



United States House of Representatives

ETHICS IN GOVERNMENT ACT FINANCIAL DISCLOSURE STATEMENT

For Use by Annual and Termination Filers

WHO MUST FILE AND WHEN: **Annual Filers:** Each Member, officer, and employee of the Legislative Branch compensated at or above the “senior staff” rate (\$120,749) for at least 60 days in calendar year 2014, and any employee designated by a Member as a principal assistant must file a Financial Disclosure Statement on or before May 15, 2015. **Termination Filers:** A termination report must be filed within 30 days of leaving a covered position. For all filers, a clear postmark is accepted as the filing date.

LATE REPORTS AND PENALTIES FOR FALSE REPORTS: A \$200 late filing fee shall be assessed against any individual who files more than 30 days after the due date of a report or amendment (or the due date of any extension). Any individual who knowingly and willfully falsifies or who knowingly or willingly fails to file the required report may be subject to civil penalties and criminal sanctions. See section 104 of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111) and 18 U.S.C. § 1001.

REPORTING PERIOD: **Annual Filers:** The period covered by this report is calendar year 2014, unless otherwise indicated on the Schedule. **Termination Filers:** If you leave before May 15, 2015, the period covered is January 1, 2014, through the date of your termination. If you leave after May 15, 2015, the period covered is January 1, 2015, through the date of your termination.

EXTENSIONS: Requests for extension must be made using the extension request form either in the electronic filing system, available at <https://fd.house.gov>, or in hard copy form on the Committee’s Web site, www.ethics.house.gov. The extension request must be e-mailed or faxed to the Committee and **received** by the due date of the report.

WHERE TO OBTAIN ASSISTANCE: Counsel from the Committee on Ethics are available to answer questions and offer assistance at (202) 225-7103. Additional forms and instructions are available on the Committee’s Web site, www.ethics.house.gov, under the “Financial Disclosure” tab.

BEFORE FILING: Answer each question on the “Preliminary Information” page, and attach the appropriate schedule for each “Yes” response. Please type or print using blue or black ink. Do not use pencil. Attach additional sheets if necessary, indicating the section that is being continued. Type or print your name at the top of each page filed. Redact any confidential information from any attachments.

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6612

Filing Instructions for Members and Candidates: File a signed original and two photocopies of your report, including all attachments.

Filing Instructions for Officers and Employees: File a signed original and one photocopy of your report, including all attachments.

UNITED STATES HOUSE OF REPRESENTATIVES
ETHICS IN GOVERNMENT ACT
2014 FINANCIAL DISCLOSURE STATEMENT – FORM A

Please provide the following information. Your address and signature WILL NOT be made available to the public.

(Print Full Name)	(Daytime Telephone)
(Complete Address – Office or Home)	

Filer Status: Member Officer or Employee

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Ethics or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file, the attached report may be subject to civil penalties and criminal sanctions. See section 104 of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111) and 18 U.S.C. § 1001.

Certification	Signature of Reporting Individual	Date
I CERTIFY that the statements I have made on the attached financial disclosure statement and all attached schedules are true, complete, and correct to the best of my knowledge and belief.		

Members must file a signed original and two photocopies thereof.
Officers and Employees must file a signed original and one photocopy thereof.

*****FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW*****

Certification	Signature of Certifying Official	Date
It is my opinion, based on the information contained in this Financial Disclosure Statement, that the reporting individual is in compliance with title I of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111).		

UNITED STATES HOUSE OF REPRESENTATIVES
2014 FINANCIAL DISCLOSURE STATEMENT

Form A
 For Use by Members, Officers, and Employees

Name: _____ Daytime Telephone: _____

(Office Use Only)

FILER STATUS	<input type="checkbox"/> Member of or Candidate for U.S. House of Representatives	State: _____ District: _____	<input type="checkbox"/> Officer or Employee	Employing Office: _____
	<input type="checkbox"/> 2014 Annual (Due: May 15, 2015)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

<p>A. Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u></p> <p>b. Make more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>H. 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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER “YES”</p>

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered “yes” to this question, please contact the Committee on Ethics for further guidance.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>EXEMPTION – Have you excluded from this report any other assets, “unearned” income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer “yes” unless you have first consulted with the Committee on Ethics.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

SCHEDULE D – LIABILITIES

Name: _____	Page _____ of _____
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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 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 liable); and liabilities 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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability												
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)		
<i>Example</i>	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X									

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 (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name:	Page _____ of _____
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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.

Date	Parties to Agreement	Terms of Agreement

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
<i>Example:</i> Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

Use additional sheets if more space is required.

