SENTAL

United States House of Representatives

ETHICS IN GOVERNMENT ACT FINANCIAL DISCLOSURE STATEMENT

For Use by Annual and Termination Filers

WHO MUST FILE AND WHEN: <u>Annual Filers</u>: Each Member, officer, and employee of the Legislative Branch compensated at or above the "senior staff" rate (\$119,553.60) for at least 60 days in calendar year 2013, and any employee designated by a Member as a principal assistant must file a Financial Disclosure Statement on or before May 15, 2014. <u>Termination Filers</u>: 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 2013, unless otherwise indicated on the Schedule. **Termination Filers**: If you leave before May 15, 2014, the period covered is January 1, 2013, through the date of your termination. If you leave after May 15, 2014, the period covered is January 1, 2014, 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 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
B-106 Cannon House Office Building
Washington, DC 20515-6612

<u>Filing Instructions for Members and Candidates</u>: 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

2013 FINANCIAL DISCLOSURE STATEMENT – FORM A

Please provide th	e following information. Yo	our address a	ıd signatur	e <u>WILL NOT</u> be made availab	le to the public.
	(Print Full Na	ame)		(Daytime Telephone)	
		(Complete Addre	ss – Office or H	Iome)	
	Filer Status:	Memb	e r	Officer or Employee	
CERTIFICA	ATION - THIS DOCUMENT	MUST BE SIC	NED BY TI	HE REPORTING INDIVIDUA	L AND DATED
available to any requirements who knowingly and	esting person upon written appli willfully falsifies, or who knowin	ication and will k ngly and willfully	e reviewed by fails to file,	nment Act of 1978, as amended. y the Committee on Ethics or its de the required report may be subject §§ 101-111) and 18 U.S.C. § 1001.	signee. Any individual
	Certification		Signs	nture of Reporting Individual	Date
financial disclosure s	e statements I have made on the tatement and all attached schedule to the best of my knowledge and	les are true,	Signa	tture of Reporting Individual	Date
		_		photocopies thereof. and one photocopy thereof.	
	FOR OFFICIAL	L USE ONL	/ – DO N (OT 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		Form A		Page 1 of
2013 FINANCIAL DISCLOSURE STATEMENT	For Use by	Members, Officers,	, and Employees	
Name: D	Jaytime Telep!	hone:		
				(Office Use Only)
FILER STATUS Member of or Candidate for State: U.S. House of Representatives District:		Office Emplo	er or Employing Office loyee	e:
REPORT TYPE 2013 Annual (Due: May 15, 2014)	Amendment		Termination	n Date:
PRELIMINARY INFORMATION – ANSWER EACH OF THESE	QUESTIONS			
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No		reportable agreement or the reporting period or in date of filing?	
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?	No		ouse, or your dependent of aling more than \$350 in vi porting period?	
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?	No	H. Did you, your spoureportable travel or re	ouse, or your dependent or reimbursements for travel a single source during the	el totaling more than Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	No		or organization make a d r a speech, appearance,	
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No		CORRESPONDING	G SCHEDULE IF YOU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TR	UST INFORM	ATION - ANSW	/ER <u>EACH</u> OF T	THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public the Committee on Ethics for further guidance.	Offering during the re	porting period? If you a	answered "yes" to this qu	uestion, please contact Yes No
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on this report details of such a trust that benefits you, your spouse, or dependent child?		her "excepted trusts" ne	ed not be disclosed. H	lave you excluded from Yes No No
EXEMPTION – Have you excluded from this report any other assets, "unearned" inc tests for exemption? Do not answer "yes" unless you have first consulted with the C	come, transactions, or Committee on Ethics.	: liabilities of a spouse o	r dependent child becau	use they meet all three Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:	Page	of

