

UNITED STATES HOUSE OF REPRESENTATIVES 2014 FINANCIAL DISCLOSURE STATEMENT		Form A For Use by Members, Officers, and Employees	FESISTYSIA	LEGISLATIVE RECOURSE OF THE
			2015 AUG	2015 AUG 4 PM 3: 17
Name: FILEMON VELA	Daytime Telephone: 202	ne: 202 - 225-990/	U.S. HOUSE GF	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
FILER STATUS Wember of or Candidate for State: 1 U.S. House of Representatives District: 3		Officer or Employing Office: Employee	6:	
REPORT 2014 Annual (Due: May 15, 2015)	Amendment	Termination Date of Termination:	n mination:	
PRELIMINARY INFORMATION - ANSWER EACH OF THI	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 uneamed income from any reportable asset during the reporting period?	Yes VNO F	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?		Yes No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	*	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	o	8 5
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?	\$ 8 E	Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	_	Yes
D. Did you, your spouse, or your dependent child have any reportable Hability (more than \$10,000) at any point during the reporting period?	Yes V No	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?		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?	Yes No	m	G SCHEDULE IF YO	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT	, OR TRUST INFOR	DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	OF THESE QUE	STIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered the Committee on Ethics for further guidance.	ublic Offering during the report		"yes" to this question, please contact	Yes No
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 your dependent child?	ee on Ethics and certain other tent child?	*excepted trusts* need not be disclosed. H		Yes No [1-
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your de three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	d" income, transactions, or liat with the Committee on Ethics	ilities of a spouse or your de	pendent child because they meet all	Yes No L

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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RENC DAMINE		Homes Condy	17	PROSNEY BAL	HUNDLON CONDO	ABC Hedge Fund	Examples: Simon & Schuster	SP Mega Corp. Stock	terest-bearing accounterest-bearing accounterest-bearing accounterest wary financial ir in \$1,000 in interest in \$1,000 in interest in a complete address roperty," and a city as with a state of the interest in a complete address roperty," and a city as with a state of the interest in a complete address in the restoration in Block, a, the nature of hic location in Block, a, the restoral rest individual first reporting in a characteristic for income define of the control of the regional restoration in the regional restoration in the regional column of the optional column of detailed of the costs sents, please refer to detailed of the costs sents, please refer to detailed of the costs sents, please refer to costs.	Asset and/or income Source Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "uneamed" income during the year. Provide complete names of stocks and mutual funds (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 the account that exceeds the reporting thresholds.
JEST DEST	blucke	Mounds		IL Chocky	2 4 24 L		luster	Stock	counts, total the amount rits. If the total is over ristitution where there is bearing accounts. erry held for investment, as or description, e.g., at state. a privately-held business state the name of the its activities, and its activities, and its activities, and any financial endo; and any financial the Thrift Savings Plan. aded fund that is an please check the "EIF" your shouse (SP) or your shouse (SP) or on the far left. Ion of Schedule A the instruction booklet.	ne Source for investment or a fair market value the reporting period, asset or source of n \$200 in 'unearned' ks and mutual funds ks and mutual funds ks and sent plans (such as or each asset held in orting thresholds.
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									Spouse/DC Asset over \$1,000,000*	
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					Ĺ			×	DIVIDENDS	Type of Incom Check all columns that apply. F generate tax-deferred income (such 529 eccounts), you may check ty 629 election of the secounts in the secounts of the secounts of the secount of the secount of the asset generated no income of period.
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									CAPITAL GAINS	Type of Incom columns that apply. F ax-deferred income (such ints), you may check it bridends, interest, an invested, must be disc. held in taxable account t generated no income of
									EXCEPTED/BLIND TRUST	of income and income checking the checking the cause the
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						Partnership Income	Royaties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 5239 eccounts), you may check the "Tax-Deferred" column. Dividends, Interest, and capital gains, 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.
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				X					\$1-\$200	For assets for which a may check the 'None calegory of income Dividends, interest, must be disclosed accounts. Check generated. "Column XII is for ass in which you have no
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	ΧĮ								\$2,501-\$5,000	Amount For assets for which you check may check the "None" column. calegory of income by checl buildends, interest, and cay must be disclosed as fnoe secounts. Check "None" generated. Column XII is for assets held I in which you have no interest.
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		5 CRAT			SOW CHOLING			S(part)	blank if there are that exceeded \$1,000.	Transaction indicate if the asset had asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,00 in the reporting period. If only a portion (an asset was sol please indicate a follows: (S (part))
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: FILEMON VECA

SCHEDULE B - TRANSACTIONS

Name: FILEM ON VELA

								(+ BLACK be)	SP EMPLOYEE CATION ACUT SYSTEM	>	M hina	Sp Exemple Maga Corp. Stock	SP, DC, JT Asset	a pornon or an asser is both, presse choose 'percer sare as the type or retriescoon. Capital Galina: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asser in a tax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	dependent chief for investment of the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or safe of your personal residence, unless it generated rental income. If only	Report any purchase, sete, or exchange transactions that exceeded \$1,000 in the monoton certod of any security or real property held by your your secures or your
														Purchase		Тур
										X				Sale		of Tra
									×		×	×		Partial Sale		Type of Transaction
														Exchange		š
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														\$1,001- \$15,000	>	
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														\$26,000,001- \$50,000,000	-	
														Over \$50,000,000	٠	
														Over \$1,000,000* (Spouse/DC Asset	~	

SCHEDULE C - EARNED INCOME

Name: FILEMON NELA Page 5 of

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 a spouse, list the source and amount of any honoraris; list only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROMBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above the "serior 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.

