₹	Yes	pendent child	ities of a spouse or dependent child Committee on Ethics.), transactions, or liability rst consulted with the (amed" income ss you have fi	er assets, "unei wer "yes" unte:	EXEMPTION —Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or obecause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics
₹	Yes 🗌	ot be	xcepted trusts" need no	s and certain other "ex spouse, or a depender	nittee on Ethic ting you, your	ed by the Comm h a trust benefit	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?
TS	QUESTION)F THESE	SWER EACH OF THESE QUESTIONS	MATION AN	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSW
	esponse.	each "Yes" r	lule attached for each "Yes" response.	ppropriate sched	and the a	e answered	Each question in this part must be answered and the appropriate schedule
₹	28	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	VI. Did you receive compens a single source in the two pri If yes, complete and attach	s D	₹ 1	III. Did you, your spouse, or a dependent child have any reportable flability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.
₹	ž	rangement	portable agreement or arrangement trach Schedule V.	V. Did you have any reportativith an outside entity? If yes, complete and attach	₹	Yeg X	ii. Did you, your spouse, or a dependent child receive "unearmed" 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 X	efore the date	N. 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 rej of filing in the current ca If yes, complete and at	₹	٧٠٠ 🛚	 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.
			•	E QUESTIONS	OF THES	ER EACH	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
	more than 30 days late.	more than :			1	Office:	employee Employing Office:
assessed who files	A \$200 pensity shall be assessed against any individual who files	A \$200 per against an	Check if Amendment	Election: 11/66/2012	- Date of Election	487	Filler Candidate for the State: 124 No District: 124 No District: 124 No District: 125 No D
CHTATIVES	Office Use Only)	0.3.60					
9: 58	2012 JUN 25 AH 9: 58	2211		Daytime Telephone:	Daytime		Name: CHERYL L. BUSTOS
Page 1 or 1	JUN 15 2012 Page 1 of E	SEES:	M B and new employees	FORM B		ATIVES	FINANCIAL DISCLOSURE STATEMENT Period covered: January 1. 2011 - M24 15, 2012

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name CHERYL L. BUSTOS

Page 7 or 7

Examples: 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 Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. exceeding \$1,000. See examples below. COUNTY OF POCK ISLAND, IL CITY OF EAST MOUNT, IL ELP KNITION, DES MOINES IOWA HEALTH SYSTEMS, DES MOINES XYZ Trade Association, Chicago, IL (Rec'd December 2) Harris County, Texas Public Schools First Bank & Trust, Houston, TX XYZ Corporation, Houston, TX Source (include date of receipt for honoraria) Share sonads Salary Alduman Salour Spouse Salary Honorarium Director's Fee fueres Emorise Type Current Year to Filing 49,000,00 <u>2</u> 7 <u>ح</u> \$6,300 \$20 ₭ Amount 14,222,42 ps. 649. 20 2,645,00 20/20 Preceding Year \$28,450 \$1,000 \$3,200 ×

PINCO: Tot establish	Vounguard PRINTERP. ALM	Various Inst Indistribust	JP Mayan : Family inc j P5	Variational Williamstand	Vauguard Sn-Im Inv-A		Examples:	SP. SP Maga Corp. Stock	For an ownership interest in a privately-held business that is not publicly tracked, state the name of the business that is not publicly tracked, state the name of the business that is not publicly tracked, state the name of the business that is not publicly tracked, state the name of the business, the natura of its activities, and its geographic business, the protein branch 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 strettest 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 called (DC) or is jointly held with your spouse (JT), in the optional column on the far jett. For a detailed discussion of Schedule III requirements, please refer to the instruction booldet.	BLOCK A Asset and/or Income Source Identity (a) each asset held for investment or production of income with a lair 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 "unearmed" income during the year. Provide complete names of stocks and mutual funds (do not use ticler symbols). For all IRAs and other retirement plane (such as 401(i)) plane) that are self-directed (i.e., plane in which you have the power, even if not exercised to select the ape- cific investments), provide the value for each asset held in the account that exceeds he reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the
X	*	×	*	×	*	×		×	None	BLOCK B Value of Asset Value of Asset reporting year. If you use a reluation method other than fair market value, please specify the nethod used. f an asset was sold during the nethod year and is included only because it generated norme, the value should be None."
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	×	×	×	×	×	×	Royatties	×	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, Inferest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
	× ×	X	× × ×	× ×	×		X	×	None	Amount of Income 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 "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.

