FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** Name: FILER STATUS Jouglas Owers U.S. House of Representatives Employing Office: Candidates - Date of Election: New Member of or Candidate for New Officer or Employee State: District: Daytime Telephone: For New Members, Candidates, and New Employees FORM B Period Covered: January 1, 2013 Check # Amendment A \$200 penalty shall be assessed against any individual who files more than 30 days late. OFFICE OF THE CLERK
U.S. MOUSE OF REPRESENTATIVES 2014 AUG -6 PR121 01+0 JUL 2 9 2014 (Office Use Only)

LECT LATIVE RESOURCE CENTER

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

| 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 uneamed income from any reportable asset during the reporting period? 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? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Ho. Did you have any reportable agreements or arrangements with research the current year and two prior years? ATTACH THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE |
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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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 that benefits you, your spouse, or dependent child? EXEMPTION - Have you excluded from this report any other assets, "uneamed" 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. ĕ 중 Ø

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| SCHEDULE A - ASSETS & "UNEARNED INCOME" | & "UNEARNED INCOME" | - フ | | し、 |
|--|---|--|---|--|
| | | Name: 1)0 V | m Carrs | Page C of C |
| BLOCK A | вгоска | BLOCK C | BLOCK D | |
| Assets and/or income Sources | Value of Asset | Type of Income | Amount of Income | |
| identify (a) each asset held for investment or production of income and with a tair market value | Indicate value of seast at close of the reporting period. If you use a valuation method other than fair market value. | xi. H'Check all columns that apply. For accounts alue, that generate text-deferred income (such as | For assets for which you checked Tex-Deferred in Block C. | ou may check the "N |
| \$1,000 at the end of the reporting period, my other reportable seest or source of | | | orrer assers indicate the catagory of income by checking the and capital gains, even if relinvested, must be diacloss annotately face the checkens annotately face. | appropriate box below. Dividends, interest, ind as income for assets held in taxeble |
| which generated more than \$200 in of income during the year. | included only because it generated income, the should be "None." | āŝ | *Column XII is for assets held by your spouse or dependent child in which you have no interest | o. Id in which you have no interset |
| Provide complete names of stocks and mutual funds (do not use only ticker symbols). | *Column M is for assets held by your spouse or depender child in which you have no interest. | ᆂ | | |
| For all IRAs and other retirement plans (such search) are the control in the control of the cont | | | | |
| the account that exceeds the reporting thresholds. | | | Current Year | Dracading Van |
| For bank and other cash ecocuris, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts. | > 00 00 00 00 00 00 00 00 00 00 00 00 00 | * | | |
| For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. | | me) | | |
| 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 Blook A. | | ne or Farm Inco | | |
| Excitude: Your personal residence, including second homes and vacation homes (unless there was rental homes during the reporting period); and any financial interest in, or income derived from a foderal retirement program, including the Thrift Savings Plan. | | Partnership Incor | | |
| If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. | | 517 | 31,000,000 | i1,000,000 |
| If you so choose, you may indicate that an asset or income source is that of your apouse (SP) or department that (CR), or jointly haid with anyone (JT), in the optional column on the far left. | 5,000 56-000 100,000 \$250,000 \$500,000 \$1,000,000 11-\$25,000,000 01-\$50,000,000 | T GAINS DIBLIND TRUE ERRED | ,500 ,000 5,000 50,000 100,000 81,000,000 | 500 600 5,000 50,000 100,000 51,000,000 |
| For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. | \$1,000,00 \$5,000,00 | NONE DIVIDEN RENT INTERES CAPITAL EXCEPTE TAX-DEF | \$1,000,00 Over \$5,0 | Over \$5,0 |
| SP, Mesa Com Stock BF | × | × | × | × |
| Exemples | Indefinite | Royaltias | × | × |
| ABC Hedge Fund X | × | Partieralique (Voorman) | × | × |
| Retirement Forget 7025 X | × | X | X | |
| k - c | X | | | |
| Vancouard Total Bd X | X | X | X | |
| " " In Inst. Ind. K | × | × | X | |
| " FTSE AND X | X | × | | |
| Use additional sheets if more space is required. | p. | : | | |

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| BLOCK A | CHEDULE A - ASSETS |
|---------|--------------------------------------|
| вгоск в | CHEDOLE A - ASSETS & UNEAKNED INCOME |
| BLOCK C | Name: Dovi |
| BLOCK D | alm Owens |
| | Page 3 of 6 |

