<u>§</u>	es —	ependent child	ties of a spouse or de ommittee on Ethics.	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	arned" income ss you have fin	report any other assets, "undon? Do not answer "yes" unle	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obecause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTION because the
§ □	Yes 🔲	ot be	cepted trusts" need not	s and certain other "excepted t spouse, or a dependent child?	nittee on Ethica	Trusts" approved by the Comit details of such a trust benef	<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?	TRUSTS— disclosed. F
ั้ง	QUESTION	OF THESE	- ANSWER EACH OF THESE QUESTIONS	MATION - ANS	T INFORM	ENDENT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUS
	response.	each "Yes"	ule attached for each "Yes" response	ppropriate schedule	and the a	part must be answere	Each question in this part must be answered and the appropriate	
<b>§</b>	Yes 🔲	\$5,000 from	pensation of more than \$5,000 from g prior years? tach Schedule VI.	VI. Did you receive compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI	<u>s</u>	e any report- ng period? 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.	III. Did you, y able liability ( If yes, comp
s S	Yes	rangement	ortable agreement or arr	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	S S	ive "unearned" r hold any of the period? 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.	II. Did you, y income of more reportable as if yes, comp
Š	Yes	before the date or two years?	ortable positions on or bendar year or in the price.  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.	N <sub>O</sub>	g., salaries or Yes	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>	I. Did you or fees) of \$200 If <b>yes, comp</b>
				E QUESTIONS	EACH OF THESE		PRELIMINARY INFORMATION — ANSWER	PRELIMI
WHO IIIES	against any individual who lifes more than 30 days late.	more than				Employing Office:	New officer or employee	Status
assessed	\$200 penalty shall be assessed	A \$200 per	Check if Amendment	Date of WWF 3 2014	Date of Election:	State: YOVN N	Candidate for the House of Representatives	Filer
	(Office Use Only)							
SZALIVI NE	OFFISH OF NUT OF SHIP NUTSEE OF REPRECENTATIVES			Daytime Telephone:	Daytime	DD2150-KAF	SWATZ P. DA	Name:
Page 1 of 7 E CENTER 12: 02	Page 1 of	221	B and new employees	FORM B	<u></u>	PRESENTATIVES EMENT  CAPPAL \8,204	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - 今後やし しまっている	UNITED FINANC Period co

# SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

SWATT P. BANDEKAP Page

of 7

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	The state of the s	Amount	unt
Octice (illulue date of teceph for Horioratia)	- y D c	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
SAME OF LOWA	いかくかと	# O ô	\$ 65,916
STATE OF YOUR	PENSION	130,24	43,650
STATE OF YOUR	MATERIA OF PARTICIONAL STATES	NO . 00 S \$	\$2,140
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BUCKMELL COLLINS, JOUR	spouse behind	NP	NA
JOHN HANGOCK LOI-K	spouse 401- K	12 P	NA

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	UNEARNED" INCOME
	Name Page 4 of 7
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					DC JT, SP,	
STATE OF LOWA	COLUMBIA MANEY  ADVISIT SMALL CHO (ASVIX  ADVISIT SMALL CHO (ASVIX)	COLUMBA MISTA COLUMBANA (1815-119)	CPSH PRICENTIA			BLOCK A  Asset and/or Income Source
\cdot	3	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		120C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	None \$1 - \$1,000  \$1,001 - \$15,000  \$15,001 - \$50,000  \$50,001 - \$100,000  \$100,001 - \$250,000  \$500,001 - \$1,000,000  \$500,001 - \$1,000,000  \$500,001 - \$5,000,000  \$500,001 - \$5,000,000  \$0  \$25,000,001 - \$5,000,000  \$0  \$25,000,001 - \$25,000,000  \$0  \$25,000,001 - \$25,000,000  \$0  \$25,000,001 - \$50,000,000  \$0  \$25,000,001 - \$50,000,000	BLOCK B  Value of Asset
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\$	<b>\ \</b>	2 7 )	< 1		None	OK D

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Page S of 7

Contin	Continuation Sheet (if needed)			Name Page of
	BLOCK A	вгоск в	BLOCK C	BLOCK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
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## SCHEDULE III — LIABILITIES

Name OF DESCRIPTION

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 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. 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

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ъç.	Creditor	Incurred mo/year	Type of Liability	\$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	+00,000,000	Over \$50,000,000
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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 off-

and positions solely of an honorary nature. 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

## SCHEDULE III — LIABILITIES

Name SWATI D. DANDEKAP

Page 7 of 7

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. 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-

Creditor   Creditor   Creditor   Creditor   Creditor   Incurred   Type of Liability   Type of Liability   A B C D E F G   F C C C C C C C C C C C C C C C C C C								A	Amount of Liability	of Lia	bility			
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### SCHEDULE IV - POSITIONS

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**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

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Position	Name of Organization
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