Š N	Yes 🔲	pendent child	lities of a spouse or del Committee on Ethics.	e, transactions, or liabiling transactions, or liabiling transcribed with the C	arned" income ss you have fir	er assets, "une swer "yes" unle	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.	EXEMPTI because th
№	Yes 🔲	of be	cepted trusts" need no	s and certain other "existence" spouse, or a dependen	nittee on Ethic	ad by the Comn h a trust benefi	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?	TRUSTS- disclosed.
S	EACH OF THESE QUESTIONS)F THESE	ANSWER EACH O	1	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUS
	response.	each "Yes"	lule attached for	ppropriate schedu	d and the a	e answerec	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
S □	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 compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI.	No N	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.	III. Did you, able liability ff yes, comp
Z	Yes	angement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V	Š	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, income of m reportable as If yes, comp
S _N	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 cal If yes, complete and att	N _o	Yes 🔽	i. 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 fees) of \$200 If yes, comp
				E QUESTIONS	EACH OF THESE		in all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER	n all section PRELIMI
		more than				Office:	New officer or Employing Office:	oraina
assessed who files	A <i>\$200 penalty</i> shall be a	A \$200 per	Check if Amendment	Date of JUNE 3, 2014	Date of Election	<u>04</u>	Candidate for the State: If House of Representatives District:	Filer
5	(Office Use Only)					:		
ES A	U.S. HOUSE OF REPRESENTATIVES	OFFICE (L	Telephone:	Daytime	6	Name: GARY EUGENE "GENE" TAYLOR	Name: (
Page 1 of 5	MAY 0 2 2014 Page LEGISLATIVE RESOURCE CENTER 2014 MAY 21 PM 12: 11.	LEGISLATIVE	∄ B and new employees	FORM For use by candidates a		ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - APOL お, 201	UNITED FINANC Period co

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name GANGY
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CERE"
TAYLOR

Page 2 of

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 of Heserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	ceived under the Social S	SECURITY ACT.
Source (include date of receipt for honoraria)	Type	Amount	unt
	.)	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	עונ	NA	NA
SOUTHERN BRAPHICS	SPOUSE INCOME	てや	NA
NAVISTAR, INC	CONSULTING FEE	0	115,261.
HANCOCK COUNTY POIT & HARBOIL	COMMISSIONER FEE		,39ch
			3.5
	9 9 9 9 9 9		
		9 9 9	

	None > 5√ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BLOCK A Asset and/or income Source 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). 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. For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi- ness, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period), any deposits total- ing \$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.
DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Over \$50,000,000	<u> </u>
None	X NONE DIVIDENDS RENT X INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED If the asset generated no in	
\$1,000,001 - \$5,000,000 X	None	Amount of Income Assets for which you checked "Tax-Deferred" in Block Come by checking the appropriate box below. Dividends a capital gains, even if reinvested, must be dissome. Check "None" if no income was earned or generating column is for income derived from assets solely he suse or dependent child. Current Year Preceding Ye.

SCHEDULE III — LIABILITIES

Name GARY BUGGRE GRAS TAYLOR Page + of 5

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. 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 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 owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-

_				
				JT DC,
			Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001 \$15,000 >
	 			\$15,001— \$50,000
			L	\$50,001 \$100,000 O
			×	\$100,001— \$250,000
				\$250,001— \$500,000 m
		· · · · · · ·		\$500,001— \$1,000,000 TI
				\$500,000 m \$500,001— \$1,000,000 m \$1,000,001— \$5,000,000 G \$5,000,001— \$25,000,000 H
				\$5,000,001— \$25,000,000 ± \$25,000,0 01
				\$50,000,000
				Over \$50,000,000 — Spouse/DC
				Liability over ス \$1,000,000

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.

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

ally positions solely of an inchorary flatore.	iawi e.
Position	Name of Organization
(JOHINISSI MINO)	HANCECK COUNTY PORT + HARBOR
CONSULTAINT	NAVISTAR, INC.

Use additional sheets if more space is required.

SCHEDULE V - AGREEMENTS

Name GANY
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Pa

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 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	Parties To	Terms of Agreement

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.

 	 					_
			NAMISTAIR, INC. LISLE, IL	Example: Doe Jones & Smith, Hometown, Homestate	Source (Name and Address)	
			CONSULTING SERVICES	Accounting services	Brief Description of Duties	

76-995 (mac)