S S	t child Yes	ependent	ilities of a spouse or de Committee on Ethics.	"unearned" income, transactions, or liabiliting unless you have first consulted with the Co	arned" income ss you have fin	er assets, "une wer "yes" unle:	<b>EXEMPTION</b> —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.	<b>EXEMPTION</b> —Have because they meet all
N <sub>N</sub>	Yes 🔲	ot be	excepted trusts" need not be lent child?	s and certain other "exce spouse, or a dependent	nittee on Ethica	d by the Comn a trust benefi	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS—Det
S	ANSWER EACH OF THESE QUESTIONS	FTHE	WER EACH C	1	T INFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIO
	Yes" response.	each "	le attached for	ppropriate schedu	and the a	e answered	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	
N <sub>0</sub>	ves 🗹	\$5,000 fro	ompensation of more than \$5,000 from two prior years?	VI. Did you receive compe a single source in the two If yes, complete and atta	<b>8</b>	Yes	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, your able liability (mon if yes, complete
N <sub>O</sub>	Yes	rangement	eportable agreement or an attach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.	No D	Yes	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, your income of more to reportable asset if yes, complete
N <sub>O</sub>	date Yes	before the control two years	eportable positions on or b calendar year or in the prio attach 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.	N <sub>N</sub>	Yes	<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>Yes, complete and attach Schedule I.</li> </ol>	I. Did you or you fees) of \$200 or r
				ANSWER EACH OF THESE QUESTIONS	OF THESI	R EACH	In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWE	PRELIMINA
	more than 30 days late.	more				Жісе:	employee Employing Office:	
assessed who files	A <i>\$200 penalty</i> shall be assessed against any individual who files	A \$20 agains	Check if Amendment	4/26/2014	Date of Election:	N.GIAN	Candidate for the House of Representatives District: -{C	Filer
	(Office Use Only)	W.						
	OFFICE OF THE CLERK HOUSE OF REPRESENTATIVES	OFFICE HOUSE O	u.s	Telephone:	Daytime '		Stephen Hollingshead	Name: S
Page 1 of S	LEGISLATIVE RESOURCE CENTER 2014 APR = 3 AM 9: 24	GISLATIV	B .t.E	FORM B For use by candidates and new employees	T.	TOTA TIMES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - March 27, 201	FINANCIAL Period cover
)		-						

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: Williary pay (such as franchial Guard of Freeins pay), rederal remember programs, and i		relients received under the operar occurry Act.	Society Act.
Course (include date of receipt for honorarie)		Amount	unt
יים הלים (ווימוחסם משנם מו ופכפוף: זמו ווימומיושות)	1976	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	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
The Federalist Society	Honorarium	ø	\$1,000
Georgetown University	Honorarium	0	\$ 1,000
MERSCORP Holdings # Inc.	Director's Fee	\$27,500	\$20,833

