×	Yes	≱pendent chii	lities of a spouse or dependent child Committee on Ethics.	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilit because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Co	arned" income, s you have firs	ner assets, "unea swer "yes" unles	report any oth on? Do not an	luded from this sts for exemption	<b>EXEMPTION</b> —Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"	because they
No	Yes	ot be	cepted trusts" need no	<b>TRUSTS</b> —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?	ittee on Ethics ing you, your s	ed by the Comm th a trust benefit	rusts" approve	Qualified Blind T from this report	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a	TRUSTS—De disclosed. Hav
S	E QUESTION:	)F THES	SWER EACH OF THESE QUESTIONS	- A	T INFORM	OR TRUS	ENDENT,	USE, DEP	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIC
	s" response.	each "Yes	schedule attached for each "Yes" response	propriate schedu	and the appropriate	Each question in this part must be answered	part must b	tion in this p	Each quest	
No.	Yes	\$5,000 from	npensation of more than \$ <u>MO</u> prior years?  Ittach Schedule VI.	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.	No D	Yes XX	e any report- ng period?	endent child have during the reporting the r	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.	III. Did you, you able liability (mo if yes, complete
×	Yes	rangement	portable agreement or arrangement	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V.	S S	Yes XX	ive "unearned" r hold any d of the period?	endent child rece eporting period or \$1,000 at the end sdule iI.	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.	II. Did you, you income of more reportable asset if yes, complete
S S	Yes XX	efore the date or two years?	ortable positions on or blendar year or in the priolach Schedule IV.	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.	S S	Yes XX	g., salaries or ling period?	arned" income (e. urce in the report adule I.	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>	I. Did you or yo fees) of \$200 or If yes, complete
				ANSWER EACH OF THESE QUESTIONS	OF THESE	ER EACH	- ANSW	RMATION	PRELIMINARY INFORMATION — ANSW	PRELIMIN
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ssessed	A \$200 penalty shall be assessed	A \$200 F	Check if	June 3,2014	Date of Election:June	New Jersey	State: Ne	Candidate for the House of Representatives	X Candidate for the X House of Repres	Filer
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age 1 of 5 XENTER	WAY 1 4 2014 Page 1 of 5 LEGISLATIVE RESOURCE CENTER	LEGIS /				ATIVES	PRESENT.	ISE OF REI	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED S
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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name DONALD W. NORCROSS

Page 2 of 5

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.

<b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and		benefits received under the Social Security Act.	Security Act.
Source (include date of receipt for honoraria)	Туре	Amount	
		Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
1	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 A
State of New Jersey, Trenton, New Jersey	Salary	\$16,333.00	\$49,000.00
IBEW Local 351, Folsom, New Jersey	Salary	\$69,580.00	\$208,741.00
Virtua West Jersey Health System, Marlton, NJ	Spouse Salary	N/A	N/A
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H		Ji	I.	4S	G <sub>1</sub>	ㅋ	DC,E	SP.	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.  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.	<b>Exclude:</b> Your personal residence, including second homes and vacation homes (unless there was rental	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 "investment" income during the year.		
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	<u> </u>		<b>†</b>		<del>                                     </del>	×			\$100,001 - \$250,000		771	*This column is for assets solely held by your spouse or dependent child.	ing year and is included only because it generated income, the value should be "None."	If an asset was sold during the report-	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	Б
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## SCHEDULE III - LIABILITIES

Name DONALD W. NORCROSS

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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 dependent child. Mark the highest amount 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 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 sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitude.

	_			$\mid$		×	$\vdash$	┢	H	Mortgage on 123 Main Street, Dover, DE	May 1998	Example: First Bank of Wilmington, DE	
\$50,000,000 Spouse/DC Liability over \$1,000,000	\$25,000,001— \$50,000,000 —	\$5,000,001— \$25,000,000 <b>エ</b>	\$1,000,001— \$5,000,000 <b>Ω</b>	\$500,001 \$1,000,000	\$250,000 \$250,001 \$500,000	\$100,000 \$100,001— \$250,000	\$50,000 <b>a</b> \$50,001— \$100,000 <b>a</b>	\$15,001—	\$10,001— \$15,000	Type of Liability	Date Liability Incurred mo/year	Creditor	SP, DC, JT
		bility	of Lia	Amount of Liability	  -				Γ				

## 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-

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

Position	Name of Organization
oard Member	United Way of Greater Philadelphia and Southern New Jersey
'ice-Chair	Home Port Alliance for the USS New Jersey
rustee	Union Organization for Social Service
'ice President	United Bldg. Trades Council of Southern New Jersey