2013 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: Mees Allison Veasey IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the 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. 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? reporting period? exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction A. Did you, your spouse, or your dependent child: REPORT TYPE FILER STATUS . Did you, your spouse, or your dependent child purchase, sell, or b. Make more than \$200 in unearned income from any reportable Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? 2013 Annual (Due: May 15, 2014) U.S. House of Representatives Member of or Candidate for District: State: Yes No Yes Yes Yes Yes Spage S Daytime Telephone: 202-225-9897 Amendment N_O No. Š 중 For Use by Members, Officers, and Employees G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any Form A Employee Officer or Employing Office: Termination Date: Have you excluded N.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 2014 MAY 15 PM 12: 24 HAND DELIVERED of L from (Office Use Only) Yes Yes Yes Yes Yes Ύes Yes Š <u>8</u> ٥ 중 Š ŏ ö

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Marc Allison Veasey Page_of_

| \$ | 4 | Œ | प्ह | 4 | B | | 5 | S & | For bin all \$5,00 more more For rents for a that busing geogg geogg. Exclution interretire in continuous for you for y | For : | A identify production exceeding and (b) income income |
|---------------------|----------------------|------------------------|----------------|--------------------|----------------------|-----------------------|------------------|--|--|---|--|
| NERS | BOVA-COM | Growth H | Cassiful & | Cantal | Year pro | АВС Н | Examples: Simon | SP Mega C | For bank and other cash accounts, total the amounts, solid the amounts of the total is over \$5,000, list every financial institution where there is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts. For rental and other real property held for investmen provide a complex address or description, e.g. rental property, and a city and state. For an ownership interest in a privately-held busines that is not publicly traded, state the name of the business, the nature of its activities, and it geographic location in Block A. Exclude: Your personal residence, including secon homes and vacation homes (urless there was rentincome during the reporting period); and any financial interest in, or income derived from, a federirement program, including the Thrift Savings Plar fetrement program, including the Thrift Savings Plar (you have a privately-traded fund that is a Excepted Investment Fund, please check the "Elif box. If you so choose, you may indicate that an asset income source is that of your spouse (SP) of dependent child (DC), or jointly held with anyon (JT), in the optional column on the far left. For a detailed discussion of Schedule requirements, please rafer to the instruction booklet. | do not use only ticker symbols). For all IRAs and other retirement plans (such bot/(k), plans) provide the value for each asset help the soccount that exceeds the reporting thresholds; | BLOCK A Asset and/or Income Source identify (a) each asset held for investment production of income and with a fair market vae exceeding \$1,000 at the end of the reporting peri and (b) any other reportable asset or source moome that generated more than \$200 in "unearn income during the year. |
| Planyon | MATS NON | ٥ | March Gode | To cold | * Physical | ABC Hedge Fund X | Simon & Schuster | Mega Corp. Stock | Tor bank and other cash accounts, total the amount of all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is nore than \$1,000 in interest bearing accounts. 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 from a momental property, and a city and state. The business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second forms and vacation homes (unless there was rental income during the reporting period), and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "Elifbox." If you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose, you may indicate that an asset or fix you so choose or fix you so ch | (do not use only ticker symbols). For all IRAs and other retirement plans (such as for all IRAs and other retirement plans (such as for all the secount that exceeds the apporting thresholds. | BLOCK A Asset and/or Income Source identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period and (b) any other reportable asset or source of income that generated more than \$200 in "uneamed" income during the year. |
| | | | | | | | | | None > | | |
| | | | 述 ノ | | | jar. | ā | 95 <u>24</u> | \$1,001\$15,000 | 1 | you have no interest |
