

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

LEGISLATIVE RESOURCE CENTER

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Period covered: January 1, 2013 - April 15, 2014

For use by candidates and new employees

2014 MAY 20 AM 11:55

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Name: Thuy L. Lowe

Daytime Telephone:

ML

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>FL</u> District: <u>5</u>	Date of Election: <u>August 26, 2014</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office:			

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH 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 benefiting you, your spouse, or a dependent child?

Yes ☐ No ☒

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.

Yes ☐ No ☒

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Source (include date of receipt for honoraria)

[illegible]

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For additional assets and unearned income, use next page.

SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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BLOCK A		BLOCK B													BLOCK C								BLOCK D																											
Asset and/or Income Source		Value of Asset													Type of Income								Current Year												Preceding Year															
SP	JT	DC	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income--(Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII			
			None																					None																										
			\$1 - \$1,000																					\$1 - \$200																										
			\$1,001 - \$15,000																					\$201 - \$1,000																										
			\$15,001 - \$50,000																					\$1,001 - \$2,500																										
			\$50,001 - \$100,000																					\$2,501 - \$5,000																										
			\$100,001 - \$250,000																					\$5,001 - \$15,000																										
			\$250,001 - \$500,000																					\$15,001 - \$50,000																										
			\$500,001 - \$1,000,000																					\$50,001 - \$100,000																										
			\$1,000,001 - \$5,000,000																					\$100,001 - \$1,000,000																										
			\$5,000,001 - \$25,000,000																					\$1,000,001 - \$5,000,000																										
			\$25,000,001 - \$50,000,000																					Over \$5,000,000																										
			Over \$50,000,000																					Spouse/DC Income over \$1,000,000*																										
			Spouse/DC Asset over \$1,000,000*																					None																										
JT	Health Care - HealthScope																							\$1 - \$200																										
SP	Fidelity Account - Cash																							\$201 - \$1,000																										
SP	Bank of America Checking																							\$1,001 - \$2,500																										

SCHEDULE III — LIABILITIES

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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 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 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.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	\$10,001 — \$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 — \$25,000,000	\$25,000,001 — \$50,000,000	Over \$50,000,000	Spouse/DC Liability over \$1,000,000
SP	San Bank	Aug 2006	Mortgage on Bronson Rd lot 5000000				X							

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.

Position	Name of Organization