RESENTATIVES	FORM B For New Members. Candidates, and New Employees	AUG 1 1 2004 1 of 8
FINANCIAL DISCLOSORE STATEMENT		LEGISLATIVE RESOURCE CENTER
Name: JAMES E, BRYAN Daytime Telephone:	hone:	2014 AUG 20 PM 2: 11
New Member of or Candidate for State:	Check if Amendment	OFFICE OF THE CLERK HOUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee  Employing Office:	Period Covered: January 1, 2011 to 1822 71 - 2014	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	STIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	F. Do you have any reportable agreements or arrangements with an outside entity?	r arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable  Yes  No  Ves  No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR	CHEDULE IF YOU ANSWER "YES" S THAT YOU ARE REQUIRED TO COMPLETE	3" ) COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	E QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child?	ther "excepted trusts" need not be disclosed. Have you excluded from	ave you excluded from Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse of tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	r liabilities of a spouse or dependent child because they meet all three	se they meet all three Yes No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 2 of 8

Name: JAMES E BRAGN

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	Assets and/or Income Sources	identify (a) each asset held for investment or production of income and with a fair market value anceding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "uneamed" income during the year. Provide complete names of stocks and mutual funds (do not use only 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.	5	to bank and other cash accounts, till the total its envount in all interest-bearing accounts. If the total its 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 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 that is not publicly traded, state the name of the business, 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); 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 "EIF" box.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	For a detailed discussion of Schedule requirements, please refer to the instruction booklet.		-=   0	* <u> </u> *	1			1	
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Name: JAMPS E, BRYAL

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BLOCK B	Value of Asset	, L	· · · · · · · · · · · · · · · · · · ·							<del>                                     </del>	-	-						
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BLOCK A	Assets and/or Income Sources			ASSET NAME														
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Use additional sheets if more space is required.

### SCHEDULE C - EARNED INCOME

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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. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

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. It is unchanged in 2014. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. 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)  Type			Amount
<b>Source</b> (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0 \$0	\$500 \$500
Examples: Civil War Roundtable, Richmond, VA (Oct. 2) Ontario Country Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
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#### SCHEDULE D - LIABILITIES

Name: JANNE E. BRYAN

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(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 sibiling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child. 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. New 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

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se of dependent critic.		Type of Liability	Mortgage on Rental Property, Dover, DE			6		
y uy your spous		Date Liability Incurred MO/YR	5/98					
exceeded \$10,000. Column K is for liabilities fleid solely by your spouse of dependent crinic.		Creditor	Example First Bank of Wilmington, DE	·	24		2	
xceeded		% . j	4					
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#### SCHEDULE E - POSITIONS

other business enterprise, nonprofit organization, labor organization, or educational or other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the current calendar year. First-wear candidates and new employees report positions held in the current calendar year. ompensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or

s) year. I istycal californica and new employees report positions and in the carrier of the tree promoter years.	Name of Organization			
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Name:

6 of 8

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	Parties to Agreement	Terms of Agreement
		/ O V W

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

	Source (Name and City/State)	Brief Description of Duties
Ехатріе:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
1.2.21		

FILER NOTES (Optional)

Name: JAMES E, BRUAN Page 7 of 8

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