| | e Mary Mary | | 809 | 97-31-1 1-1-1-1 | 2.0 | Am G | ndefinite | % | \$16.001.\$50.000. | | Validicate value of asset at clusellustion method other than fit used if an asset was sold during because it generated income, "Column M is for assets held tyou have no interest." |
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| 4, | (a) | <u></u> | | Marina National | 175 | × | ¥2.6 | | \$100.001-\$250,000 \$250,001-\$500,000 | | BLOCK B Value of Asset t close of the repo an fair market value, ing the reporting po ne, the value should id by your spouse o |
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| | 9 M. 13. | | *** | To the | Y | Segreta George | | | 5000(45000) | | BLOCK B Value of Asset asset at close of the reporting period. If the reporting period and the reporting period if the reporting period and is invalid during the reporting period and is invalid income, the value should be "None." set income, the value should be "None." seets held by your spouse or dependent chill seets and the period of the period |
| * | 2.49 1.50 1.50 | | | Ž. | N., | | ones ir.ak | | \$25,000,001-\$50,000,000 ~ | | BLOCK B Value of Asset Value of Asset Value of Asset Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used if an asset was sold during the reporting period and is included only because it generated income, the value should be None.* Column M is for assets held by your spouse or dependent child in which you have no interest. |
| A. 1 | taria. | 2000 | <i>#</i> ** | | | 港 ,亦 | *** | | Spouse/I/C Asset over \$1,000,000° ≤ | | <u> </u> |
|) in the | <u> 1864 -</u> | W | 游水 森。 | | 4-3 <u>4</u> | ما في الموالية | 28% | × | DIVIDENOS | 1 | Check all colugenerate tax-de generate tax-de 529 accounts). Collum. Divic column. Divic sven if reinver for asserts hate if the asset gen period. |
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| | | es y Sain. | | | | Stars | 28 | S. | EXCEPTED/BLIND TRUST | | Type of Income Check all columns that apply. For accour generate tax-deferred income (such as 401(k), 529 accounts), you may check the "Tax-Di column. Dividends, interest, and capital even if reinvested, must be disclosed as a for assets held in taxable accounts. Check if the asset generated no income during the re period. |
| 7 | | | | | <u> </u> | | | | TAX DEFERRED | | CCOME NY For Such as Eack the St, and disclose ccounts. ome durin |
| | | <i>V</i> , 38 <i>V</i> | | ant Vi | | Partnership Income | Royalties | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | BLOCK C be of Income that apply. For accounts, that income (such as 401(k), IRA, or may check the "Tax-Defense" t, interest, and capital gains, must be disclosed as income awashe accounts. Check "None" d no income during the reporting |
| | 300 A | 4 -314 | | Ž. | \$1.50 \$1.40 | | | ESTA SEA | \$1-\$200 | child in which yo | |
| agency. | 960 PM | | - A | May. Bolda | i Ag Garag | \$ 24 6: 13 | | ************************************** | \$201\$ (000 \$1,001\$2,500 ▼ | hich you | A For assets for which y may check the "None category of income Dividends, interest, must be disclosed accounts. Check generated. |
| gyer Skole | - 10°- | | | y sign; | | | 10 TE | | £ 50 £ 000 | child in which you have no interest | BLOC Amount o hyou checked ne* column. F e by checkin st, and capit st, and capit d as income 'x "None" if |
| 1972) 1646) | 75.88 6 19.3 | son, n No. 1 | | POPELA BARA | er og s | # 1 1/2000 | | | \$5,001-\$15,000 S | or essets lieu by your shouse but have no interest. | Amount of Income Amount of Income h you checked Tax-Defen not column. For all other ne by checking the appraist, and capital gains, e st, and capital gains, e d as income for asset x "None" if no income x "seast hald by your sty |
| 52 % 5200 | | | | | 15 1 3% W 15 1 3% | \$4.5 \$1.5 | 3. (39 <u>)</u> | 19.000 17.27 | \$50,001.\$100,000 ≦ \$100,001.\$1,000,000 | spouse. | come c-Deferred" i dher asse appropria ins, even income wa |
| 43.72° | 7 mg | 2.75.55 2.85.55 | 7°2'5 8 462 | Mary Garage | | 94 × | 11 AM 12 P | 建 0万 左,4 | \$1,000,001-\$5,000,000 × Coler \$5,000,000° | 9 | Amount of Income Amount of Income Amount of Income For assets for which you checked Tax-Deferred" in Block C, you may check the "None" column. For all other assets induste the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. |
| | | | | <u> </u> | _ | \vdash | | <u>δ</u> | Spouse/DC Asset with Income over \$1,000,000* 설末 강문 등 | | |
| | | | | | | | | S(part) | Leave this column blank if there are no transactions that exceeded \$1,000. | If only a portion of an asset was sold, please indicate as follows: (S (part)). | BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or sales (S), or saceding \$1,000 in the reporting period. |

