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| UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT | FORM B For New Members, Candidates, and | B es, and New Employees | OCT -2 2014 |
| Name: Susan H. Heitzman | Daytime Telephone:_ | ž | LEGISLATIVE RESOURCE CENTER 2014 OCT 10 PM 12: 43 |
| New Member of or Candidate for State: Ind U.S. House of Representatives District: Six Candidates – Date of Election: Noycmber | tana th +, 2014 | Check if Amendment | OFFICE OF THE CLERK OF THE CLERK OFFICE OF THE CLERK |
| New Officer or Employee Employing Office: | Period to | Period Covered: January 1, / to | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS | F 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 unearmed income from any reportable asset during the reporting period? | No X E. Did you he or in the curr | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | g the reporting period 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? | No F. Do you have an an outside entity? | F. Do you have any reportable agreements or arrangements with an outside entity? | arrangements with Yes No X |
| D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period? | No | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | 1 \$5,000 from a single Yes No X |
| ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR | ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU ARI | IF YOU ANSWER "YES" OU ARE REQUIRED TO COMPLETE | ;" COMPLETE |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B | T INFORMATION - ANSW | VER <u>BOTH</u> OF THESE QUESTIONS | : QUESTIONS |
| 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 that benefits you, your spouse, or dependent child? | on Ethics and certain other "excepted t | trusts" need not be disclosed. Ha | 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. | income, transactions, or liabilities of a s s Committee on Ethics. | spouse or dependent child because they meet all three | se they meet all three Yes No X |

SCHEDULE C - EARNED INCOME



Name: Susan H. Heitzman Page

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List 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 both the filer and filer's 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.

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. It is unchanged in

| Comment of the commen | | Amount | Amount |
|--|-----------------------------|------------------------|----------------|
| Source (include date of receipt for honoraria) | Туре | Current Year to Filing | Preceding Year |
| ABC Trade Association, Baltimore, MD (July 15) | Honorarium | \$0 | \$500 |
| Examples: State of Maryland | Salary | \$20,000 | \$76,000 |
| Ontario County Board of Education | Spouse Speech Spouse Salary | \$0 N/A | \$1,000 N/A |
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| INO EARNER INCOME | | | |
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SCHEDULE D - LIABILITIES

Name: Susan H. Heitzman Page 3

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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 exceeded \$10,000. 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 the reporting period period. New 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); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and *Column K is for liabilities held solely by your spouse or dependent child.

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| | | 7 | 7 | | | | |
| | Bar | TIZ | Unio | Example | | | |
| | Bar Cons Fed Collinon 08-12 | of Financial Bank | Union Savings Bank 07-09 | First Bank of Wilmington, DE | Creditor | | |
| | 08-12 | | | 5/98 | Date Liability Incurred MO/YR | | |
| | Car Loan | Mortgage | Mortgage | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| | × | | | | \$10,001- \$15,000 | > | |
| | | × | | | \$15,00 1 - \$50,000 | ₩ | |
| | | | × | | \$50,001- \$100,000 | c | |
| | | | | × | \$100,001- \$250,000 | 0 | |
| | | | | | \$250,001- \$500,000 | m | Amount of Liability |
| | | | | | \$500,001- \$1,000,000 | п | t of Li |
| | | | | | \$1,000,001- \$5,000,000 | ဓ | ability |
| | | | | | \$5,000,001- \$25,000,000 | Ξ | |
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| | | | | | Over \$50,000,000 | <u>.</u> | |

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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 Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year and two previous years.

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|----------------------|------|---|--|---|
| Position Position | None | | | |
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| Name of Organization | | | | |
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SCHEDULE F - AGREEMENTS

| Name: Susan H. Heitzman |
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| Page of 6 |

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.

| Parties to Agreement Tem None | Parties to Agreement None Terms of Agreement | Date | | | | |
|--------------------------------|--|----------------------|------|--|--|--|
| Tem | Terms of Agreement | Parties to Agreement | None | | | |
| Tem | Terms of Agreement | | | | | |
| | ns of Agreement | Term | | | | |

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 |
|---|-----------------------------|
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| None | |
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Name: Susan H. Heitzman Page 5 of 6

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| | | | | | from eight individuals | I have received campaign gifts, inkind (totally) & 1016.72 | My spouse receives Social Security and Teacher's Retirement | My only income is Social Security | NOTES |

| | SCHEDULE A – ASSETS & "UNEARNED INCOME" |
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| SCHEDULE A – ASSETS & "UNEARNED INCOME" | Şο | ے | ž | Ę | <u> 7</u> 2 | E E | D | Ξ | 8 | Ž | ឃ្មឹ | | | | | 7 | Name: | ĕ | | Susan | 12 | | H. | 1.,, | 7 | 0 | 12 | <i>N</i> | Heitzman | اكا | 15 | | | Page | le | 16 1 | | ļs | 16 | ' | ' | |
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| Assets and/or Income Sources | | | | | <u> </u> | ilue | 9, | Value of Asset | 9 | | | | | | | Ϋ́ | ğ | lπς | Type of Income | | | | | | | | | | Amount of Income | ê | <u> </u> | 쿬 | ğ | O | | | | | | | | |
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| | | 900 | I-\$15,000 | 11-\$50,000 | 11-\$100,000 | 001-\$250,000 | 001-\$500,000 | 01-\$1,000,000 | 1,001-\$5,000,000 | ,901-\$25,900,000 | 0,001-\$50,000,000 | 50,000,000 e/DC Asset over \$1,000,000 | | ENDS | | EST | AL GAINS | PTED/BLIND TRUST | EFERRED | Type of Income (Specify: e.g. rship Income or Farm Income | | 00 | \$1,000 \$2,500 | -\$2,500 - \$5,000 | -\$15,000 | 1450,000 | 1-\$100,000 | 01-\$1,000,000 | ,001-\$5,000,000 | 5,000,000 | B/DC Income over \$1,000,000 | | i0 i 1,900 | -\$2,500 | -\$5,000 | -\$15,000 | 1-\$50,000 | 1-\$100,000 | 01-\$1,000,000 | ,001-\$5,000,000 | 5,099,000 e/DC Income over \$1,000,000 | |
| P. ASSET NAME EIF | × | | | | | | | | | | | | × | | | <u> </u> | | <u> </u> | | | \times | | | | | | | | | | | X | | | | | | | | ļ ļ | | |
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Use additional sheets if more space is required.