

UNITED	UNITED STATES HOUSE OF REPRESENTATIVES		Form A LEGISLATIVE RESCURCE CENTER Page 1 of 2
2014 FINAN	2014 FINANCIAL DISCLOSURE STATEMENT	For Use by Mer	For Use by Members, Officers, and Employees
			OFFICE OF REPRESENTATIVES
Name:	Stacey E. Plasket	Daytime Telephonc.	
	A COMPANY OF THE PROPERTY AND THE PROPERTY OF		(Office Use Only)
FILER	Member of or Candidate for State: V.S. House of Representatives District:	O	Officer or Employing Office:
REPORT TYPE	2014 Annusi (Due: May 15, 2015)	Amendment	Termination
PRELIMINA	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	SE QUESTIONS	
A. Did you, you a. Own any i end of the b. Make mor asset duri	A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? gr.  b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	□ No X	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current catendar.  Yes Ro  No  X
B. Did you, you exchange any s exceeding \$1,0	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction     Yes exceeding \$1,000 during the reporting period?	%	G. Did you, your spouse, or your dependent child receive any reportable gift(s) trdating more than \$375 in value from a single Yes No Source during the reporting period?
C. Did you or you harvoreria, or per reporting period?	r spouse have "earned" Income (e.g., salarias, sion/RCA distributions) of \$200 or more during the	**************************************	H. Did you, your spouse, or your dependent child receive any reportable travel or raimbursements for travel totaling more than the land of
D. Did you, you llability (more it	D. Did you, your spouse, or your dependent child have any reportable Yes Nability (more than \$10,000) at any point during the reporting period?	No [	I. Did any individual or organization make a donation to charity in Yes
E. Did you hold the current cale	E. Did you hold say reportable positions during the reporting period or in Yes the current calendar year up through the date of filing?	× *	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND	IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	OR TRUST INFOR	MATION - ANSWER EACH OF THESE QUESTIONS
IPO - Did you i the Committee	IPO-Did you purchase any shares that were allocated as a part of an Inklial Puthe Committee on Ethics for further guidance.	lic Offering during the report	IPO - Did you purchase any shares that were altocated as a part of an Inklial Public Offering during the reporting period? If you answered "yes" to this question, please contact Yes 🔲 No 🔀
TRUSTS - Del this report detail	sils regarding "Qualified Blind Trusts" approved by the Committe is of such a trust that benefits you, your spouse, or your depend	on Ethics and certain other " nt chaid?	TRUSTS - Delaits regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from Yes 🔲 No 🔀
EXEMPTION -	EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, transactions, or liabi with the Committee on Ethics.	lities of a spouse or your dependent child because they meet all Yes . No 🙀

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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				•	Z/P	AECHEQUIFIED X	E-samples.	Sta New State Stat	For baink and other cash accounts, total the amount nat instress-bearing accounts. If the total is over \$5,000, but every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other nail properly held for investment, growlde a complete address or description, e.g., 'neetal properly,' and a cry and tribe.  For an ownership interest in a privately-hald business that is not ownership interest in a privately-hald business that is not ownership interest in a privately-hald business the return of the nature of all activities, and its peopraphic focation in Block. A.  Exclude. Your pessonal residuring, including second interest and vecation homes suitless, mer any featural retirement during the returned from any featural retirement outly increased passion; and any featural retirement outly increased than any featural retirement program, including the Thath Sanings Plant. If you have a privately-haded hand that in asset or increase source is that of your spouse (SP) or increase source is that of your spouse (SP) to proceed counts as he for test.  If you an choose, you may indicate that any sessit or increase source is that of your spouse (SP) or grainly hard with anyone (JF), in one ophorial counts as his first test.  For a detailed discussion of Schedule A requirements, please reter to the instruction bootket.	Provide complete reames of stochs and mutual kunds (do not use only exice symbols).  (do not use only exice symbols).  (do not use only exice symbols) is such as 40 (M) (M) provide the value for outh asset held in the account that excreeds the tapporting thresholds.	internaty (all each salest held for intreatment or production of incorne and with a fear suither value accessing \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated from than \$200 in tuneamed income during the year.		BLOCK A	
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									\$1-\$1,000	you have no interest			ı	
							Industrate		\$1,001-\$15,000	3			1	
	7					_	8		\$15,001-\$50,000	į į				
	+				-		1	×	\$20,001-\$100.000	ł	Midicate value of asset at co valuation method other than it used if an asset was sold during because it generated income ! "Column M is for assets held b	~	I	
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H	$\dashv$				<del>                                     </del>	-	<del>                                     </del>		\$800,001-\$1,000,000	1	Indicate value of asset at close of the repoting period. It you use a valuation method other than fair market value, please specify the method used (if an exect were value) things the repoting period and is included only because it generated aircome the value should be "More". "Column M is for assets held by your spouse or dependent chaid or which	Value of Asset	٩	
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						Paterring	Royalhas		One: Type of Income (Specify e.g., Perinarship Income of Farm Income)		Chack all columns that apply. For accounts that generate ta-selement sincer (such as 40 lpt), IPA, or 528 accounts), you may check be "Tan Delened column. Dividentin, letterest, and capital pains, even of reservested, must be disclosed as income for assett held in tarable accounts. Check "News" if the asset permeated no income cannot be encounted.			
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#### SCHEDULE B - TRANSACTIONS

