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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

Period covered: January 1, 2013 - April 27, 2014

FORM B
For use by candidates and new employees

Name: Glenn Grothman **Daytime Telephone:**

Filer Status	☒ Candidate for the House of Representatives	State: Wisconsin District: 6TH DISTRICT	Date of Election: 11/4/14
	☐ New officer or employee	Employing Office:	

Check if Amendment ☐

A *$200 penalty* shall be assessed against any individual who files more than 30 days late.

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior <u>two</u> years? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
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.**	Yes ☒	No ☐	V. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
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.**	Yes ☐	No ☒	VI. Did you receive compensation of more than $5,000 from a single source in the <u>two</u> prior years? **If yes, complete and attach Schedule VI.** except salary	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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 a dependent child?	Yes ☐	No ☒
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.	Yes ☐	No ☒

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Glenn Grothman

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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) 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 (include date of receipt for honoraria)	**Type**	**Amount**	
			Current Year to Filing	**Preceding Year**
Examples:	XYZ Corporation, Houston, TX	Salary	$6,300	$28,450
	First Bank & Trust, Houston, TX	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
	State of Wisconsin - Salary	Salary	$17,000	$50,000

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SCHEDULE II – ASSETS AND "UNEARNED" INCOME

Name GLENN GROTHMAN

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BLOCK A
Asset and/or Income Source

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.

Provide complete names of stocks and mutual funds (do not use ticker symbols).

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.

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.

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 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 derived from, a federal retirement program, including the Thrift Savings Plan.

If you so choose, 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 II requirements, please refer to the instruction booklet.

BLOCK B
Value of Asset

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.

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

*This column is for assets solely held by your spouse or dependent child.

BLOCK C
Type of Income

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 IRAs), you may check the "Tax-Deferred" column. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check "None" if the asset generated no income during the reporting period.

BLOCK D
Amount of Income

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 income.** Check "None" if no income was earned or generated.

* This column is for income derived from assets solely held by your spouse or dependent child.

	BLOCK A	BLOCK B													BLOCK C								BLOCK D Current Year												Preceding Year											
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	M Spouse/DC Asset over $1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	XII Spouse/DC Income over $1,000,000*	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	XII Spouse/DC Income over $1,000,000*
SP,	SP Mega Corp. Stock					X									X											X											X									
DC, *Examples:*	Simon & Schuster			Indefinite																		Royalties					X												X							
JT	1st Bank of Paducah, KY accounts						X											X									X												X							
	Growth Fund of America						X									X							X												X											
	Income Fund of America					X										X							X															X								
	Capital Income Builder					X										X							X												X											
	Small Cap World Fund			X												X							X												X											
	Fidelity Contra Fund						X									X							X												X											
	Vanguard S&P 500						X									X							X												X											

For additional assets and unearned income, use next page.

SCHEDULE II – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

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SP, JT, DC	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income																							
																							Current Year												Preceding Year											
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	M Spouse/DC Asset over $1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income--(Specify: e.g., Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	XII Spouse/DC Income over $1,000,000*	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	XII Spouse/DC Income over $1,000,000*
	Europacific					X										X							X												X											
	US Bank			X												X								X												X										
	Accounts, State Bank of Newburg					X												X							X													X								
	FIRST BANK accounts					X												X						X													X									
	BMO HARRIS Accounts				X													X						X												X										
	Commerce Bank - Accounts				X													X						X												X										
	State Bank of Horicon - Accounts				X													X						X												X										
	Condo - West Bend, WI					X									X								X												X											
	Lot Kewaskum, WI				X										X								X												X											

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SCHEDULE III — LIABILITIES

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 during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); 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 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 close of the previous calendar year exceeded $10,000.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	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 Spouse/DC Liability over $1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X							
	none													

SCHEDULE IV — POSITIONS

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, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

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.

Position	Name of Organization
BOARD MEMBER	KETTLE MORAINE SYMPHONY
BOARD MEMBER	CITIZENS ADVOCACY

Use additional sheets if more space is required.

Name

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SCHEDULE V — AGREEMENTS

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 employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	none	

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 I.**

Source (Name and Address)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting services
	none - except salary -	See above

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