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| 30 | | Sec. | | | | | | | 77 Y | | | | | Sp. se | | Č. | \$1.45,000 6 | | ! | & "UNEARNED INCOME" |
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SCHEDULE B - TRANSACTIONS

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|----------|--|-------|---------------------|--|---------------|-----------|------------------------------|----------------------------|-------------------|---------------|----------------------------|------------------------------|---------------------------|---------|-------------|-----------------|--------------------|------------------------|--|----------------|---|---|--|
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| | | | | | | | 14.0 | | rigin. | | | P XI | | | | S | | 100 | Ż | y. # | (SpouserOC A | 00° see0 × | |

SCHEDULE C - EARNED INCOME

| | Name: Mpg | |
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| List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. govern | nment) totaling \$200 or more during the r | otaling \$200 or more during the reporting period. 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. INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. | below. Social Security Act. Insaled at or above the "senior staff" rate totally prohibited. | · was \$26,955. In addition, certain |
| Source (include date of receipt for honoraria) | Туре | Amount |
| | Approved Teaching Fee Legislative Pension | \$6,000 \$18,000 |
| EXAMPIOS: Civil War Roundtable (Oct. 2) Ontario County Board of Education | Spouse Speech Spouse Salary | \$1,000 N/A |
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SCHEDULE D - LIABILITIES

| • | Name-Mar Alison Vea | |
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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. 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 reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

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| | • | 3/2012 | 12/202 | G/2005 | 3/2012 | 5/98 | Date Liability Incurred MO/YR |
| | 1 | Linz of Oraclet | Credits Cox of | mortage on 4540 Police | Modelly to retrain | Mortgage on Rental Property, Dover, DE | Type of Liability |
| 28. 1.30 1.30 1.30 1.30 1.30 1.30 1.30 1.3 | | | | | | San | \$10,000 \$15,000 \$ |
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| - | interes. | 1733 | 2,4 .77 | l Note: | # * * * * * * * * * * * * * * * * * * * | 11. 19. 91. | Over \$50,000,000 |
| ■ 75 | Š: | | | 11 12 A. 10 A. | | | Over \$1,000,000* (Spouse/DG Liability) |

SCHEDULE E - POSITIONS

| listed in Schedule C; positions held in any religious, social, fr | consultant of any corporation, firm, partnership, or other busi | Report all positions, compensated or uncompensated, held or |
|---|--|---|
| 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. | 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 | Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or |

| Position | Name of Organization |
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMEN

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

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|--|------|--|---|------|------|---|-------------------------|-----------------------------|---|-----------------------------|---|
| | | | | | | | CBC Institute & 18-2813 | American Israel Elucion bul | Examples: Habitet for Humenity (charity fundraiser) | Government of China (MECEA) | Source |
| | | | 9 | | | | 8-15-2013 C102-81-8 | m \$455 | Mar. 3-4 | Aug. 6-11 | Date(s) |
| | | | | | | | Dallas - Tunia, Ks | UC-Israel | DC-Boston-DC | DC-Beijing, China - DC | City of Departure – Destination — City of Return |
| | | | | | | • | V. | y | Υ | γ | Lodging? (Y/N) |
| | | | | | | | <u>></u> | y | * | ٧ | Food? (Y/N) |
| | | | | | | • | <u> </u> | Ŋ | γ | N | Family Member Included? (Y/N) |

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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| List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. | sor of an event to a charitable organ | nization in lieu of paying an | thonorarium to you. A |
|---|---------------------------------------|-------------------------------|-----------------------|
| Source | Activity | Date | Amount |
| Examples: Association of American Associations, Washington, DC XYZ Magazine | Speech Article | Feb, 2, 2013 Aug. 13, 2013 | \$2,000 \$500 |
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SCHEDULE F - AGREEMENTS

| Name: | |
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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government 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 benefit plan maintained by a former employer.

| Date | Date Parties to Agreement | Terms of Agreement |
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SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the

| Source | Description | Value |
|--|--|-------|
| Example: Mr. Joseph Smith, Arlington, VA | Silver Platter (determination of personal friendship received from the Ethics Committee) | \$400 |
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