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UNITED STATES HOUSE OF REPRESENTATIVES
2014 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

Name: John Timothy Griffin **Daytime Telephone:** ________

FILER STATUS	[✓] Member of or Candidate for U.S. House of Representatives — State: Arkansas District: 3rd	[ ] Officer or Employee	Employing Office: ________
REPORT TYPE	[ ] 2014 Annual (Due: May 15, 2015)	[ ] Amendment	[✓] Termination — Date of Termination: January 2, 2015

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

	Yes	No		Yes	No
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?	✓		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?		✓
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?		✓	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?		✓
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?	✓		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?	✓	
D. Did you, your spouse, or your dependent child have any reportable liability (more than $10,000) at any point during the reporting period?	✓		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?		✓
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?		✓	**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**		

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

	Yes	No
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.		✓
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?		✓
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.		✓

SCHEDULE A – ASSETS & "UNEARNED INCOME"

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BLOCK A — Asset and/or Income Source

Identify (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 "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use only 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 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 more than $1,000 in interest-bearing accounts.

For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and 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 homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.

For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.

BLOCK B — Value of Asset

Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.

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

*Column M is for assets held by your spouse or dependent child in which you have no interest.

BLOCK C — Type of Income

Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. 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 for assets held in taxable accounts. Check "None" if no income was earned or generated.

*Column XII is for assets held by your spouse or dependent child in which you have no interest.

BLOCK E — 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)).

Leave this column blank if there are no transactions that exceeded $1,000.

Block B — Value of Asset

SP, DC, JT	Asset	EIF	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*
Examples: SP	Mega Corp. Stock						X								
	Simon & Schuster				Indefinite										
	ABC Hedge Fund	X							X						
	Regions Financial (IRA)				X										
JT	TD Ameritrade, Mon Market			X											
SP	Murphy Oil (IRA)				X										
SP	Murphy USA (IRA)				X										
SP	Regions Financial (IRA)				X										
SP	PESPX Mutual Fund (IRA)				X										

Block C — Type of Income

Asset	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)
Mega Corp. Stock		X						
Simon & Schuster								Royalties
ABC Hedge Fund								Partnership Income
Regions Financial (IRA)		X						
TD Ameritrade, Mon Market	X							
Murphy Oil (IRA)		X						
Murphy USA (IRA)	X							
Regions Financial (IRA)		X						
PESPX Mutual Fund (IRA)		X						

Block D — Amount of Income; Block E — Transaction

Asset	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 Asset with Income over $1,000,000*	P, S, S(part), or E
Mega Corp. Stock				X									S(part)
Simon & Schuster				.									
ABC Hedge Fund													
Regions Financial (IRA)		X											
TD Ameritrade, Mon Market	X												
Murphy Oil (IRA)			X										
Murphy USA (IRA)	X												
Regions Financial (IRA)		X											
PESPX Mutual Fund (IRA)		X											

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & "UNEARNED INCOME"

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SP, DC, JT	BLOCK A Asset and/or Income Source: ASSET NAME	EIF	BLOCK B Value of Asset: 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*	BLOCK C Type of Income: NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK D Amount of 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 Asset with Income over $1,000,000*	BLOCK E Transaction: P, S, S(part), or E
SP	TD Ameritrade Mon Mar				X											X								X												

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: John Timothy Griffith

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 2014 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)	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$18,000
	Civil War Roundtable (Oct. 2)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	N/A
	Benchmark Wine Group	Sale of Collectibles	$ 4000

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: John Timothy Griffin

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)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				x							
	Farmers Bank, Camden, Arkansas	3/2011 refi	mortgage on home					X						
	Wells Fargo Bank, Rogers, AR	1/2011 refi	mortgage on home					X						
	Bank of America, Charlotte, NC	revolving	credit card		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 H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: John Timothy Griffith

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $375 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: 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)
Examples:	*Government of China (MECEA)*	Aug. 6-11	DC-Beijing, China - DC	Y	Y	N
	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Y	Y	Y
	Tim Griffith for Arkansas, Campaign for Lieutenant Govern	Feb 13-Nov 4, 2014	Various locations around the State	Y	Y	Y

Use additional sheets if more space is required.