yes	pendent child	ilities of a spouse or dep Committee on Ethics.		arned" income	ny other assets, "une not answer "yes" unle	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	TION - Have you they meet all the	<b>EXEMP</b> because
<b>₹</b>	Yes 🔲	ot be	ent child?	s and certain other "ex spouse, or a depender	nittee on Ethic ting you, your	pproved by the Comr of such a trust benefi	<b>TRUSTS</b> —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?	\$—Details regar	TRUSTS disclose
]   	QUESTION	)F THESE	ISWER EACH OF THESE QUESTIONS	 	TINFOR	ENT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	JSION OF	EXCLL
	esponse.	each "Yes" r	dule attached for each "Yes" response	ιppropriate sched	and the a	ust be answered	Each question in this part must be answered and the appropriate sche	Each (	
<u>2</u>	Yes	\$5,000 from	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.	VI. Did you receive com a single source in the tw If yes, complete and at	₽ V	yes	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.	ou, your spouse, c ⊮ty (more than \$10 mplete and attac	III. Did yo able liabili <b>If yes, co</b>
Š	Yes	angement	Did you have any reportable agreement or arrangement th an outside entity?  yes, complete and attach Schedule V.	V. Did you have any rep with an outside entity? If yes, complete and at	₹   <u>\</u>	rned" / eriod? 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? If yes, complete and attach Schedule II.	II. Did you, your spouse, or a dependent of income of more than \$200 in the reporting reportable asset worth more than \$1,000 of the second in	II. Did yo income of reportable if yes, co
§ 7	Yes	efore the date	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.	IV. Did you hold any rep of filing in the current ca <b>If yes, complete and at</b>	S S	as or Yes	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>	u or your spouse h 200 or more from amplete and attac	I. Did you fees) of \$ If yes, co
				ANSWER EACH OF THESE QUESTIONS	OF THES	SWER EACH	PRELIMINARY INFORMATION — ANSW	MINARY IN	PRELI
						t int	o as suited of outly in blue or bloo		
who files	against any individual v more than 30 days late.	against and more than 3	Amenament	li li	Electronic	Employing Office:	New officer or employee Employi		Status
assessed	A <i>\$200 penalty</i> shall be a	A \$200 pen	Check if	812/1/4	Date of	#0120 <u>7</u> 4		ĘĮ	
	(Office Use Only)	CC "							
CLERK SENTATIVES	OFFICE OF THE CLERK		04-414-1529	Daytime Telephone: $9a$	Daytime		na Scural-Smith	Guoreatha	Name:
16	2014 JAN 29 AM 11: 16	201							
RCE CENTER	LEGISLATIVE RESOURCE CENTER	LEGI	and new employees	For use by candidates and new employees		T 21,2014	FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 Δβτηματμ	covered: Jan	<b>FINAN</b> Period
Page 1 of 4		•				ENTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	D STATES	UNITE

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Groreatha Scurry. Smith Page 2 or

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 t	ement programs, and benefits re	benefits received under the Social Security Act.	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Course (invitate date or receipt for nontributed)	· }pc	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Executive Office of the Contemor Scott	Salary	L A	26,355.00
FLORIDA Re-Employment	Re-complay ment	550.00	6,875.00
PL 4th District	Spouse Salary	4,168,00	45,461.25
	Spainse Salary	28	916.00
Bob Hayes Track Meet - Off Duty	Spouse Spland	ΠA	350.00
	١		
		i	
	222		

Edjanced Fund (A20)	Spouse Retirement Acets FRS Conservative Phase (104)	<b>P</b>		DC. Examples: Simon & Schuster	SP Mena Corn Stock	homes and vacation homes (unless there was rental 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	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 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 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. Provide complete names of stocks and mutual funds (do not use ticker symbols).	BLOCK A  Asset and/or Income Source
×	*		×		×	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 \$25,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 - \$25,000,000		A B C D E F G H I J X L M	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 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	BLOCK B
	*		×	Royattes	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come		interest, and capital galins, 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 retirement accounts that do not allow you to choose specific investments <i>or</i> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. <b>Dividends</b> ,	BLOCK C  Type of Income
	*		×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$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 \$1,001 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year	* This column is for income derived from assets solely held by your spouse or dependent child.	For assets for which you check the "None" column income by checking the and capital gains, evincome. Check "None"	Amount of Income

## SCHEDULE III — LIABILITIES

Name Gloreatha Scilling-Smith

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 a spouse, or the child, parent, or sib-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 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.

		l						Amo	Amount of Liability	Liabi	Щу			
SP,	Creditor	Date Liability	Type of Liability	>	В	ဂ	0	iti	, T	ြ	ю <u>т</u>			er 大
JT ,		mo/year		\$10,001 \$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 \$25,000,00	\$25,000,00 \$50,000,00	Over \$50,000,00 Spouse/DC	Liability ove \$1.000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×							
	Sallie Mae Trust-LSC/FL	MAYOL	Student Loan	7										
		16B-08	Student Loan	_	<b>/</b>									
		:												

## **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,

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.	ature.
Position	Name of Organization