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		Hollinghan	The fauguser	Celebrak	coatings, Inc. st		Examples:		derived from, a federal manufactured from a federal retirement protection of the Thrift Savings Plan.  If you so choose, you may indicate income source is that of your spouss dent child (DC) or is jointly held with yin the optional column on the far left.  For a detailed discussion of Schedule please refer to the instruction booklet.	clude: Your perso mes and vacation come during the rep \$5,000 or less in counts; and any t	For an ownership inte that is not publicly trainess, the nature of i location in Block A.	plans) provide the value for each ass account that exceeds the reporting three for rental or other real property held provide a complete address or a de "rental property," and the city and state.	Provide complete names of (do not use ticker symbols).	entify (a) each asset income with a fair in each of the repo end of the repoportable asset or so ore than \$200 in "un	Asset and/	· ·
	1	Hollinghad for Languess LLC	er Bank accounts	Celebrate Everywher, LLC	Protective Inc. stock	1st Bank of Paducah, KY accounts	Simon & Schuster	SP Mega Corp. Stock	that that SP your s	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 personal checking or savings accounts; and any financial interest in, or income	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.	plans) provide the value for each asset held in the account that exceeds the reporting thresholds. 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.	Provide complete names of stocks and mutual funds (do not use ticker symbols).  For all IRAs and other retirement plans (such as 401/k)	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	BLOCK A
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			~		*	╀	Indefinite	<u> </u>	\$1,001 - \$15,000		<u>_</u>	r spie."	SSE	spe vs		
	<del> </del>	<b>×</b>		×		┺	1	×	\$15,001 - \$50,000 \$50,001 - \$100,000			ğ B	nd ¥	her alue	Sa	
$\vdash$	<u> </u>				<del>                                     </del>	×	Φ	1	\$50,001 - \$100,000 \$100,001 - \$250,000	·	- п	be "None."  *This column is for assets solety held by your spouse or dependent child.	If an asset was sold during the report- ing year and is included only because it generated income, the value should	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	В
	<del>                                     </del>		<del> </del>	ļ		广			\$250,001 - \$500,000	••••	۵	g a		ass you e m	<u>o</u>	BLOCK B
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	<del>                                     </del>	<u> </u>		<b>-</b>		t			\$1,000,001 - \$5,000,000		_	nde	3 S G	narie a	88	~
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						┢			\$25,000,001 - \$50,000,000			불축	Σ. 0 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	valuation		
									Over \$50,000,000			E E		<u>`</u> e <u>e</u>		
									Spouse/DC Asset over \$1,000,0	000*	<b>Z</b>	<u> </u>	<b>-</b> Φ 7			
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						L			CAPITAL GAINS			orting a	활성	That ch	=	BLOCK C
									EXCEPTED/BLIND TRUST			B 호 호 등		that toos toge	ᇫ	ဂ
									TAX-DEFERRED			closed as Income. Check "None" if the asset generated no income during the reporting period.	plans or IRAs), you may check the "Tax-Deferred" column. <b>Dividends</b> , interest, and capital gains, even	Check all columns that apply. For retirement accounts that do not retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k)	Type of Income	
				İ			Royalios		Other Type of Income			S S S		46 6 6 F	æ	
					,	L	<u>ş</u>		(Specify: e.g., Partnership Income or I	Farm Income)		₹ <b>0</b> , 9	3 7 3	<b>多</b> 素等草点		
<u> </u>		×		×	*	┖			None			8	* 5	흑종유고		
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<u> </u>	<u></u>					Ͱ	H	$\vdash$	Over \$5,000,000 Spouse/DC Income over \$1,000		-		eri co	a ž a š	₹	뗻
$\vdash$		<b>—</b>		*	×	⊢	H	Н					<ul> <li>Income. Check "None" if no income was earned or generated.</li> <li>This column is for income derived from assets solely held by your</li> </ul>	For assets for which you checked "Tax-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, and capital gains, even if reinvested, must be disclosed as	Amount of Income	BLOCK D
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				<u> </u>					\$1 - \$200 \$201 - \$1,000	=			ĭ ĭ		8	
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$\vdash$			<u> </u>	<del> </del>		<del> </del>	×	Н	\$2,501 \$5,000	<u> </u>	Preceding Year	Ī	žež Ded	<b>7.</b> ≥ 2		
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1	<u> </u>					╂	Н		Spouse/DC Income over \$1,000				Ĭ	as of a		
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#### SCHEDULE III — LIABILITIES

Name Staphen Hollingshead

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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. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 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 sib-

			Γ	SP,
	:		L	
			Example:   First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001— \$15,000
				\$15,001— \$50,000 <b>W</b>
 				\$50,001— \$100,000
			_	\$100,001— \$250,000
				\$250,001— m \$500,000 m
				\$500,001— \$1,000,000 TO \$1,000,001—
 				\$5,000,000
 			_	\$25,000,001—
				\$50,000,000 Over
 				\$50,000,000 Spouse/DC
			L	Liability over ス \$1,000,000

#### SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

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

and positions solely of all floridiary flature.	ditire.
Position	Name of Organization
Chairman	Friends of Libya Foundation, LLC
Managing Director	Candor LLC

### **SCHEDULE V — AGREEMENTS**

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Date	Parties To	Terms of Agreement

# SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule 1.

Source (Name and Address)	Brief Description of Dutles
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Priority Thinking LCC	Management Consulting