SEP 1 1 2013
LEGISLATIVE RESOURCE CENTER

S ⊠	§ .	pendent child	bilities of a spouse or de Committee on Ethics.	e, transactions, or lial rst consulted with the	urned" income s you have fir	wr assets, "unea wer "yes" unles	<b>EXEMPTION</b> —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.	
×	Yes 🔲	ot be	excepted trusts" need no dent child?	s and certain other spouse, or a depend	ittee on Ethic ing you, your	d by the Comm a trust benefit	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?	,
Ű	EACH OF THESE QUESTIONS	)F THESE (	ANSWER EACH C	1	TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	-
:	esponse.	each "Yes" r	edule attached for each "Yes" response	ppropriate sche	and the a	answered	Each question in this part must be answered and the appropriate schedule	
× ×	Yes	\$5,000 from	VI. 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.	VI. Did you receive comper a single source in the two p if yes, complete and attact	<b>№</b>	Yes X	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	
<b>8</b> <b>⋈</b>	<b>∀es</b>	rangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V.	8	Yes X	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? If yes, complete and attach Schedule II.	, ,
<u>₹</u>	Yes	efore the date	IV. 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.	IV. Did you hold any i of filing in the current if yes, complete and	8	Yes X	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? If yes, complete and attach Schedule I.	,
			S	ANSWER EACH OF THESE QUESTIONS	OF THES	R EACH	In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWE	
		more than 3				Office:	employee Employing Office:	_
assessed	A <i>\$200 penalty</i> shall be assessed	A \$200 pen	Check if Amendment	2014	Date of Election:	NC	X Candidate for the State:  House of Representatives District:	
	Office Use Only)	C.C.		Daytime Telephone:	Daytime		Name: Laura B. Fjeld	
NTATIVES	2013 SEP 18 THAGE TO LECTRIFICES U.S. HOUSE OF REPRESENTATIVES	2013 :	FORM B dates and new employees	FORM B For use by candidates and		<b>ATIVES</b> 31, 2013	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - August 31, 2	
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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Laura B. Fjeld

Page 2 \_ of 10

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.

Excluse: military pay (addit as isanoiral character pay), isascial comonicia programs, and so		icilia received dilider die Oocidi Oocidity Act.	Occurry Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Comment of the second to the second s	مطر .	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 (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
University of North Carolina, Chapel Hill, NC	Salary	\$112,764	\$229,465
Duke University, Durham, NC	Spouse Salary	N/A	N/A
Estate of Helen B. Miller,	Executrix Fee	\$ 0	\$ 2,628
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	NS					ij	┢	DC, Examples:	.0	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.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental 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.	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.	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.	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.	Provide complete names of stocks and mutual 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 (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Þ	
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										\$250,001 - \$500,000	-	` ত	I his column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	BLOCK B
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┢				<b>-</b>	<del> </del>	-	┡	7		Other Type of Income	· · · ·		- <u>\$</u>			Check all columns that apply, retirement accounts that do allow you to choose specimestments or that generate investments or that generate deferred income (such as 40)	Type of Income	
							l	Royalties		(Specify: e.g., Partnership In-	come or Farm Income	)		If reinvested, must be dis- closed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Defemed" column. Dividends, Interest, and capital cains, aven	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))		
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L					<u> </u>	<u> </u>	_	<u> </u>	<u> </u>	\$100,001 - \$1,000,000				inis column is for income derived from assets solely neid by your louse or dependent child.	Ē	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. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as</b>		
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Continuation Sheet (if needed)

۲ 8 Ş, date is selected) value of this account Program(Fully Vested)
(We will not know the NC Employees Retirement until a retirement Asset and/or Income Source **BLOCK A** None W \$1 -- \$1,000 o \$1,001 -- \$15,000 Ö \$15,001 - \$50,000 Value of Asset \$50,001 - \$100,000 71 BLOCK B \$100,001 - \$250,000 ଉ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 ス Over \$50,000,000 Spouse/DC Asset over \$1,000,000\* NONE **DIVIDENDS** Type of Income RENT INTEREST BLOCK C **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) × None \$1 - \$200 \$201 - \$1,000 X XI MIN III V X X \$1,001 - \$2,500 **Current Year** \$2,501 -- \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 × Over \$5,000,000 BLOCK D × Spouse/DC Income over \$1,000,000\* None × \$1 - \$200 \$201 -- \$1,000 = **Preceding Year** \$1,001 - \$2,500 X XI IIIV IIV IV V V \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × Over \$5,000,000 Spouse/DC income over \$1,000,000\*

#### SCHEDULE III — LIABILITIES

Name Laura B. Fjeld

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ture, 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 sibling 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. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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

JT	JT OC,
Morgan Stanley	Creditor  Example:   First Bank of Wilmington, DE
Sept. 2011	Date Liability Incurred mo/year May 1998
Express Credit Line	Type of Liability  Mortgage on 123 Main Street, Dover, DE
	\$10,001 \$15,000 >
	\$15,001— \$50,000 <b>CD</b>
×	\$100,000 C \$100,001— ×\$250,000 D
	\$250,001
	\$500,000 m Amount 5500,001— s1,000,000 m s5,000,000 m s5,000,000 m s25,000,000 m s25,000 m s25,000 m s25,000,000 m s25,000 m s25,0
	\$1,000,001— D S, S,000,000
	\$5,000,001— <b>1</b>
	\$50,000,000 Over
	\$50,000,000 C Spouse/DC Liability over X
]	\$1,000,000

#### SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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); and positions solely of an honorary nature

and positions solely of an inclining hardic.	iduic.
Position	Name of Organization
Board Member	Center for International Understanding

#### SCHEDULE V — AGREEMENTS

Name Laura B. Fjeld

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Identify the date, parties to, and general terms of any agreement or arrangement 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.

None  None	Date	Parties To	Terms of Agreement
	:		

# SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
None	