Š	Yes 🔲	ependent child	ns, or liabilities of a spouse or dependent child with the Committee on Ethics.	ncome, transactic ave first consulter	assets, "unearned" i r "yes" unless you h	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilit because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the C
<u>S</u>	Yes	ot be	in other "excepted trusts" need not a dependent child?	Ethics and certa , your spouse, or	by the Committee or trust benefiting you	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?
S	NOITSAUC	EACH OF THESE QUESTIONS	ANSWER	ORMATION	R TRUST INF	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —
	esponse.	each "Yes" re	te schedule attached for each "Yes" response	the appropria	answered and	Each question in this part must be answered and the appropriate sched
□ S	Yes 🔽	\$5,000 from	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.	VI. Did you a single sou if yes, com	Yes No	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.
N _o	Yes 🔲	rangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did you have any re with an outside entity? If yes, complete and	Yes No	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.
<u>§</u>	Yes	pefore the date	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.	IV. Did you of filing in the fires, com	Yes No	I. 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.
			STIONS	HESE QUES	REACH OF THESE QUESTIONS	PRELIMINARY INFORMATION — ANSWER
						l sections please time or print clearly in blue or black ink
who files	10	A \$200 penalty shall be against any individual more than 30 days late.	Amendment	Election: Aux Yoly		Status New officer or employee Priler House of Representatives District: District: Employing Office:
ES	U.S. HOUSE OF (BURBESENDAY) VES	U.S. HOUSE OF (B				Carling to the transfer of the carling to the carli
0	2014-JAN = 2 PM 1: 36	201 4-JAN =:		Daytime Telephone:	Day	Name: AVZANKE PATEICE
ER	LEGISLATIVE RESOURCE CENTER	LEGISLATIVE R				
	DEC 26 2013	ושלו		For use by o	26, 2014	Period covered: January 1, אינוארובאר אודיים ביים ביים ביים אודיים ביים ביים ביים ביים ביים ביים ביים
Page 1 of			FORM B		IVES	UNITED STATES HOUSE OF REPRESENTATIVES

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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	RAT
	reuck

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

COLLEGE (include date of receipt for honorage)	Type	Amount	unt
Source (iliciade date of receipt for frontionalia)	1 9 0 0	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
_	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Scinitar Copital Partnus Noir Field, CN	Cossilant Fre	1	# 11, 000

DC, Examples: please refer to the instruction booklet For a detailed discussion of Schedule II requirements ent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. income source is that of your spouse (SP) or depend-If you so choose, you may indicate that an asset or the Thrift Savings Plan. that is not publicly traded, state the name of the busi-ness, the nature of its activities, and its geographic derived from, a federal retirement program, including accounts; and any financial interest in, or income ing \$5,000 or less in personal checking or savings provide a complete address income during the reporting period); any deposits totallocation in Block A. For an ownership interest in a privately-held business For rental or other real property held for investment provide only the name of the institution holding the in the account that exceeds the reporting thresholds cific investments), provide the value for each asset held plans) that are self-directed (i.e., plans in which you (do not use ticker symbols). the end of the reporting period, and (b) of income with a fair market value exceeding \$1,000 at nomes and vacation homes (unless there was renta Exclude: Your personal residence, including second account and its value at the end of the reporting period. For retirement accounts which are not self-directed have the power, even if not exercised, to select the spe-For **all IRAs** and other retirement plans (such as 401(k) Provide complete names of stocks and mutual funds more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated Identify (a) each asset held for investment or production · humanie & Karkick MAYOUS BERKSTEIN Asset and/or income Source " THE WILL THE BENNACH! CA WANNE PATICE SP Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY accounts BLOCK A SALY JUS IRA any other ت None ⋗ valuation method other than fair of reporting year. If you use a only because it generated If an asset was sold during the reporting year and is included method used. market value, please specify the Indicate value of asset at close income, the value should be None." \$1 - \$1,000 ₿ Indefinite \$1,001 - \$15,000 C \$15,001 - \$50,000 Value of Asset ø × \$50,001 - \$100,000 m BLOCK B F \$100,001 - \$250,000 \$250,001 - \$500,000 ด I × \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ٦ \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 ス Over \$50,000,000 F \times NONE as income. Check "None" if the if reinvested, must be disclosed ments or that generate allow you to choose specific invest-Check all columns that apply. For the reporting period. asset generated no income during "Tax-Deferred" column. Dividends, deferred income (such as 401(k) interest, and capital gains, even plans or IRAs), you may check the retirement accounts that do not DIVIDENDS × RENT Type of Income INTEREST **CAPITAL GAINS** BLOCK C **EXCEPTED/BLIND TRUST** TAX-DEFERRED × × Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) ta×-× None × × \$1 - \$200= \$201 – \$1,000 Ξ Current Year × \$1,001 - \$2,500 7 and capital gains, even if reinvested, must appropriate box below. Dividends, interest, income was earned or generated be disclosed as income. Check "None" if no the category of income by checking the "None" column. For all other assets, indicate Deferred" in Block C, For assets for which you checked "Tax-\$2,501 - \$5,000 $\times \times$ < \$5,001 - \$15,000 XI VII VIII X \$15,001 -- \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × BLOCK D × Over \$5,000,000 × × × None _ you may check the 1 - 200= \$201 - \$1,000 = Preceding Year < \$1,001 -- \$2,500 imes ert imes\$2,501 - \$5,000 < \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 \succeq

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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 sibowed 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

					SP, DC,
			HANK OF AMERICA	Example: First Bank of Wilmington, DE	Creditor
			•	May 1998	Date Liability Incurred mo/year
			REYOUTING CHARGE ACCOUNT	Mortgage on 123 Main Street, Dover, DE	Type of Liability
			<		\$10,001— \$15,000
					\$15,001— \$50,000 TD
					\$50,001— \$100,000
		-		×	\$100,001— \$250,000 D
	 				\$500,000 m of s
_			-		\$1,000,000
_					\$5,000,001—
			-	H	\$25,000,001
			 		\$50,000,000

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 I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position Name of Organization Note Proprietor JUJANNE D. PATRICK : COMPANY	
VZANNE D. PATRICK : COH	
ganization	

SCHEDULE V — AGREEMENTS

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Page S of S

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 Parties To Terms of Agreement	service; continuation or deferral of payments by a former or curren efit plan maintained by a former employer. Date Parties To	service; con efit plan ma Date
rrangement with respect to: future employment; a leave of absence during the period of governmen	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future emplo	Identify the

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.

			Eletsis Hipbuilding, Pletsis Moo, Gruce	Example: Doe Jones & Smith, Hometown, Homestate	Source (Name and Address)	
		0	Consulting formas	Accounting services	Brief Description of Duties	

GPO: 2012 72-584 (mac)