Yes No No	child because	sactions, or liabilities of a spouse or dependent c vith the Committee on Ethics.	d" income, trans first consulted w	EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet alt three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No No	closed. Have you	d certain other "excepted trusts" need not be disc	e on Ethics and dependent child	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 dependent child?
Yes No No			ublic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
SNOITSBUC	F THESE G	MATION — ANSWER <u>EACH</u> OF THESE QUESTIONS	OR TRUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUS
swered and the "Yes" response.	must be ans ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	Z D	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes Yes Yes
Yes No No	arrangement with	iX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No 🔲	IV. Did you, your spouse, or a dependent child purchase, sett, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
Yes No	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	, No	III. 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 III.
Yes No	d receive any n the reporting)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	\$	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Yes Yes Yes Yes Yes Yes
Yes No No	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No U	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? Yes If yes, complete and attach Schedule I.
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 pena against anyo 30 days late.	Employing Office: Termination Date:	Officer or Employee	Status House of Representatives District: Carrell Report Annual (May 15, 2013)
2013 SEP 12 PH 1: 30 OFFICE LT THE LIKE OF SEPRESENTIANTIVES U.S. HOUSE OF SEPRESENTIANTIVES	2013 SEP 2013 SEP 0.5. HOUSE OF 6		Daytime T	Tulsi Gabbard
DELIVERED OF THE PROPERTY OF T	DEL	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

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SCHEDULE I—EARNED INCOME

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	Type	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
City & County of thonolulu	Salary	33,212.8°
Kany Productions	Earnings	11,487
World Congress of Religions - Speech	Earninds	\$. <mark>80</mark> 0
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Page O of O	

SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
_		Feb. 2, 2012	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2012	\$500
	-		
•			

8	USAT MONEY MONECT	Ishayes TRSIP IJN AM	nc Hs	1570 NW FLYNS AVE	Alexandra Va 22302	l≚		SP, SP Mega Corp. Stock	ness, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal relifement program, including the Thrift Savings Plan. If you so chose, 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 III requirements, please refer to the instruction booklet.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi-	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property" and a 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.	Asset and/or Income Source	
+	*	*	*	*	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$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 - \$25,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*	> B C D m T G T - L K L M		* This column is for assets held solely by your spouse or dependent child.	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	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.	BLOCK B Value of Asset	
X	X	*	*	K	*	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		reporting period.	vested, must be disclosed as income. Check "None" if the asset generated no income during the	IRAs), you may check the "Tax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-	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) plans or	BLOCK C Type of Income	ם: סטע ס
	*	X	X		X	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$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*	T HH V V VI VII VII X X XI XII	dependent child.	* This column is for income generated by assets held solely by your spouse or	and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated	For assets for which you checked "Tax- t 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. Dividends, Interest,	Amount of Income	7: >>5
		\mathcal{D}	م	S				S (partial)	sold, please indicate as follows: (S) (partial) See below for example. P, S, E	portion of an asset is	If only a		\$1,000 in reporting	asset had purchases (P), sales (S), or exchanges (E) exceeding	RLOCK E Transaction	22020

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Tulsi Gabbard Page 5 or 9

None			Continuation Sheet (if needed)	1	ı			I		1						l	ĺ									7	- 1	١										
None		_	BLOCK A sset and/or Income Source					ፙ፼	= 00	E S	4								т	ַלַ לֻב	8 ×	()							An	Amou	Amount	Amount of	Amount of Inc	Amount of Incor	BLOCK D Amount of Income	BLOCK D Amount of Income	BLOCK D Amount of Income	BLOCK D BLOCK E Amount of Income Transaction
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None	SP,															· Z]				-							III	-	V VI III III I	V VI III III I	V VI III III I	V VI III III I	XI III V V V III II II X	X XI III III IV V VI VII III IX X	1 1 1 1 1 1 1 1 1 1	
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SCHEDULE IV— TRANSACTIONS

Name Tulsi Gabbard Page Got 9

							Microsoft Corp	ATAT Inc	Ishaves TR StP Latin Am	C MSC	1510 NW Ferris Ave Landon, OK 73507	Example: Mega Co	*This column is for assets solety held by your spouse or dependent child.	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	income. If only a portion of an asset is sold, please so indicate (<i>i.e.</i> , "partial sale"). See example below.	in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted	
										~				PURC	HASE		Type of Transaction	
							X	×	×		X	×		SALE EXCH	ANGE		pe saction	
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SCHEDULE V— LIABILITIES

Name MSI Gabbard Page Tot

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 during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal 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 residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child.

SP, Creditor Date Lability A B C D E F G H Lability Lability Lability
\$10,001- \$15,000 \$15,001- \$50,001- \$50,001- \$100,000 \$250,001- \$250,001- \$500,000 \$250,001- \$500,000 \$1,000,001- \$5,000,000 \$5,000,000- \$5,000,000- \$25,000,000-
\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,001- \$250,000 \$250,001- \$500,000 \$500,001- \$5,000,000 \$1,000,001- \$5,000,000 \$5,000,000- \$5,000,000- \$25,000,000- \$25,000,000- \$50,000,000- \$50,000,000- \$50,000,000- \$50,000,000- \$50,000,000- \$50,000,000-
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\$5,000,001- \$25,000,000- \$25,000,000- \$50,000,000- Over \$50,000,000- Spouse/DC Liability
\$50,000,000 — Over \$50,000,000 — Spouse/DC Liability
\$50,000,000 C
Over \$1,000,000*

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of 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 \$140 or less need not be added towards the \$350 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: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
Elsie Porter grandma	in heritance	a9.829.00
		•

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

spouse or dependent child that is totally independent of his or her relationship to you 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 (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a or were paid by you and reimbursed by the sponsor.

				,	_	_	 ,	 ,		 	,	
	Examples:		us ক্									
Source	Chicago Chamber of Commerce	Roycroft Corporation	US Junior Chamber	of Commerce								
Date(s)	Mar. 2	Aug. 6-11	June 29 -									
City of Departure—Destination— City of Return	DC—Chicago—DC	DC—Los Angeles—Cleveland	TNH - MSG - TNH									
Lodging? (Y/N)	z	Y	પ									
Food? (Y/N)	Z	Υ	५		,							
Was a Family Member Included? (Y/N)	N	Υ	て									
Number of days <u>not</u> at sponsor's expense	None	2 Days	1 Day	0								

SCHEDULE VIII—POSITIONS

Name TWSI Gabbard 1.

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

 tions); and positions solely of an honorary nature.	orary nature.					
 Position			Name of Organ	of Organization		
 Vice Presdent	Healthy	Healthy Hawaii Coalition	(°00); tion	ن		
	;					
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SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. 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

 Date