	,			·		
¥ X	spendent child ds of Official Yes	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Standards of Official	arned" income, ss you nave fire	any other assets, "une not answer "yes" unit	EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent chil because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	05.5
8	excepted trusts" (See Instructions, Yes	lards of Official Conduct and certain other "e ig you, your spouse, or a dependent child? (nittee on Stand a trust benefitin	approved by the Com report details of such	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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? (See Instructions, page 8.)	73
σ	NSWER EACH OF THESE QUESTIONS	l >	TINFORM	ENT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	1 m
	edule attached for each "Yes" response.		and the ap	nust be answere	Each question in this part must be answered and the appropriate sch	,
8 ⊠	\$5,000 from Yes	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.	8 ⊠	d? 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.	30=
§	rangement Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	\$ 	period? Yes X	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 yee, complete and attach Schedule II.	33 3 5 =
8	pefore the date years? Yes	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.	8 ⊠	ries or Yes	 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. 	事がこ
		E QUESTIONS	OF THESI	ANSWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION — A	פַ ו
					in all sections, please type or print clearly in black ink.	ع (
ssessed es more	A \$200 penalty shall be assessed against anybody who files more than 30 days late.	Election: WOV 43014 Check if Amendment	Date of Election:	State: TEMA District: 08	Filer Candidate for the Status House of Representatives Diservices or Property of Representatives Diservices Di	
["] (OFFICE COTHE CLERKY), res					
A C	LEGISLATIVE RESOURCE CENTER 2014 MAR 26 PM 1: 36	Daytime Telephone	Daytime 1	,	Name: JAMES LEE HART	.
xge 1 of <u>5</u>	MAR 1 4 2014 Page 1 of 5	FORM B For use by candidates and new employees	7	REPRESENTATIVES ATEMENT - MARCH 14, 2014	UNITED STATES HOUSE OF REPRESE FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - MARCH	

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name JAMES HART

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exceeding \$1,000. See examples below.	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	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
) ,	other spouse	overnment)
•	e earned income	totalling \$200 or

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	2014 Amount	unt 2013
	. 3 10 0	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, Texas	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
		NONE	NONE
		4	
		•	•

		MURRAY KY CHECK ACCT	SILVER	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	and income information on <i>each asset</i> in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK A 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 asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value
		>	×		Indefinite	×	None	Walue of Asset Value 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."
			X SILVER	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IHAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
		X		×	×		\$1 - \$200 = \$28 - \$1,000	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.

SCHEDULE III — LIABILITIES

Name JAMES HART

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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 amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, 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 household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you

SP.			C	467.35	<u> </u>	2 3 2	F of I	ount of Liabili F G	F G 吊	of Liabili
JT	Creditor	Type of Liability	\$10,001— \$15,000 \$15,001— \$50,000	eca con	\$50,001— \$100,000 \$100,001—	\$100,000 \$100,001— \$250,000	\$100,000 \$100,001— \$250,000 \$250,000 \$500,000 \$500,001—	\$100,000 \$100,001— \$250,000 \$250,000 \$500,000 \$500,001— \$1,000,000	\$100,000 \$100,001— \$250,000 \$250,000 \$500,001— \$1,000,000 \$1,000,000 \$5,000,001— \$5,000,001—	\$100,000 \$100,001— \$250,000 \$250,000 \$500,001— \$1,000,000 \$1,000,001— \$5,000,001
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.	THE STATE OF	25 3		X	X	X	X	
	TNOM			275 5 8752						
		•		Taking a						
							-	•	•	•
				T. 25.5						

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 of an organization, partner, proprietor, representative, employee, or consultant of any corporation, 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);

T				
Position	NONE			
Name of Organization		-		

SCHEDULE V - AGREEMENTS

Name JAMES
HART

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efit plan maintained by a former employer. 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 ben-

Date	Parties To	Terms of Agreement
·	NONE	

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 I.

	Example:
Sour	Doe Jon
Source (Name and Address)	Doe Jones & Smith, Hometown, Homestate
nd Address)	ւ, Homestate
	Ассог
	Accounting services
Brief Desc	
Brief Description of Duties	
uties	
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