Special structure (research to testing services of testing and projection on the service of the	Annual Processing	
Source (include date of receipt for honoraria)	Туре	Amount
Kapine State	Approved Teaching Fee	\$6,000
Examples: Civil War Roundable (Oct. 2)	Spouse Speech	\$1,000
Chasho County Doke of Chashon	Cocces	
FILEMON VERA CONGRESSIONAL SALARY	Smary	174,600
RHODES AND VERA LLP	SPOUSE DISTRIBUTION	NA
VELA LAW OFFICES PLUC	SPOUSE DISTRIBUTION	NA
STATE OF TEXAS	SRUSE	NA
HIDMEN COUNTY TEXAS	Spusk	N/A
NUECES COUNTY TEXAS	5/2025/	NJA
CAMERON COUNTY TEXAS	SPOUSY	2/4
STARR COUNTY TEXAS	SPOSSE	N/A

SCHEDULE D - LIABILITIES

Name: FILEMO, I VELA

Page_6_of

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 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 liability and liabilities owed to you by a spouse or the child, perent, 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 exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

							≥	Amount of Liability	of Lia	bility				
		Date		>		ဂ	0	m	71	ဝ	±	-		~
DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$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- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/98	Morigage on Rentel Property, Dover, DE				*						_	
JT	PLAINS CAPITAL BADIC	1/200	F+e propuries				×						4	
4	PLAINS CAPIDE BANIC	12011	Personal Note						×				\dashv	
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4	American Express	Zous		$ \lambda $										
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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

held in any religious, social, fraternal, or political entities (sur	held in any religious, social, fraternal, or political entitles (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization
LIMITED PANTILES	STAPLES KINNEY BLUCKI CEP
LIMITED PAITNER	F + R Proposther LP

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SCHEDULE D - LIABILITIES

Name: FILEMON VELA

Page 7 of

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 flabilities 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 liabile); and flabilities 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 exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

 1 7	11	ν,	, ,				-
	-	77	7		DC, 17		
		824/10	JUDE	Example			
		<i>5</i> √	INDY MAY BANK	First Bank of Wilmington, DE	Creditor		
	,	1102/14	2/2008	5/98	Date Liability Incurred MO/YR		
	ن حوسهمين از رالا	4 CUTS SURVED SLE	COUDO HOSSON ALLA HIM	Mortgage on Rental Property, Dover, DE	Type of Liability		
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					\$50,001- \$100,000	0	
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			hou		\$25,000,001- \$50,000,000	_	
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			Ø		Over \$1,000,000* (Spouse/DC Liability)	~	

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, non-profit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions had in any reliables evoket fratenal or notitive annithes cardinal normalizations and company partners and controlled an incorpor nature.

heid in any religious, social, fraternal, or political entities (suci	heid in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. Name of Organization

SCHEDULE F - AGREEMENTS

	Name: TITZOO CITICO
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		Date	Identify the da continuation o
		Parties to Agreement	identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave continuation or defenral of payments by a former or current employer other than the U.S. government; or continuing participation in an emp
		Terms of Agreement	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.

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: Nr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:	
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identify the source and list travel threrary, 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 churing 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: 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 filter.

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		THE						DC-Buelon-DC	DC-Beijirg, China - DC	City of Departure – Destination — City of Raturn
								۲	γ	Lodging? (Y/N)
								۲	٧	Food? (YAI)
								٧	Z	Family Member Included? (Y/N)

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

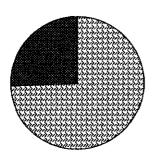
	Name: TITOS ITIS	
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separate confide	separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.			
	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb, 2, 2014	\$2,000
L'ampros.	XYZ Magazine	Article	Aug. 13, 2014	\$500
		-		

							NOTE NUMBER
**							
	;						NOTES
							-

Exhisit "A"

How is my account invested?



74.39% Bond

25.61% Balanced

	Beginning <u>Balance</u>	<u>Deposits</u>	Change <u>in Value</u>	<u>Transfers</u>	Withdrawals /Expenses	Ending <u>Balance</u>	Ending Units/ <u>Shares</u>
Balanced Vanguard Wellington Adm	59,622.27		1,888.74		-11.24	61,499.77	909.625
BlackRock Bond Index	175,579.91		3,114.83		-32.89	178,661.85	14,612.509
Fund Totals	235,202.18		5,003.57		-44.13	240,161.62	

Who ar	e my beneficiaries?			·	
Type Primary	<u>Name</u> Fileman Vela Jr	Relationship Spouse	Percent 100.00%	Address	

