HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES	'	LEGISLAT!	LEGISLATIVE RESOUR ไรคะไงก์ เก	Part of the second
Period covered: January 1, 2013 - December 31, 2013 For use by candidates and new employees	nd new employees	2014 JAI	2014 JAN 31 PH 1:40	1:40
		OFFICE OF THE CLERK	GE THE CLI	ERK VIATIVES
Name: Gary Lester Kiehne Daytime Telephone:			~	>
		(Offic	(Office Use Only)	7
Filter X Candidate for the State: Axizona Date of 8-26-2014	Check if	A \$200 penalty shall be assessed	y shall be a	ssessed
Employing Office:		more than 30 days late.	days late.	WINO INIES
in all sections, piease type or print clearly in blue or black ink.				•
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS				
I. Did you or your spouse have "earned" income (e.g., sataries or fees) of \$200 or more from any source in the reporting period? Yes No Wes, complete and attach \$chedule I.	rtable positions on or ndar year or in the pri sch Schedule IV.	n or before the date e prior two years?	Yes X	*
II. Did you, your spouse, or a dependent child receive "unsamed" II. Did you, your spouse, or a dependent child receive "unsamed" II. Did you, your spouse, or a dependent child receive "unsamed" II. Did you, your spouse, or a dependent child receive "unsamed" V. Did you have any reportable agreement with an outside entity? If yes, complete and attach Schedule V. If yes, complete and attach Schedule V.		or arrangement		₹ ×
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Week with the complete and attach Schedule III. Week complete and attach Schedule III.	<u>•</u> 200	than \$5,000 from	№	×
Each question in this part must be answered and the appropriate schedule attached		for each "Yes" response.	ponse.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EAC		H OF THESE QUESTIONS	JESTION	<u> </u>
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?	epted trusts" need r child?		Yes 🗌	×
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Eth	es of a spouse or d xmmittee on Ethics.	or dependent child ics.	Yes 🗌	×

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

ame Gary Lester Kiehne Page 2 of 6

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.

Source (include date of receipt for honoraria)	Type	Amount	
	-34-	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 (Rac'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Centerfire Inns, LLC, Springerville, AZ	Salary	\$65,000.00	\$72,000.00
United States Team Roping Championship, Stephenville, TX	sfainaig	\$16,7000.00	\$16,635.00
			9 9

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Gary Lester Kiehne

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Engar,	778 Main Street	Springerville, AZ	840 Sunshine Blvd	Navajo	Springerville,	Slash 4 Chambers	Savings Account	National Bank of Arizona	Checking Account	Mational	,	DC Examples:		For an ownerably interest in a privately-field business that is not publicly traded, state the name of the business, the rature of its advities, and its geographic location in Block A. Eachtede: Your personal residence, including second forms and vacation homes (unless there was reside throme during the reporting period); any deposits total-ing \$0,000 or less in personal checking or savings accounts; and any financial interest in, or income during that and any financial interest in, or income second from, a federal reference, program, including the Thrift Savings Plan. If you so choose, you may indicate that an esset or the course is that by your spouse (JT), in the optional column on the fat left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	remail programs, and are day and states.	For rental or other real property held for investment, provide a complete address or a description, e.g., "sented remarks," and the chicago state.	For all IRAs and other relirement plans (such as 401%) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutuel funds (do not use ticker symbols).	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 (it) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or Income Source	
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	Oil and Gas Leases				

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (If needed)	D "UNEARNED" INCOM	m	Name Gary Lester Kiehne
BLOCK A	BLOCK B	BLOCK C	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
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Schackelford County, TX	X	0il & Gas Sales	×
Oil and Gas Leases Jones County, TX	X	Dil & Gas Sales	×
Crane County, TX	×	Dil & Gam Sales	x
011 and Gas Leases			
Oil and Gas Leases			
Ward County, TX	×	pil & Game Sales	×
Oil and Gas Leases Eddy County, NM	×	Dil & Gam Sales	×
Oil and Gas Leases			
Oil and Gas Leases	×	A Gara	HAME AND ADDRESS OF THE ADDRESS OF T
Apache County, AZ	×	Di & Gas Sales	×

SCHEDULE III — LIABILITIES

Name Gary Lester Kiehne Page 6 of 6

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. 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 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-

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	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, D€				ш		Ц	Ц		\vdash	$oxed{\square}$	L
	Mational Bank of Arizona	Dec '10	Line of Credit				×							<u> </u>
	FMB Midland, Texas - Centerpoint	Sept '10	Sept '10 Line of Credit				×							
:	Pirst Southern BKS, Stanford, KY	July '13	Real Estate							×				
	Parm Credit Svcs EKS, El Pago, TX	July '13	July '13 Cattle/Real Estate							×				
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SCHEDULE IV - POSITIONS

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 officer, 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.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization)

and positions solery of an inchorary nature.	ature.
Position	Name of Organization
President/Director	Emil Kiehne & Sons, Inc
Vice President/Director	Centerpoint Resources, Inc
Sole Proprietor - DBA	Centerfire Resources, Inc
Managing Member	Centerfire Inns, LLC