No X	child Yes	dependent c	lities of a spouse or o	<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.	arned" income, ss you have firs	er assets, "une wer "yes" unle	this report any oth mption? Do not ans	<b>EXEMPTION</b> — Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"	PTION—Ha	<b>EXEM</b> I
No X	Yes 🔲	not be	epted trusts" need t child?	<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?	nittee on Ethics ting you, your s	d by the Comr า a trust benefi	lind Trusts" approve port details of such	regarding "Qualified Bi u excluded from this re	S—Details I	TRUST disclose
S	ANSWER EACH OF THESE QUESTIONS	OF THE	WER EACH	ָ֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	TINFORM	OR TRUS	EPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	NOISU	EXCL
	'es" response.	r each "Y	dule attached for each "Yes" response.	propriate schedu	and the ap	e answered	is part must b	Each question in this part must be answered and the appropriate sche	Ea	
N <sub>o</sub>	Yes	n \$5,000 from	ompensation of more than \$5,000 from two prior years?	VI. Did you receive comp a single source in the two If yes, complete and atta	No 	Yes	i have any report- porting period?	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.	ou, your spou liity (more tha omplete and	III. Did y able liabi <b>If yes, c</b> e
Š	Yes	arrangement	eportable agreement or a	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	N <sub>O</sub>	Yes 🔀	receive "unearned" fod or hold any end of the period?	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.	ou, your spou of more than sele asset worth omplete and	II. Did ye income creportable
S S	ate Yes X	before the darior two years	ortable positions on or sndar year or in the pu ach Schedule IV.	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.	No	Yes 📉	ne (e.g., salaries or eporting period?	I. Did you or your spouse have "earned" income (e.g., salaries or fess) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	u or your spo \$200 or more omplete and	I. Did yo fees) of 9
				ANSWER EACH OF THESE QUESTIONS	OF THESE	ER EACH	ue or	In all sections, please type or print clearly in blue or black ink  PRELIMINARY INFORMATION — ANSW	MINARY	PRELI
wno nes	against any individual w more than 30 days late.	agains				Office:	<b>]</b>	New officer or employee	- " 	Status
assessed	·	A \$200	Check if Amendment	11/4/11	Date of Election:	e WN	State:	Candidate for the House of Representatives	·  X	Filer
	/ (Office Use Only)	(X)	!					7		
ATIVES	U.S. HOUSE OF REPRESENTATIVES	U.S.		Daytime Telephone:	Daytime 1	, ,	Persee	loseph Per	١	Name:
Page 1 of Z E CENTER 1: 23	MAY 0.8 2014 Page 1 of LEGISLATIVE RESOURCE CENTER 2014 MAY 16 PM 1: 23	LEC 21	B nd new employees	<b>FORM B</b> For use by candidates and new employees	Fo	30, 2014	REPRESENTA	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - April 30, 20	ED STAT	UNITE FINAL Period

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Joseph
Perske
Page & o

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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

		Amount	ī
Odice (include date of receipt for nonoraria)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Santell School District Sartell, MN	Salary	14,073	63, 2/3
city of Sartell Sartell, MN	Salary-Mayor	2,500	7, 125
St. Cloud school District st. cloud, MN	Salary Spouse	NA	NIA
	•		

XEL STOCK	money market	TO Ameritande IRA	IT TCF Checking	17 Capital One Savings	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	income during the reporting period); any deposits totaling \$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 child (OC) 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	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.	Asset and/or income Source Asset and/or income Source 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. Provide complete names of stocks and mutual funds (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.  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.
×	×		*	×	×	Indefinite	×	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 \$25,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*		B C D E F G H - L K	Walue of Asset 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.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."  *This column is for assets solely held by your spouse or dependent child.
×	×		×	×	×	Royattes	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)		BLOCK C  Type of 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 "Tax-Deferred" column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as Income. Check "None" if the asset generated no income during the reporting period.
×	×		×	×		X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$1,000,001 - \$1,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$5,000 \$201 - \$1,000 \$1,001 - \$5,000 \$201 - \$1,000 \$1,001 - \$5,000 \$1,001 - \$5,000 \$1,001 - \$5,000 \$1,001 - \$5,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Spouse/DC Income over \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year	Amount of Income  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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.  * This column is for income derived from assets solely held by your spouse or dependent child.

SCP Sontin	SCHEDULE II — ASSETS AND "UNEARNED" INCOME	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	<b>Z</b>	1 5	ע ב	l Z		]	=	ได้	Ö	( ≦	- III		ľ			ł			1	ـــــ الـــــــــــــــــــــــــــــــ	]   2	Name	11 7	1.0	IIΝ	8	115	11		Perske	\sqrt{\sq}}\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}		116	11	11	11	[ ]	11	Page	<del> </del>	11 1/4	[ ] 🖳			
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	Asset and/or Income Source			<b>&lt;</b>	ᅙ	0	Ť	Value of Asset	se	-					Į	귳	Ö	<b>=</b>	ನ್ನ	Type of Income	æ										≥	Amount of Income	Ē	7	<u> </u>	2	9	16									
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Continuation Sheet (if needed)

Name Joseph Perske

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Institutional	TD Ameritrade 403B	Wellington Fund	Prime Money Market	Dividend Growth	Vanguard 4038	Windsor II Fund	Prime Money Market	Emerging markets	Vanguard Roth IRA	XEL Stock	money market	TD Ameritrade IRA			Asset and/or Income Source	BLOCK A
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 \$25,000,001 - \$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 H I J K L M	Value of Asset	вгоск в
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×		×	×	×		×	×	×		×	×		None -   \$1 - \$200 =   \$201 - \$1,000 =   \$1,001 - \$2,500	Current Year	Amount o	вго
*		<	***	*		×	×	×		×	*		None \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500	Preceding Year	Amount of Income	BLOCK D

#### SCHEDULE III - LIABILITIES

Name Joseph Perske

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 furni-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 ling 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. 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-

					JT CSP,		
	V	NIA		Example: First Bank of Wilmington, DE	Creditor		
				May 1998	Liability Incurred mo/year	Date	
				Mortgage on 123 Main Street, Dover, DE	Type of Liability		
	_	_			\$10,001— \$15,000	•	
	 				\$15,001— \$50,000	,	
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#### **SCHEDULE IV — POSITIONS**

cer, 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. 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 1; 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 positions solely of all fioriolarly fiature.	idure.
Position	Name of Organization
Member	St. Cloud Area Planning Organization
Member	St. Cloud Area Human Rights Board

### SCHEDULE V — AGREEMENTS

Name Joseph Perske

Page 7 of 7

identify the date, parties to, and general terms of any agreement or arrangement 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.

		Terms of Agreement
2000		
Begin	Myself and Santell School District	Leave of Absence during campaign

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

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 1.

CONSTITUTE OF THE INTERNATION OF THE PROPERTY	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
H/N	

GPO: 2013

78-995 (mac)