<b>8</b>	<b>₹</b>	ependent child	silities of a spouse or dependent child Committee on Ethics.		arned" income ss you have fi	er assets, "une ;wer "yes" unle	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the
<b>8</b>	Yes	ot be	ent child?	s and certain other "e spouse, or a depende	nittee on Ethic ting you, your	ฟ by the Comr า a trust benefi	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?
S	QUESTION	)F THESE	NSWER EACH OF THESE QUESTIONS	MATION — AN	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —
	response.	each "Yes"	dule attached for each "Yes" response.		l and the a	e answerec	Each question in this part must be answered and the appropriate sche
<b>₹</b>	- 66 □	\$5,000 from	ompensation of more than \$5,000 from two prior years? attach Schedule VI.	VI. Did you receive con a single source in the t	<u>₹</u>	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.
<b>₹</b>	<b>6</b> 6 □	rangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did you have any re with an outside entity? If yes, complete and a	Š	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.
§	Yes 🔼	before the date or two years?	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.	IV. Did you hold any re of filing in the current c If yes, complete and a	S <sub>S</sub>	Yes	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.
			· W	EACH OF THESE QUESTIONS	OF THES		PRELIMINARY INFORMATION — ANSWER
assessed who files	A \$200 penalty shall be a against any individual versions than 30 days late.	A \$200 pd against all more than	Check if Amendment	n: May 29,2012	- Date of Election:	(95) 36 Office:	Filer Candidate for the State: Texe5  House of Representatives District: 3b  Status employee Employing Office:
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> >	2012 007 11 17712: 08	2012 OCT		Daytime Telephone:	Daytime		Name: Charles B. Meyer
hage 1 of 13	OCT 0 1 2012-90-1 or 13	<b>8</b>	M B s and new employees	FORI		ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2010 - September 30, 30,

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## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

SCHEDULE II — ASSETS ANI Continuation Sheet (if needed)  BLOCK A  Asset and/or income Source	ASSETS AND "UNEARNED" INCOME  CK A  BLOCK B  Value of Asset	E BLOCK C	Name Name
S, P	A B C D E F G H I J K L	e	Current Year
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CF Industries Holdings, Inc	X	×	X
انا	×	×	×
Viacom Inc New Class B	×	X	*
Chubb Corp	*	×	×
Wal Mart Stores Inc	*	X	*
United Health GP Inc	×	×	×
MWare Ire Class A	×	×	×
JOH Cap XXVI 8.000 5-15-78	×	×	×
Ebay Inc	×	*	×
Apple Inc	*	×	×
Union Pocific lasp	X	X	×
	×	×	×
Capital Source Inc	×	X	X
Time Wasnes Inc New			X

SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Page 4 or 13

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## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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	Chubb Corp	X	x	X	
	Akamai Technologies Inc	×	×	×	
	Health Care REIT Inc	×	×		
	Travelers Companies Inc Com	X	×	×	
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	Amazon Com Inc	χ	×	*	
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Continuation Sheet (if needed)

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) 8 ድ 9 AIP Absit Itu Asset and/or Income Source JRM Cap XXVI Proctor + Gantle Nestle Toyota Motor CP ADR Resolutions Group, LLC BLOCK A None 0 \$1 -- \$1,000 × O  $\times$ × × \$1,001 - \$15,000 0 Value of Asset \$15,001 - \$50,000 ш  $\succ$ \$50,001 - \$100,000 BLOCK B ন \$100,001 - \$250,000 の エ -\$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE X × DIVIDENDS × RENT Type of Income × INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED membership Other Type of Income (Specify: e.g., Partnership Income or Farm Income) × None \$1 -- \$200 Thanks B. Meyer \$201 - \$1,000 X XI III N II N I N I III **Current Year** \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 BLOCK D Over \$5,000,000 × × X None \$1 - \$200  $\times$ X XIMMINININI V N III \$201 - \$1,000 Preceding Year × × \$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

## SCHEDULE III — LIABILITIES

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Page 13 of 13

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-

				JT DC,	
		NA	Example:   First Bank of Wilmington, DE	Creditor	
			May 1998	Date Liability Incurred mo/year	
			Mongage on 123 Main Street, Dover, DE	Type of Liability	
			1	\$10,001 \$15,000	П
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				Over \$50,000,000	Ц

## SCHEDULE IV — POSITIONS

cer, 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. 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 offi-

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 honorary nature.	attie.
Position	Name of Organization
Managing Attorney and Member	Managing Attorney and Member Law Firm of Church Meyer, PLLC
Managing Member	id: Resolutions Group, LLC
Managing Member	Meyer haw Group, PLLC
Membes	Viking Advisory Group, LLC
Pro-Borno Advisor	Law Firm of Tim Lothe