S S	Yes	ependent child	EXEMPTION —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.
No.	Yes	ot be	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	QUESTIONS	OF THESE (EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS
	esponse.	each "Yes" re	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response
₹	Yes	\$5,000 from	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No III 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.
Š.	Yes	rangement	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? Yes No Unit you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. If yes, complete and attach Schedule V.
8	Yes 🔼	before the date	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? Yes No 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.
			PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
			In all sections, please type or print clearly in blue or black ink.
assessed who files	\ P	A <i>\$200 penalty</i> shall be against any individual more than 30 days late.	Filer Candidate for the State: CA Date of House of Representatives District: 27 CD Election: (/3/1/2) New officer or Employee Employing Office:
VES	U.S. HOUSE OF THE CLERK OF REPRESENTATIVES Office Use Only)	U.S. HOUSE OF (O	Name: Christophar Mitchin Daytime Telephone:
age 1 of	JUN 1 0 2014 Page 1 of 4 LEGISLATIVE RESOURCE CENTER 2014 JUN 18 PH 12: 03	LEGISLATIVE	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 7 115, 2019 For use by candidates and new employees
)		

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

	Name
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	ler
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Page 2 of 4

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

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	eceived under the Social S	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Comments of the property of the text of the property of the text o	1,700	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Fyamnies: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
_	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
SAG Peusion	Pensies	\$5,325.00	11,250
WB Studio Caterphises	Residua/	H/W/FED	\$200
NATIONA / Conserve Western Her thing Messey in	TRAVEL EXPERSES	0	\$800
	9 9 9		

Page 3_of 4

	Forcest Huthfield, MA	Respersed Regal Singarant	Residenta) Rasta / Culley willo		Examples:	SP, SP Mega Corp. Stock	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental 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 (DC) 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.	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 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.
	X	* *	A	×		×	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 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*	A B C C D E F G G H - L K F M	BLOCK B ue of Asset of asset at close of If you use a valuation than fair market value, the method used. s sold during the report- included only because come, the value should s for assets solely held e or dependent child.
	X	*	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		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 it reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
	*	×	× ×	×	×	X	None	Current Year Preceding Year	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.

SCHEDULE III — LIABILITIES

Name Christopher Mitchen

Page $\frac{4}{7}$ of $\frac{1}{7}$

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 sib-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.

					SP, DC, JT	
CLASE BANT	AMERICAM EXPRESS	Wells Frian	Bank of America	Example: First Bank of Wilmington, DE	Creditor	
may Rudyuly	Mushly	April 2644	May 2007	May 1998	Date Liability Incurred mo/year	
MAY REMINISTRATIONAL box	Credit CARD	Mail 2014 CREDIT LINE for CAMPAIGN bu	May 900 My Tol 40. 3/6 CLORAGE BARAGE	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
					\$10,001 \$15,000	
×	\times				\$15,001— \$50,000 W	
	<u>'</u>	\times			\$50,001— \$100,000 P \$100,001—	
		i	_	×	\$250,000 5	1
			×		\$500,000 m \$500,001— \$1,000,000 m	∖mour
			^		\$1,000,000 ។ \$1,000,001— \$5,000,000 ជា	Amount of Liability
					\$5,000,001— \$25,000,000 ±	ability
			-		\$25,000,001— \$50,000,000	
					Over \$50,000,000	
_					Spouse/DC Liability over ス \$1,000,000	

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);

allo positions solety of all ilonorary nature.	arule:
Position	Name of Organization
032	Mitchen Enterprises