				LOCK A								LOCK							П						CK C									CK D						BLOCK E
produ exced and incon incon Provi (do n	fy (a) ction of eding \$1 (b) any ne that go during de compot use or will IRAs) plans)	each incor, 000 a other eneral the y blete nonly tick and provice	ass me a at the r rep ted r rear. iame ker s	r retirement plans (suc e value for each asset he	value eriod, ce of rned" funds th as eld in	valu used If an beca *Col	ation d. n ass ause i lumn l	value of metho et was t gene M is for no inte	d othe s sold rated i r asse	et at r thar durir ncom	n fair in the ne, the	of the narke report value	ne rep t value rting shou	porting e, plea period ld be	ase s I and 'None	is in	the r	netho	d ge 52 co ev fo if	enera 29 ac olumn ven it or ass	te tax ccour . C f rein sets l	colun x-def nts), Divid nves held	nns t erred you ends, ted, i in ta	hat a incor may inte must xable	apply. ne (su chece erest, be do acce	uch as k the and disclos ounts.	r accounts that s 401(k), IRA, or "Tax-Deferred" capital gains, sed as income . Check "None" ng the reporting	ed" category of income by checking the appropriate box below. Is, Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or							Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (part)).					
For bin all \$5,00 more	ank and interest 0, list e than \$1,	other -beari very f ,000 ir	r cas ing a inand inte	s the reporting thresholds the accounts, total the am accounts. If the total is cial institution where the rest bearing accounts. I property held for investre	nount over ere is	А	В	С	D	E	E F	G	Н	ı	J	К	L	М										I	II	III	IV	V	VI	VII	VIII	IX	Х	XI	XII	Leave this column blank if there are no transactions that exceeded \$1,000.
renta For a that	de a co il proper n owners s not p	omplet ty," an ship in ublicly e na	te a nd a d nteres / tra ture	ddress or description, city and state. st in a privately-held busi ded, state the name o of its activities, and	e.g., iness f the																																			
Exclusion in teres retire	ide: You s and va ne during st in, ment pro	ur pers acation the ro or in ogram,	sona n ho epor come , incl	I residence, including se mes (unless there was r ting period); and any fina e derived from, a fe uding the Thrift Savings I	ental ancial deral Plan.																						Farm Income)												over \$1,000,000*	
Exce box. If you incon depe	so cho so soundent ch	ose, y	ou r tha	ely-traded fund that is und, please check the may indicate that an ass t of your spouse (SF or jointly held with an mn on the far left.	"EIF" set or) or			000	000'	0000	50 000	000'00	000,000,	\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	00000	Spouse/DC Asset over \$1,000,000*						AINS	EXCEPTED/BLIND TRUST	RED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)				00	00	000	000'	000'0	000,000,	\$5,000,000	000'	Spouse/DC Asset with Income over \$	
				cussion of Schedule fer to the instruction book	det.	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	\$5,000,001-3	\$25,000,001	Over \$50,000,000	Spouse/DC	HNON	DIVIDENDS		RENT	INTEREST	CAPITAL GAINS	EXCEPTED	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partner	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	P, S, S(part), or E
SP, DC,		SP	M	ega Corp. Stock	EIF)	x)	х										Х									S(part)
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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	Asset and/or Income Source						Valu	ie o	f As	set									Тур	oe o	f Inc	ome					Α	mou	ınt d	of In	com	e				Transaction
		А	\ E	3	С	D	Е	F	G	Н	1	J	K	L	M									1	II	III	IV	٧	VI	VII	VIII	IX	Х	XI	XII	
																							(ame)												*	
																							Other Type of Income (Specify, e.g., Partnership Income or Farm Income)												Spouse/DC Asset with Income over \$1,000,000*	
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		Φ.	\$1-\$1,000	\$1 004 \$45 000	2	\$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-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000	Щ	DIVIDENDS	⊨	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	er Type	Φ	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	nse/DC	
		None	\$-1-\$	6	9	\$15,	\$50,	\$100	\$250	\$200	\$1,0	\$5,0	\$25,	Ove	Spoi	NONE	DIM	RENT	N N	CAP	EXC	TAX	Othe (Spe	None	\$1-\$200	\$201	\$1,0	\$2,5	\$5,0	\$15,	\$50,	\$100	\$1,0	Ove	Spol	P, S, S(part), or E
SP, DC, JT	ASSET NAME EIF																																			
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SCHEDULE B - TRANSACTIONS

Name:	Page of

Report any	purchase, sal	lle, or exchange transactions that exceeded \$1,000 in the ecurity or real property held by you, your spouse, or your	Ту	pe of Tr	ansactio	n		Date				An	nount	of Tra	nsacti	on			
dependent resulted in Exclude tra purchase or	child for investi a capital loss insactions bet sale of your p	trent or the production of income. Include transactions that increase a provide a brief description of an exchange transaction, when you, your spouse, or dependent children, or the bersonal residence, unless it generated rental income. If only id, please choose "partial sale" as the type of transaction.					pital Gain	(MO/DA/YR) or Quarterly,	A	В	С	D	Ш	F	O	Н	I	0c)* set)
the "capital the capital g	gains" box, un ain income on		Purchase	Sale	Partial Sale	Exchange	Check Box if Capital Gain Exceeded \$200	Monthly, or Bi- weekly, if applicable	\$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- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Asset)
* Column K SP, DC, JT	is for assets so	olely held by your spouse or dependent child.		0,		ш			07 07	07 07	07 07	07 07	07 07	07 07	07 07	07 07	0,0,		00
	Example	Asset Mega Corp. Stock																	
SP	Lxample	инеда согр. стоск			Х		Х	3/5/13		Х									

SCHEDULE C - EARNED INCOME

Name:	Page of
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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. 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.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$6,000 \$18,000 \$1,000
	State of Maryland	Legislative Pension	\$18,000
Examples:	Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
	State of Maryland Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Salary	N/A

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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 reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

								A	moun	t of Li	ability				
			Date		A	В	С	D	Е	F	G	Н	-	J	К
SP, DC, JT		Creditor	Liability Incurred MO/YR	Type of Liability	\$10,001- \$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- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				Х							

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 listed in Schedule C; 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

SCHEDULE F – AGREEMENTS

Name:	Page of

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 (including name, city, and state), a brief description, and the value of all gifts totaling 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 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 \$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		Source Description	
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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	Name:	Page	of

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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 (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	Υ	Υ	N
Examples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Y	Y	Y

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:	Page of

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 paying an honorarium to you.	A
separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech Article	Feb, 2, 2013 Aug. 13, 2013	\$2,000 \$500
Examples:	XYZ Magazine	Article	Aug. 13, 2013	\$500
		-		
		+		

FILER	NOTES
(Option	nal)

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NOTE NUMBER	NOTES