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|----------|---|---|---|----------|---|----------|----------|----|-----|----------|-------------|----------|-------------------|-----------------------|-----------|------------|---|------------------------------|---------|
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| | | | | | | | | | | | Ľ | <u>'</u> | Find of America A | Amorican Funds Crowth | \$ \$ | ASSET NAME | | Assets and/or income Sources | BLOCK A |
| | ļ | | | <u>.</u> | | └ | | L. | ļ., | _ | × | 384 | | | × | 9 | | | _4 |
| | | | | | | | | | | | > | | × | | X | | None > \$1-\$1,000 | Value of Asset | BLOCK B |
| <u> </u> | | | _ | _ | | ┡ | <u> </u> | ļ | | ļ | ļ., | | | ļ.,, | \vdash | | Spouse/DC Asset over \$1,000,000° ≤ | | 4 |
| | | | | | | | | | | | X | | × | | X | | NONE DAVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEDIBLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income) | Type of income | BLOCK C |
| ┡ | | | - | | - | ├ | - | | | \vdash | ~ | | | | \succeq | | None — \$1-\$200 = | | |
| | | | | | | | | | | | | | | | | | \$201-\$1,000 = \$1,001-\$2,500 < C \$2,501-\$5,000 | Amount of income | BLOCK D |
| <u> </u> | - | | | | | ├- | _ | | H | | 2 | | _ | ļ | X | | None – | 1 7 | õ |
| | | | | | | | | | | | | | | | | | \$1,000 = \$201-\$1,000 = \$201-\$1,000 = \$2,501-\$2,500 < \$2,501-\$5,000 < \$35,001-\$15,000 < \$35,001-\$15,000 < \$35,001-\$10,000 < \$35,001-\$10,000 < \$35,001-\$10,000 < \$35,001-\$10,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000,000 < \$35,000 | iome | |

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SCHEDULE C - EARNED INCOME

| Name: Poralas | |
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| Juens | |
| Page 4 of 6 | |

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.

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. 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.

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| Source (include date of receipt for honorarie) | Type | | Amount |
| Course (Include date of lecapt for nonotaria) | i ype | Current Year to Filing | Preceding Year |
| ABC Trade Association, Battmone, MD (July 15) | Нологапип | \$6 | \$500 |
| Examples: State of Maryland Civil War Roundtable, Richmond, VA (Oct. 2) | Selety Spouse Speech | \$20,000 \$0 | \$76,000 \$1,000 |
| Critario County Board of Education | Spouse Saley | WA | N/A |
| Holland+Hart | Salary | 45.186 | 196,728 |
| Washt Reduatives Inc. | 11 | NIA | N/A |
| Oruga Health Siences University | 11 | N/A | N/A |
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SCHEDULE D - LIABILITIES

| Name: |
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Report liabilities of over \$10,000 owed to any one creditor at any time 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 (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 isabilities 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 the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

| | | | DC, JT | | |
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| | | Example | | | · |
| | | First Bank of Wilmington, DE | Greditor | | |
| | | 5/98 | Date Liability Incurred MO/YR | | |
| | | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| | | | \$10,001- \$15,000 | > | |
| | | | \$15,001- \$50,000 | 6 | |
| | | | \$50,001- \$100,000 | ი | |
| | | × | \$100,001- \$250,000 | ъ | Ĺ |
| | | | \$250,001- \$500,000 | m | Amount of Liability |
| | | | \$500,001- \$1,000,000 | 71 | t of Li |
| | | | \$1,000,001- \$5,000,000 | e e | ability |
| | | | \$5,000,001- \$25,000,000 | = | |
| | | | \$25,000,001- \$50,000,000 | - | |
| | | | Over \$50,000,000 | - | |
| | | | Over \$1,000,000* (Spouse/DC Liability) | ~ | |

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or 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 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. New Members and second-year candidates report

| Position | Position Name of Organization |
|---|---|
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| Asent, manager | Wise belly LLC |
| realistered assent secretary Director | - Little Farm Homeowners Association |
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SCHEDULE F - AGREEMENTS

Name: Douglas Owens Page 6 of 6

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| 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 by | 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 | |
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| g participation in an employee welfare or benefit plan maintained by a former employe | ure employment; a leave of absence during the period of government service; | |
| 8 | ure employment; a leave of absence during the period of government service; | |

| | Date | Parties | Parties to Agreement | Terms of Agreement |
|---------|------|---------------|--|--|
| approx. | 2/14 | Holland+ Hard | approx. 2/14 Holland+ Hard and Dove Owers Iram on leave of | Iam on leave of absence perdine outcome of the |
| | | | / | election. Connersation has been terminated Nearly all |
| | | | | benefits have been teragnated. In the event I win the |
| | | | | election, the terms of May senaration from Holland + Hartune |
| | | | | to be negotiated. In the event I lose the election, the |
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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 |
|----------|--|-----------------------------|
| Example: | Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| | N/A | |
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