F S	Yes 🔲	∋pendent child	e, transactions, or liabilities of a spouse or delirst consulted with the Committee on Ethics.	earned" income ss you have fir	er assets, "une wer "yes" unle:	<b>EXEMPTION</b> —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.
S S	Yes 🔲	ot be	cs and certain other "excepted trusts" need no	nittee on Ethic ting you, your	d by the Comn า a trust benefi	<b>TRUSTS</b> —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?
<u>o</u>	QUESTION	)F THESE (	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	esponse.	each "Yes" re	appropriate schedule attached for each "Yes" response.	and the a	e answered	Each question in this part must be answered and the appropriate sched
S S	Yes L	\$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.	S	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.
Ę	Yes	rangement	Did you have any reportable agreement or arrangement with an outside entity?     If yes, complete and attach Schedule V.	8	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.
<u>5</u>	Yes	реfore the date or two years?	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.	<u>§</u>	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.
			ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWI
	1	more than 30 days late			Office:	New officer or Employing Office:
assessed	A <i>\$200 penalty</i> shall be assessed	A \$200 pena	n: Nov. 4, 2014 Check if	Date of Election:	FLORIDA	Candidate for the State: House of Representatives District:
	(Office Use Only)					
ERK	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S. HOL	Daytime Telephone:	Daytime		Name: Marihelen Haddock Wheeler
Page 1 of $S$ RCE CENTER 112: 20	LEGISLATIVE RESOURCE CENTER  2014 MAY 16 PM 12: 20	LEGISL 2014	FORM B For use by candidates and new employees		NTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - April 15,2014
1	MAY 1 3 2014	M/Y				

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Marihelen Haddock Wheeler

Page 2 of 5

1	exceeding \$1,000. See examples below.	more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; I	List the source, type, and amount of earned income from any source (other than the filer's current em	
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		; list only the source for other spouse earned income	ployment by the U.S. Government) totalling \$200 or	
		a Be	ğ \$2	
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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) 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.
Eyelide: Military pay fouch as National Guard or Deserve pay) fodoral retirement programs and honofits received under the Social

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	Type  Salary  Director's Fee  Honorarium  Spouse Salary  Salary  Salary  Salary  Salary	Sceived under the Social Secondary S	## Preceding Year \$28,450 \$3,200 \$1,000 NA #\$ \$2,583.84

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Wells Fargo SEPIRA	Wells Fargo Account	Western Buptist College BOND	SUNTRUST Bank Indexed	Wells Fargo IRA Federated Doubent Dollar Be	Wells Fargo IRA	1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	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.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or depen- dent 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 requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second homes and vacation homes (unless 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.	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.	(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.	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.	Asset and/or Income Source	BLOCK A
*	*	*	*	×	*	×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G G H	*This column is for assets solely held by your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	BLOCK B
<b>∀</b>	*	*	*	*	*	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come		during the reporting period.	"Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the	Type of Income	BLOCK C
*	*	*	*	*	*	×	X	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200	= = = = = = = = = = = = = = = = = = =	Current Year		* This column is for income derived from assets solely held by your spouse or dependent child.	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check "None" if the income use carried or concerned.	Amount of Income	BLOCK D
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Marihelen Haddock Wheeler

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## SCHEDULE III — LIABILITIES

Name Marihelen Haddock wheeler

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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 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 furnitively. 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 sibling 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.

		Suncoast	Example: First Ba	SP,	
		Sun coast Credit Union Tampatt. 11/2011	Example: First Bank of Wilmington, DE	Creditor	
	~	1. 11 /2D11	May 1998	Date Liability Incurred mo/year	
		(redit card consolidation	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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				Liability over X \$1,000,000	

## SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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 offi-

**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