8	Yes	ependent child	ties of a spouse or de ommittee on Ethics.	st consulted with the Consulted	arned" income s you have fire	er assets, "une er "yes" unles	this report any other mption? Do not ans	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.	EXEMPTION— because they m
No X	Yes 🔲	10t be	cepted trusts" need not be	s and certain other "exc spouse, or a dependen	ittee on Ethics	d by the Comm a trust benefit	ind Trusts" approve	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excedisclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent	TRUSTS—Deta disclosed. Have
S	QUESTION	OF THESE	SWER EACH OF THESE QUESTIONS	MATION — ANS	I INFORM	OR TRUS	EPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANS	EXCLUSION
	response.	each "Yes"	ule attached for each "Yes" response	and the appropriate schedu	and the a	e answered	is part must be	Each question in this part must be answered	
No ×	Yes 🔲	\$5,000 from	pensation of more than \$5,000 from o prior years? tach Schedule VI.	VI. Did you receive compe a single source in the two If yes, complete and atta	S S	Yes 🔀	have any report- porting period?	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.	III. Did you, your s able liability (more If yes, complete a
S _o	Yes 🔀	rrangement	ortable agreement or arrangement tach Schedule V.	V. Did you have any reportable agreemen with an outside entity? If yes, complete and attach Schedule V	<u>§</u>	Yes 🔀	receive "unearned" od or hold any end of the period?	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 sincome of more the reportable asset with yes, complete a
No D	Yes X	before the date or two years?	ortable positions on or t endar year or in the pric ach Schedule IV.	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.	S	Yes X	ne (e.g., salaries or eporting period?	 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. 	I. Did you or your fees) of \$200 or m
				E QUESTIONS	EACH OF THESE		n blue or black ink. N — ANSWER	In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSW	PRELIMINA
		more than				Office:	Employing Office:	New officer or employee	Status
assessed who files	A <i>\$200 penalty</i> shall be assessed against any individual who files	A \$200 pe	Check if Amendment	May 20, 2014	Date of Election:	11	State: GA	x Candidate for the House of Representatives	
1034	(Office Use Only)								
7	APR 2 1 2(na	>		Daytime Telephone:	Daytime		nilk	cy Dean Loudermilk	Name: Barry
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Higgéll of S	LEGISLATIVE RESOURCE CENTER of S	I EGISLATI	B	FORM B		TIVES	REPRESENTA	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED STA

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Barry Dean Loudermilk

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.

Source (include date of receipt for honoraria) Amount	Two	Amount	unt
	٠ ۶ مار د	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
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Innovative Network Systesm, Inc., Cartersville, GA	Salary	\$10,750	\$33,475
Georgia General Assembly, Atlanta GA	Legislative Salary	\$0	\$11,667

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ļ		+	ख	 n	দ্য	╀	DC,E	Ü	incomes and second frontess furness from was triplating \$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 raquirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second homes and version homes (infers there was reptal	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.	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.	For all IRAs and other retirement plans (such as 401 (k) plans) provide the value for each asset held in the	Provide complete names of stocks and mutual funds (do not use ticker symbols).	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.	
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SCHEDULE III — LIABILITIES

Name Barry Dean Loudermilk

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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.

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			המודדיכוו פרמים סמודע	Usefulton Otato Dank	Example: First Bank of Wilmington, DE	Creditor
			* / ±0	A / 1 O	May 1998	Date Liability Incurred mo/year
			Systems (Personal Guarantee)	Business Loan, Innovative Network	Mortgage on 123 Main Street, Dover, DE	Type of Liability
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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);

,	
Position	Name of Organization
Officer (President)	Innovative Network Systems, Inc.
Officer (CEO)	Firm Reliance, Inc.
Parnter	Freedom Flight Center, LLC
Officer (Secretary)	Barley Loaf Ministries, Inc.

SCHEDULE V - AGREEMENTS

Name Barry Dean Loudermilk

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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	

em pian mainta	ent plan maintained by a former employer.	
Date	Parties To	Terms of Agreement
Vested 2013	Vested 2013 Myself and State of Georgia	Georgia State Health Benefit Plan

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 I.

_		
_	Source (Name and Address)	Brief Description of Duties
_		Accounting services
-		
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