Yes No		sactions, or liabilities of a spouse or dependent (with the Committee on Ethics.	ned" income, trans re first consulted w	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.	EXEMPTI they meet
Yes No		d certain other "excepted trusts" need not be disclosed. Have you lid?	or dependent chi	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excexcluded from this report details of such a trust benefiting you, your spouse, or dependent child?	TRUSTS— excluded f
Yes No	Ye		I Public Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	iPO —Did
STIONS	F THESE QUE	MATION — ANSWER EACH OF THESE QUESTIONS	TRUST INFORMATION	OF SPOUSE, DEPENDENT, OR	EXCLUSION
red and the s" response.	must be answer	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes Yes	V. Did you, liability (mo
Yes No X		IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.] × ₆	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IV. Did you or exchang \$1,000 du If yes, co i
Yes No	:	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	No C	III. 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 III.	III. Did you income of reportable If yes, cor
Yes No X		VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	No No	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Yes reporting period? If yes, complete and attach Schedule II.	II. Did any individ lieu of paying you reporting period? If yes, complete
Yes No X		VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	o∾ ⊠	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? Yes	I. Did you fees) of \$3 If yes, co l
		E QUESTIONS	H OF THESE	PRELIMINARY INFORMATION — ANSWER EACH	PRELIM
	30 days late.	TerminationTermination Date:		t (X)Annual (May 15, 2013) Amendment	Report Type
A \$200 penalty shall be assessed	A \$200 penalty	Employing Office:	Officer or Employee	Member of the U.S. State: House of Representatives District:	Filer Status
Use Only)	J.S. HOUSE OF (Office Use Only)				
3: 13 M	2013 MAY 14 PM 3: 13 M	Daytime Telephone:	Daytime [*]	WALTER BEAMAN JONES	Name:
D Page 1 of 7	HAND DELIVERED	. Form A For use by Members, officers, and employees	TEMENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	UNITED
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Name WALTE	S AND "UNEAR!	DULE III—A		-ASSETS ANI
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SCHE BLOCK A BLOCK B BLOCK C JONES BLOCK D Page / of 4 Transaction BLOCK E

income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the If you so choose, you may indicate that an asset or that is not publicly traded, state the name of the busiof Income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other identify (a) each asset held for investment or production please refer to the instruction booklet. For a detailed discussion of Schedule III requirements optional column on the far left. Savings Plan. from, a federal retirement program, including the Thrift accounts; and any financial interest in, or income derived ing \$5,000 or less in a personal checking or saving Exclude: Your personal residence, including second tion in Block A. ness, the nature of its activities, and its geographic loca-For an ownership interest in a privately-held business property," and a city and state. vide a complete address or a description, e.g., "rental For rental or other real property held for investment, proaccount that exceeds the reporting thresholds. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the not use ticker symbols.) Provide complete names of stocks and mutual funds (do more than \$200 in "unearned" Income during the year. reportable asset or sources of income which generated income during the reporting period); any deposits totalnomes and vacation homes (unless there was rental B857 Examples: h3xokg という かいまい MEDCO HACTH SILVANI STK とうされらいというといろ Asset and/or Income Source ş CORP STOCK Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY Accounts COR STOCK 大元 38 XB BS spouse or dependent child. and is included only because it generated income, the value should be "None." If an asset was sold during the reporting year used. fair market value, please specify the method Indicate value of asset at close of reporting year. If you use a valuation method other than Þ None This column is for assets held solely by your ø \$1 - \$1,000Indefinite O \$1,001 - \$15,000 U \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 TI \$100,001 - \$250,000 Ø \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Ļ \$5,000,001 - \$25,000,000 ス \$25,000,001 -- \$50,000,000 r Over \$50,000,000 Z Spouse/DC Asset over \$1,000,000 Income. Check "None" if the asset allow you to choose specific investest, and capital gains, even if rein-Deferred" column. Dividends, inter-IRAs), you may check the "Taxincome (such as 401(k) plans or ments or that generate tax-deferred retirement accounts that do not Check all columns that apply. For generated no income during the reporting period. DIVIDENDS Type of Income RENT INTEREST × CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None dependent child. \$1 - \$200= \$201 - \$1,000 ≡ \$1,001 - \$2,500 2

S 8

> For assets for which you checked "Tax-Amount of Income

appropriate box below. Dividends, interest, be disclosed as income. Check "None" if the category of income by checking the no income was earned or generated. and capital gains, even if reinvested, must Deferred" in Block C, you may check the "None" column. For all other assets, indicate (E) exceedine \$1,000 in

Pulnoder

or exchanges

(P), sales (S) purchases asset had Indicate if the

assets held solely by your spouse * This column is for income generated ु द

≚ portion of indicate as sold, please an asset is If only a

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(S) (partial for exam-See below

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follows:

Spouse/DC Income over \$1,000,000*

\$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000

\$2,501 - \$5,000

\$5,001 - \$15,000

\$15,001 - \$50,000 \$50,001 - \$100,000

(partial)

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) 77 Ŗ S ဌ INCOME FUND of AMERICA GROWTH FUND IF WHORCA FUNDAMENME INVESTIGES FLAND WALESTON WITH INVESTIGATION TES. CVELLER Bry > KGEV) AMERICAN BRIANCED FUND Asset and/or Income Source FAMILY OF FUNDS Funo of America M-FAICAN ACT AC WHOTEN From BLOCK A IN COME BUILDER None Œ \$1 - \$1,000 O \$1,001 - \$15,000 ס \$15,001 - \$50,000 Value of Asset П \$50,001 - \$100,000 Year-End BLOCK B ш \$100,001 - \$250,000 Ð \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 _ \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 _ Over \$50,000,000 Ζ Spouse/DC Asset over \$1,000,000* NONE **DIVIDENDS** RENT of Income BLOCK C Type INTEREST **CAPITAL GAINS** EXCEPTED/BLIND TRUST Name WALTER TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200 = ≡ Amount of Income \$201 - \$1,000 SONES 7 \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 VII VIII IX \$15,001 - \$50,000 \$50,001 ~ \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 \succeq Over \$5,000,000 Page 3 of 4 Spouse/DC Income over \$1,000,000* **Fransaction BLOCK E** ரை வ

SCHEDULE VIII—POSITIONS

Name WALTER JONES

Page 4 of 4

proprietor, representative, employee, or consultant of any corporation, 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 during the current calendar year as an officer, director, trustee of an organization, partner,

tions); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

		isomo of directors	Position
		FAST CAROLINA VOCATIONAL CENTER	Name of Organization

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

 Date	Parties To	Terms of Agreement