	Effective	Dollar		# Units	Unit/Share
	<u>Date</u>	Amount	Investment Option	/Shares	Price
Expenses					
Account Admin Fee	Oct 08, 2014	-3.71	Vanguard Wellington Adm	-0.054	68.590
Account Admin Fee	Oct 08, 2014	-11.00	BlackRock Bond Index Fund	-0.907	12.122
Account Admin Fee	Nov 04, 2014	-10.97	BlackRock Bond Index Fund	-0.905	12.117
Account Admin Fee	Nov 04, 2014	-3.74	Vanguard Wellington Adm	-0.054	69.430
Account Admin Fee	Dec 04, 2014	-10.92	BlackRock Bond Index Fund	-0.897	12.175
Account Admin Fee	Dec 04, 2014	-3.79	Vanguard Wellington Adm	-0.053	70.990

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EXHIBIT B

FBO ROSEMARIE VELA

ACCOUNT INVESTMENT OBJECTIVE

INCOME: Objective is to obtain a continuing stream of income from investments. In order to salisfy current yield requirements, the Investor should be willing to accept the risk of principal loss. November 29, 2014 - December 31, 2014

Account Number: 6UB-11189

24How Assistance: (800) MERRILL Access Code: 63-682-11189

lf you have changes to your investment objective, please contact your financial Advisor(s).

YOUR RETIREMENT ACCOUNT ASSETS

			(4,389.00)	1,408.97	4.	5,797.97			TOTAL
Current Yield%	Estimated Annual Income	Urrealized Estimated Estimates Gent/(Loss) Accrused interest Annual income	Unrealized Genn/(Loss)	Estimated Markat Vatue	Es Marke	Adjusted/Total Cost Basis			Lang Portfolio
	9.00)	1,401.40 (4,389.00)	1,		5,790.40				TOTAL
	9.00	1,401,40 (4,389.00)		1,8200	5,790.40	7.5200	770	50 10/26/11	SANDRIDGE ENERGY INC
Estimated Current nual Income Yield%	Unresized Estimated Current Gain/(Loss) Annual Income Yieldik	Estimated Unrei farkot Value Gain/	*	Estimated Market Price	Total Cost Basis	Unit Cost Basis	Quankity	Symbol Acquired	EQUITIES Description
		7.57				7.57			TOTAL
01	:	7.00	_	සි	1,0000	7 00	7.00	7	+BANK OF AMERICA, NA RASP +FONC INSURED MOT SIPC COVERED
		.57				0.57	0.57	ρ	CASH
EST. WARES	Annual income	Ana	Market Vehue	C. E.	Market Price	Cost Basis	aty	Quarety	Description
			E-ph-	Ž	E'retimen.	Tartal			PACE PARTIES ACTIONS

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FBO FILEMON B VELA JR

Account Number: 6UB-11224

24-Hour Assistance: (800) MERRHL Access Code: 63-682-11224

November 29, 2014 - December 31, 2014

ACCOUNT INVESTMENT OBJECTIVE

TOTAL RETURNE Objective is to strike a balance between current income and growth. Despite the relatively balanced nature of the portfolio, the investor should be willing to assume the risk of price volatility and principal loss.

If you have changes to your investment objective, please contact your Financial Advisor(s).

YOUR RETIREMENT ACCOUNT ASSETS

			(6,173.20)	4,375.88		12,549.08			TOTAL
Current Yield%	Estimated Annual income	Unrasized Estimated Estimated Cah/flass) Accrued Interest Annual Income	Unraalijed Gein/(Loss)	Estimated Market Value	Es Mark	Adjusted/Total Cost Basis			LONG PORTFOLIO
	(B, 173.20)	3,420.70 (8,1)	3		11,593.90				TOTAL
	(4,582.49)	1,374.10 (4.5)		1.8200	5,956.59	7.8895	755	SD 10/25/11	SANDRIDGE ENERGY INC
	(3,590.71)	2,046.60 [3,59		7.5800	5,637.31	20.8789	270	PBRA 01/27/09	PETROLEO BRAS SA ADR
Estimated Current ual income Yield%	Umeatized Estimated Current Gain/(Loss) Arraual Income Yield%	Estimated Unre Aarket Value Gabu		Estimated Market Price	Totel Cost Besis	Unit Cost Basis	Quantity	Symbol Acquired	
.0.		955.18	95			955.18			TOTAL
9		.3B		8	1,0000	.18			+FOX INSURED NOT SIPC COVERED (1800 FRACTIONAL SHARE)
10.		955,00	26	8	1,000	955.00	0	955.00	+BANK OF AMERICA, NA RASP
SE SE	Arwad Income		Market Value	S.	Market Price	Cost Basis	प्र	Quantity	Description
Est. Armusi	Estimated E	ated	Estimated.	E.	Estimated	Total			CASH/MONEY ACCOUNTS

YOUR RETIREMENT ACCOUNT TRANSACTIONS

Į

			NET TOTAL	
		1	Subtotal (Tax-Exempt Dividends,	
псоте	tily Description	Quantity	Transaction Type	Date
		NSACHORS	DIVIDENUS/INTEKES INCOME XANSACHOR	SOMETIME

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While is no use as a tea deline among the recent that the contract of the