SUSAN W. BROOKS MEMBER OF CONGRESS 5TH DISTRICT, INDIANA

HAND DELIVERED

COMMITTEE **EDUCATION AND THE WORKFORCE**

SUBCOMMITTEES:

EARLY CHILDHOOD, ELEMENTARY, AND SECONDARY

EDUCATION

HIGHER EDUCATION AND WORKFORCE TRAINING FIGE CITE HEALTH, EMPLOYMENT, LABOR, AND PENSIONS

Congress of the United States

House of Representatives Washington, DC 20515-1405 PM 2: 37

COMMITTEE **HOMELAND SECURITY**

SUBCOMMITTEES:

CHAIR, EMERGENCY PREPAREDNESS, RESPONSE. AND COMMUNICATIONS

TRANSPORTATION SECURITY

COMMITTEE **ETHICS**

http://susanwbrooks.house.gov/

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11611 NORTH MERIDIAN STREET, SUITE 415

CARMEL, IN 46032 120 EAST 8TH STREET, SUITE 101

ANDERSON, IN 46016

June 17, 2013

The Honorable Karen L. Haas Clerk **United States House of Representatives** Legislative Resource Center **B-106 Cannon House Office Building** Washington, D.C. 20515

sanw Brooks

Dear Madam Clerk:

I am writing following a review of my public financial disclosure. I did not see two pages of my form on the public record. These pages were apparently inadvertently left off the document made public and so I am correcting this omission.

Following are pages two and eight of my financial disclosure.

Please accept this letter and the following pages as an amendment to my 2012 Financial Disclosure Statement. If you have any further questions, please don't hesitate to contact me.

Sincerely,

Susan W. Brooks

SCHEDULE 1 - EARNED INCOME

Name Susan W. Brooks

Page 2 of 10

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 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.

Source	Туре	Amount
lvy Tech Community College	Salary	\$35,900
USA Funds, Inc Access and Outreach Council Fee Advisory Council		\$1,000
Brooks, Koch & Sorg	Spouse Salary	N/A
	and the state of t	

SCHEDULE V - LIABILITIES

Name Susan W. Brooks

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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 for liabilities held solely by your spouse or dependent child. 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 preceding calendar year exceeded \$10,000. *This column is owed during the year. 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 it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances;

		SP, DC, JT
WELLS FARGO	WELLS FARGO	Creditor
SEPT 2008	AUG 2012	Date Liability Incurred
PRIMARY RESIDENCE - LINE OF CREDIT	PRIMARY RESIDENCE - CARMEL, IN - MORTGAGE	Type of Liability
\$100,001 - \$250,000	\$250,001 - \$500,000	Amount of Liability