UNITED STATES HOUSE OF REPRESENTATIVES 2013 FINANCIAL DISCLOSURE STATEMENT	For Use by	Form A For Use by Members, Officers,	and Employees		HANDage 1 of _ DELIVERED
Name: Chris Stewart Da	Daytime Telephone:	801-	792 7717	2014 MAY u.s. house or (Office	2014 MAY 15 PH 2: 22 N U.S. HÖUSE OF REPRESENTATIVES (Office Use Only)
FILER STATUS Member of or Candidate for State: U.T. U.S. House of Representatives District: 2		Officer or Employee	r or Employing Office:		
REPORT X 2013 Annual (Due: May 15, 2014)	Amendment		Termination Date:	Jate:	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	QUESTIONS				
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? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	× No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	ontable agreement or a reporting period or in e of filing?	arrangement with an	Yes No X
ndent child purchase, sell, or real estate in a transaction Yes period?	No C	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	e, or your dependent cl g more than \$350 in va ting period?	nild receive any lue from a single	Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	₹ ×	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	e, or your dependent of nbursements for travel l	nild receive any otaling more than eporting period?	Yes No X
D. Did you, your spouse, or your dependent child have any reportable Kes liability (more than \$10,000) at any point during the reporting period?	8	Did any individual or lieu of paying you for a reporting period?	r organization make a donation to charity in a speech, appearance, or article during the	nation to charity in rarticle during the	Yes No
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No ×	EC	RRESPONDING	SCHEDULE IF	ORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRI	TRUST INFORMATION	- ANSW	ER EACH OF THESE	HESE QUESTIONS	ONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? the Committee on Ethics for further guidance.	Жering during the re	If you a	nswered "yes" to this question, please contact	estion, please contact	Yes No X
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child?	Ethics and certain ot	ne	ed not be disclosed. Have you excluded from	ve you excluded from	Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ome, transactions, or ommittee on Ethics.	liabilities of a spouse or o	dependent child because they meet all three	e they meet all three	Yes No 🔀

SCHEDULE A - ASS

	SETS & "UNEARNED INCOME"
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K I	C.≯	(C)		Port	Pacific 1		Examples:		the account that the account that the account that the account that in all interest-be \$5,000, ist ever more than \$1,000 for rental and outprovide a comprovide a	not use only all IRAs ar	Asset and/o identify (a) each ass production of income is exceeding \$1,000 at th and (b) any other re income that generated income during the year. Provide complete name	
	Proton Treatment	F Investment		ortholio moderat	みつい	ABC Hedge Fund	Simon & Schuster	SP Mega Corp. Stock	the account that exceeds the reporting thresholds. For bank and other cash accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. 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. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial increst in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	(do not use only ticker symbols). For all IRAs and other retirement plans (such as 401/k) plans) provide the value for each asset held in	Asset and/or income Source Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,00 at the and of the reporting period and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds	BLOCK A
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								4	Management		Value of Asset indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest.	į "
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20.502332	:47%.54	AND LOCATION AND ADDRESS OF THE PARTY OF THE	o-boards	*************************	F 12.1843.	350.020	No. of Chicago		Spouse/DC Asset over \$1,000,000*			4
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					4.2				EXCEPTED/BLIND TRUST		rype or income Check all columns that apply. For acc generate tax-deferred income (such as 40) 529 accounts), you may check the "Tax column. Dividends, interest, and cap even if reinvested, must be disclosed i for assets held in taxable accounts. Ch if the asset generated no income during th period.	BLOCK C
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						Partnership Income	Royaties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		rype of income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gaine, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if the asset generated no income during the reporting period.	
									\$1-\$200 =	*Column XII is for assets held b child in which you have no interest	For assets for which may check the "None category of income Dividends, interest, must be disclosed accounts. Check generated.	ļ
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						Sis	180		Spouse/DC Asset with Income over \$1,000,000*	Column XII is for assets held by your spouse or dependent child in which you have no interest.	Annount of income 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 for assets held in taxable accounts. Check "None" if no income was earned or ganerated.	
								S(part)	Leave this column blank if there are no transactions that exceeded \$1,000.	If only a portion of an asset was sold, please indicate as follows: (S (not))	I raits action Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.	BLOCK E

	ULE A – ASSETS & "UNEARNED INCOME"
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																	P, S, S(part), or E	Transaction

SCHEDULE B - TRANSACTIONS

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that is a second of the production of an exchange transaction.	Type of	Type of Transaction		Date			Amo	Amount of	Trans	Transaction			
resultad in a cantial loss. Provide a brief description of an exchange (ransaction).				_		and the state of the state of the state of							
Exclude transactions between you wour spouse or dependent children or the			п		600	t		*	F .	.		_	in:
purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.			apitalGa	(MO/DAYR) or Quarterly.						2.0	(Page	000	
Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose		A A	Box if Ci	weekly, if applicable		Service Service A	000		0,000	0,001-	000,000	50,000,0	
* Column K is for assets solely held by your spouse or dependent child.	Sale	Exch	Chec		\$15,0 \$50,0	944 615	\$100 \$250	\$500	\$1,00	\$ 5,00	namen volence		
SP,DC,JT Asset							200						
SP Example Mega Corp. Stock			×	3/5/13	×			4					
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SCHEDULE C - EARNED INCOME

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	he source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	ist the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, I	
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INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. Examples: St. Martins Press Merury Ink Neseret Book Keene State
State of Maryland
State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education Source (include date of receipt for honoraria) Royaltres
Royaltres Type 92, 299 92,083 101, 828 Amount \$6,000 \$18,000 \$1,000

SCHEDULE D - LIABILITIES

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rent it out or are a Member); 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 you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period 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 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 you by a spouse or the child, parent, or sibling of you or your spouse. *Column K is for liabilities held solely by your spouse or dependent child.

						DC, JT	
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((aliber	Boux of America	F		First Bank of Wilmington, DE	Creditor	
•	Drc/ 13	Sept 02 Home	-	Aug 09	5/98	Date Liability Incurred MO/YR	
ı	How	Home	student loan	Aug of co-sign sons	Mortgage on	Тур	
	Loan	Con	100	50m2	Mortgage on Rental Property, Dover, DE	Type of Liability	
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee 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 institution other than the United States. Exclude: Positions listed in Schedule C: positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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				Position	listed in schedule C, positions neid in any religious, social, tra
				Name of Organization	ilisied in scriedule C; positions neid in any religious, social, traternar, or political entities (such as political parties and campaign organizations), and positions solely of an nonorary nature.

SCHEDULE F - AGREEMENTS

Name:	
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Identify the date, parties to, and general terms of any agreement or arrangement that you have 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 benefit plan maintained by a former employer.

			Date
			Parties to Agreement
			Terms of Agreement

SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a 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 \$140 or less need not be added towards the \$350 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, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler 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 reimbursed by the sponsor.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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 totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	~	~	z
Examples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	۲	۲	Υ
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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ist the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event t eparate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	onsor of an event to a charitable orga	to a charitable organization in lieu of paying an honorarium to you. A	honorarium to you. A
Source	Activity	Date	Amount
xamples: Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb. 2, 2013 Aug. 13, 2013	\$2,000 \$500
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FILER NOTES (Optional)

Name: Page_____of___

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