	LEGISLATIVE F	EGISLATIVE RESOURCE CENTER	, E
UNITED STATES HOUSE OF REPRESENTATIVES FORM B FORM B For use by candidates and new employees		2013 OCT 10 AM II: 26-00-1 of	10
		<b>S</b>	•
Name: Peter C. Clemens Daytime Telephone:		Ce	(3
		(Office Use Only)	
Filer Candidate for the State: Utrals Date of House of Representatives District: Description: 11-4-14 Amendment	A \$200 pen	•	ssessed
Employing Office:	more than 30 days late	Ι	170
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 ises) of \$200 or more from any source in the reporting period?  Yes V  No V  If yee, complete and attach Schedule IV.	n or before the date e prior two years?	<b>§</b> <	<b>8</b>
III. Did you, your spouse, or a dependent child receive "unearmed" income of more than \$200 in the reporting period or hold any reportable agreement with an outside entity?  If yea, complete and attach Schedule II.  If yea, complete and attach Schedule II.	table agreement or arrangement oh Schedule V.	<b>₹</b>	<u>₹</u>
III. Did you, your spouse, or a dependent child have any reportable flability (more than \$10,000) during the reporting period?  Yes   No     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.	them \$5,000 from	<b>§</b>	<b>₹</b>
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	for each "Yes" n	esponse.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EAR	VER EACH OF THESE QUESTIONS	QUESTIONS	<b>5</b>
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?	ed not be	Yos □	N ✓
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.	or dependent child ics.	Yes ☐	<b>₹</b>

## SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

Home Peter C. Cleyneyis

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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

Wound and the perbanic Center elegional Paramount Medical Care, LLC, Examples: Hearts for Hospice, LLC, Opden School District 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. First Benk & Trust, Houston, TX

XYZ Trade Association, Chicago, IL (Rec'd December 2) XYZ Corporation, Houston, TX Harris County, Texas Public Schools Source (include date of receipt for honoraria) Ogden, UT Caden, UT Ogden, Ut Spouse salaxy Medical director retainer Chrical Brector Spouse Salary Honorarium Director's Fee hrotes 절 \$ 137,073 \$25,000. 1951 Current Year to Filing \$ 6,400 \$6,300 **\$1**00 0 Amount \$ 2,403 \$176,763 **\$7,400** 35,237 Preceding Year \$28,450 \$1,000 \$3,200 £

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Real Return Fund	Global Maraged Vol Fund	DFA Global Family Brt	Short duration Muni Flux	Tax Managed Vol Fund	DEA Global Equity Port		Examples:	SP Mega Corp. Stock	Exclude: Your personal residence, including second formes and vacation homes (unless there was rental income during the reporting period); any disposits 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 dependent chald (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.	is, the nature of his activities, and his geographic into in Block A.	For an ownership interest in a privately-held business that is not publicly traded, sease the name of the business	For rental or other neal property held for investment, provide a complete address or a description, e.g., "rental property" and the city and state.	For all IRAs and other retirement plane (such as 401(t) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticlear symbols).	identify (a) each asset hald 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
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conta	SCHEDULE II — ASSETS AN Continuation Sheet (if needed)  BLOCK A  Asset and/or income Source	- ASSETS AND "UNEARNED" INCOME  BLOCK A  BLOCK B  Waive of Asset	E BLOCK C Type of Income
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Page 5 of 1

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## SCHEDULE III - LIABILITIES

Name Peter C. Clemens

Page 6 of 7

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

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			2 ion Bank Ogden, UT	Example:   First Benk of Wilmington, DE	Creditor	
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├	<b> </b>	<del> </del>	1	$\vdash$	Spouse/DC	
					May 1998 Mortgage on 123 Main Street, Dover, DE  Cince おん これをはず  X	May 1998   Mortgage on 123 Main Street, Dover, DE   S10,0001   May 1998   Mortgage on 123 Main Street, Dover, DE   S10,0001   May 1998   Mortgage on 123 Main Street, Dover, DE   S10,0001   May 1998   Mortgage on 123 Main Street, Dover, DE   S10,0001   May 1998   Mortgage on 123 Main Street, Dover, DE   S10,0001   May 1998   Mortgage on 123 Main Street, Dover, DE   S10,000   May 1998   Mortgage on 123 Main Street, Dover, DE   S10,000   May 1998
## SCHEDULE IV - POSITIONS

arry nonprofit organization, arry labor organization, or arry 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 filling during the current calendar year and in the two prior years as an off-

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

and position is series of an increasing material	TANKET V
Position	Name of Organization
School Brack	In Vinci Academy of Arts + Sciences (charter School), Oaden, Ut
LANGE CANADA	