											N/A	gp Emmple Mega Corp Stock	SPIC.F Asset	Coping Gaths: if a sales harmaction resulted in a capital gain in excess of \$200, clieck the "capital gains" for, unless it was an asset in a tax-determed account, and declose the capital gain income on Schodule A.  **Column K is for assets actely held by your spouse or dependent child	dependent centre of the present of the property read by you, you expend to the dependent of the property of the such and the property of the p	Report any purchase, use, or exchange transactions that exceeded \$1,000 in the
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#### SCHEDULE C - EARNED INCOME

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Name:	
Page 5 of 9	

Report liabilities of over \$10,000 owed to any one craditor at any time during the reporting period. by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); trains secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabile); and liabilities owed to you by a spouse or the child, parent, or skiling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

\*Column K is for liabilities held sclely by your spouse or dependent child.

Creditor    Date   Liability   Incurred   MOYR   MOYR						>	> 0	» «	c	c	c	Amount o	c	Amount of Liability	Amount of Liability
) 2003-202 t	8 5	Creditor	Date Liability Incurred MOYR	Type of Liability	ability	\$10,001- \$15,000	\$10,001- \$15,000 >	\$10,001- \$15,000 > \$15,001- \$50,000 @	\$10,001- \$15,000 > \$15,001- \$50,001- \$100,000 C	\$10,001- \$15,000 > \$15,001- \$50,000 @ \$50,001- \$100,000 C \$100,001- \$250,000 C	\$10,001- \$15,000 > \$15,001- \$50,001- \$100,000 CC \$100,001- \$250,000 CC \$250,001- \$500,000 CC	\$10,001- \$15,000 > \$15,001- \$50,000 @ \$50,001- \$100,000 C \$250,001- \$500,000 m \$500,001- \$1,000,000 T	\$10,001- \$15,000	\$10,001- \$15,000  \$15,001- \$50,000  \$50,001- \$100,000  \$100,001- \$250,000  \$250,001- \$500,000  \$1,000,000  \$1,000,000  \$5,000,000	\$10,001- \$15,000  \$15,001- \$50,000  \$50,001- \$100,000  \$100,001- \$250,000  \$1,000,001- \$1,000,000  \$1,000,001- \$25,000,000  \$25,000,001- \$25,000,001- \$25,000,000  \$25,000,001- \$25,000,000
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#### SCHEDOLE E - POSITIONS

	2g	neport an consultant held in any
A CONTRACTOR OF THE STATE OF TH	Counsel	ositions, compensated or uncompensated, held of any corporation, firm, perthership, or other bust religious, social, fraternal, or political entities (such Position
	Kellerhals, Ferguson	Report all positions, compensated or uncompensated, held during the current or prior catendar year as an officer, frustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other frain the United States. Exclude: Positions held in any religious, social, fratemat, or political entities (such as political parties and campaign organizations); and positions society of an honorary nature.  Position  Name of Organization

#### SCHEDU

SCHEDU	SCHEDULE F - AGREEMENTS	Name: Page 6 of 9
Identify the da continuation o	identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a teave of abcominuation or deterral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee	with respect to: future employment; a leave of absence during the period of government service; nment, or continuing participation in an employee welfere or benefit plen maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement
	None	
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#### SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph Smith, Arlangton, VA	Sever Platter footenmenton of personal friendship received from the Ethics Committee)	5400
None		

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT:

	and REIMBURSEMENTS	
Name:	8	
Page of 7	1	

identify the source and list travel timerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the travelar at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and membersad by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is rotatly independent of his or her relationship to

	Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Coverence of Cress (ACCEV)	Ag 8-11	.,	۲	4	2
	Habited for Humanity (of early functionser)	No 34	C. Reservance	<b>Y</b>	≺ .	۲
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## SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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List the source, activity (i.e., speech, appearance, or erticle), date, and amount of any payment made by the sponsor of an event to a charitable organization in Heu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filled directly with the Committee on Ethics.	r of an event to a charitable organ	xization in Heu of paying an	honorarium to you. A
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2014	\$2,000
None			
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Name: Page 9 of 9
Page 9 of 4
Page 9 of _
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Identify the date, parties to, and general terms of any agreement or errangement that you have with respect to: alture 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. Date None Parties to Agreement Terms of Agreement į

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

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

	Source (Name and City/State)	Brief Description of Duties
Enample	Doe Jones & Smith, Homelown, Homeslate	Accounting Services
GCI	GCI Operations, LLC.	legal services for Cheents of Kellerhals, Ferguson,
		ermagnisses in media trapic terreport to the