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UNITED STATES HOUSE OF REPRESENTATIVES 2013 FINANCIAL DISCLOSURE STATEMENT	For Use by Members, Officers, and Employees	DELIVERED
Name: Amerish (Ami) Bera	Daytime Telephone: 202 - 225 - 5715	2014 MAY 14 AM II: 41 OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES Office Use Only
FILER Member of or Candidate for State:	Officer or Employing Office:	
TYPE 2013 Annual (Due: May 15, 2014)	Amendment Termination Date:	
PRELIMINARY INFORMATION - ANSWER EACH OF TH	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 uneamed income from any reportable asset during the reporting period?	Yes No 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?	ngement with an Yes No X
ndent child purchase, sell, or eal estate in a transaction period?	Yes No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	receive any Yes No X
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?	Yes X No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	receive any Yes No X
D. Did you, your spouse, or your dependent child have any reportable Y liability (more than \$10,000) at any point during the reporting period?	Yes No l. 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?	on to charity in ticle during the Yes No
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	E CO	RRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR	DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THE	R EACH OF THESE QUESTIONS
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.	ublic Offering during the reporting period? If you answered "yes" to this quest	n, please contact Yes No 🗶
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or dependent child?	ee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from	ou excluded from Yes No X
EXEMPTION – 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.	d" Income, transactions, or liabilities of a spouse or dependent child because the Committee on Ethics.	sey meet all three Yes No 🛛

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Ami Ba Page 2_ of 14

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7	٦	7	F.	F	=1	<u> </u>		30	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is \$5,000, list every financial institution, e.g., for rental property financial property had for investment, provide a complete address or description, e.g., rental property, rand a city and state. 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. Exclude: Your personal residence, including second fromes and vacation homes (priess there was rental income during the reporting person); and supplies and interest in, or income derived from, a federal increast in, or income derived from, a federal from european livestiment fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouses (SP) or dependent child (DC), or jointly hadd with anyone (LT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please/fiftiff to the instruction booklet.	Asset and/or income Source Asset and/or income Source dentity (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in 'unsamed' income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retrement plans (auch as 401(k) plans) provide the value for each asset held in the account that asceeds the reporting thresholds.
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SCHEDULE A - ASSETS & BLOCK A Asset and/or Income Source	"UNEARNED INCOME" BLOCKB Value of Asset	Name: Am, Barc BLOCK C Type of Income
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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																	Spouse/DC Asset with Income over \$1,000,000*	¥			<u>'</u> g
			•														s, s (part), or n		BLOCK E Transaction		1

SCHEDULE B - TRANSACTIONS

Name: Ami Berg - CA-C7 Page & of 14

											IT 6749 Ashing that Now 216 Grove of	SP Example Mega Corp. Stock	SP, DC, JT Asset	purchase or sale of your personal residence, unless it generaled rental income. If only a portion of an asset is sold, please choose 'partial sale' as the type of transaction. Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gains' box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	repulsing period or any security or treat property times by you, you selected, or you dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the	Report any purchase, sele, or exchange transactions that exceeded \$1,000 in the
														Purchase		J
											×			Sale	-	ype of
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								F	 					Exchange		tion
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												3/5/13		(MO/DAY/R) or Quarterly, Monthly, or Bi- weekly, if applicable		Date
														\$1,001- \$15,000	>	
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														\$1,000,001- \$5,000,000	၈	Amount of Transaction
														\$5,000,001- \$25,000,000	=	Š
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														Over \$50,000,000	د	
														Over \$1,000,000* (Spouse/DC Asset)	*	

SCHEDULE D - LIABILITIES

Name: Ami Bea. GAC7 Page 9 of 14

Report liabilities of over \$10,000 awed 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.

Color	Coldinit N is for ilabilities freid solely by your spoase of dependent differ	penoent one.												
							Αn	nount	Amount of Liability	bility				
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SP, DC, JT	Creditor	Date 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				*							
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L ₁	Eddness tanker thome lan, 18 mag martise mental sacca	18/109	Mortgage on Mental, sac ca				ኦ							

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
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Clinical Professor of Medicina	University of CA, pavis School of hedica.
	many management the
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SCHEDULE C - EARNED INCOME

Name: Ami Bera CA-C7 Page 10 of 14

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.

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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.

						The Permanente Medical Grove		Examples: State of Maryland Chill War Boundhalo (Chill 2)	invited and discoption religions	Source (include date of receipt for honoraria)
						Spange Salary	Spouse Salary	Legislative Pension		Type
						7	NA	\$18,000		Amount

SCHEDULE D - LIABILITIES

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Page 11 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 reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

Date Liability Incurred MOYYR Fret Bank of Winnington, DE Example Fret Bank of Winnington, DE Syss Mortgage on Rental Property, Dover, DE Strick of America JT Coldwell Example Fret Bank of Winnington, DE Syss Mortgage on Rental Property, Dover, DE Mortgage on Rental Property	Creditor Credit	,				 			700	15	mount	mount of Lia	Amount of Liability	mount of Liability	mount of Liability	mount of Liability
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Example First Bank of Wilmington, DE 5198 Suffe Cred, † Union 11/8 Bunk or America 3/8 Coldwell Bunker Home Locus 6/9 Coldwell Bunker Home Locus 6/9	Example First Bank of Wilmington, DE 11/8 Safe Credit Union 11/8 Bank of America 3/8 Coldinal Banker Home Locus 6/9 Coldinal Banker Home Locus 6/9	Ж.	Creditor	Date Liability Incurred MO/YR	Type of Liability		\$15,001- \$50,000		\$50,001- \$100,000		\$100,000 \$100,001-	\$100,000 \$100,001- \$250,000 \$250,001-	\$100,000 \$100,001- \$250,000 \$250,001- \$500,001-	\$100,000 \$100,001- \$250,001- \$500,000 \$500,001- \$1,000,000	\$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,001- \$5,000,001-	\$100,000 \$100,001- \$250,001- \$500,001- \$1,000,000 \$1,000,000 \$5,000,001- \$5,000,001- \$25,000,001- \$25,000,001-
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		7	Coldwell banker theme Locus		montages on Central, SAC CA		1			x	x	X	×	X	X	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 listed in Schedule C; positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

			Position
		N/A	Name of Organization

SCHEDULE F - AGREEMENTS

Name: Ami Berg-CACT Page 7 <u>`</u>q

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
	N/A	

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

		The state of the s	
	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
		NIA	
	nom.		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Page 13	
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Identify the source and list travel itinerary, datas, 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.

Name:

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.

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		Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/M)	Food? (Y/N)	Family Member Included? (Y/N)
		Government of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	*	۲	z
	Compres.	Habitel for Humenity (cherity fundralser)	Mar. 3-4	DC-Boston-DC	۲	۲	٧
	JOVE	GOVERNMENT OF INDIA (MECER) AVA. 23-29 SAMFRANCES - BANG	Aug. 23-29	San Frankly - Bangalore -	~	4	Z
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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Page H of 10	
Name: Am, Berg Page H of 14	

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