Note
None
S1-S1,000
DIVIDENDS REAT INTEREST INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST COme of Farm Income (Specify: a.g., Partnership Income of Farm Income) COME C
S1 - \$200
\$5,001 - \$15,000 \leq \frac{1}{2}\$ \$15,001 - \$50,000 \leq \frac{1}{2}\$ \$50,001 - \$100,000 \leq \frac{1}{2}\$

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

CONTINUEDO SCIEBL (IL INDOVEN)				
BLOCK A	BLOCK B	BLOCK C	вгоск в	, ox
Asset and/or Income Source	Value of Asset	Type of Income	Amount of income	f Income
	ABCDEFGHIJKL		Current Year	Preceding Year
<u> </u>	XO XOO		K X XI MAIIA IA A M III II I	XI HIM IN A A IR II
8	\$1,000 11 - \$15,000 101 - \$50,000 101 - \$100,000 101 - \$250,000 101 - \$250,000 1001 - \$500,000 1001 - \$5,000,000 100,001 - \$5,000,000 100,001 - \$5,000,000 100,001 - \$50,000	E DENDS		
	\$1,00 \$15,0 \$50,0 \$100, \$250, \$500, \$1,00 \$5,00 \$25,0	NONE DIVID RENT INTEL CAPI EXCE TAX-L Other (Speci	\$1,00 \$2,50 \$5,00 \$15,00 \$50,00 \$100,0	\$1,00 \$2,50 \$5,00 \$15,0
Capital Involve Block	×	×		
- Fund azis (out)				
Growth fund Amusica	X	×	*	
Class Fi				
Intermediate Band	X	×	X	
- 7 22	X	X	*	
Income Fund at America	X	32.	×	
New Persective Fund	X	>	*	
New Perspective Tune	X	×	*	
Guagenhi m tri cap	*	*	><	
Small cap world Fund	×	×	×	

Nume CHERYL. BUSTOS

SCHEDULE III — LIABILITIES

Name CHERYL L. BUSTOS

Page of of H

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 furniling 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. 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-

						5 S.S.	
			Salve Mac	opered strain	Example: First Bank of Wilmington, DE	Creditor	
					May 1998	Date Liability Incurred mo/year	
	-		Student Loan - Nick Bustes	Martagage on 100 Novicet besting	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
						\$10,001— \$15,000	
				ļ		\$15,001— \$50,000 @	
		<u> </u>	X		L	\$50,001— \$100,000 O	
				X	×	\$100,001—	
			<u> </u>		L	\$250,001— m	
	 		<u> </u>	<u> </u>	_	\$250,000 m \$250,001	ï
		-	<u> </u>		-	\$5,000,000	F
<u> </u>			├-	<u> </u>	<u> </u>	\$5,000,001— X	
			_	<u> </u>	_	\$25,000,001—\$60,000,000	
						Over \$50,000,000	

SCHEDULE IV - POSITIONS

cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-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 offprise, 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): nd positions solely of an honorary nature

and positions away or air ronwary nature.	iauro.
Position	Name of Organization
Board Number	The Women's Compaction
Brand Nember	TA women's leadurgian Council
Board Nember	THE BUSINESS CAMICAL
Board Number	TA wedness council

SCHEDULE V — AGREEMENTS

Nome CHERYL L. BUSTOS

Page 7 of T

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 of detertal of payments by a rollier or content only of content and the content of the co
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And the second second second second		
Date	Parties To	Terms of Agreement

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.

recognized by raw. Do not repeat amonutement werear on ownedwise.	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services