<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilit because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the C	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANS	Each question in this part must be answered and the appropriate schedu	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No VI. Did you receive compensation of more a single source in the two prior years?  If yes, complete and attach Schedule III.	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?  Yes  No  If yes, complete and attach Schedule II.	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  No  If yes, complete and attach Schedule I.	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	in all sections, please type or print clearly in blue or black ink.	Filer  Candidate for the State: TX Date of Pepresentatives District: 25 Election: 5 24 12  Status  New officer or Employing Office:	Name: EVAIL PLAN REHT. IV Daytime Telephone	UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT  Period covered: January 1, 2011 - Mayob 3, 2012  For use by candidates and
littes of a spouse or dependent child Committee on Ethics.	epted trusts" need no	SWER EACH OF THESE QUESTIONS	dule attached for each "Yes"	mpensation of more than \$5,000 from wo prior years? attach Schedule VI.	portable agreement or arrantach Schedule V.	rtable positions on or bondar year or in the prior or in the p			Check if Amendment		<b>M B</b> and new employees
	•	F THESE QU	each "Yes" res	- -	angement				A \$200 penalty shall be assessed against any individual who files more than 30 days late.	2012 MAY 11 PM 1: 58  2012 MAY 11 PM 1: 58  OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	MAY 0
Yes 🔲	Yes 🔲	JESTIONS	response.	Yes	Yes	Yes X			ν.	2012 MAY 11 PM 1:58  2012 MAY 11 PM 1:58  OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	MAY 0 4 2012 Page 1 of 4
No No	<u>8</u>	<i>.</i>		N <sub>O</sub>	N <sub>O</sub>	No No			assessed who files	58 M	ige of

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name
JUNTY TO
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Belty Jr

ist 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
nore 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. See examples below.
Evaluate: Military new (such as National Guard or Deserve new) forderal retirement programs, and benefits received under the Social Soc

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 stalendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See earned income for other spouse earned income secretary have such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.  Source (include date of receipt for honoraria)  Type    XYZ Corporation, Houston, TX	than the filer's current employment amount of any honoraria; list only ement programs, and benefits retailed.  Type  Salary Director's Fee Honorarium Spouse Salary  Source Salary	ant by the U.S. Government) y the source for other spouse sceived under the Social Sec Amount Current Year to Filing \$6,300 \$400 0 NA	ent) totalling \$200 or ouse earned income Security Act.  Preceding Year \$28,450 \$3,200 \$1,000 NA  1112,543 ©
	Salaw		1 1 1.

Exxon Mobil Corp	MGM RESONS	IBM	Pod .	Thrift Somings Plan	JT 1st Bank of Paducah, KY accounts	Examples:	SP. SP Mega Corp. Stock	For rental or other real property neit for investment, provide a complete address.  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 ( <i>Unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest 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 child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	account and its value at the end of the reporting period.	BLOCK A  Asset and/or Income Source identity (a) each asset held for investment or production of income with a fair 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 "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed provide only the name of the institution holding the
	>	×	×	×	×		×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$00,001 - \$25,000,000	A B C D E F G H - J K L	Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
×	×	X	*	×	X	Royalties	× .	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income  Check all columns that apply. 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. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
×	X	×	× × ×	×		×	×	None	Current Year Preceding Year	Amount of Income  Amount of Income  For retirement accounts that do not allow you to choose specific investments <u>or</u> 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.

## SCHEDULE III — LIABILITIES

Name EVNIR Alam Be Hz dr

Page 4 of 4

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 sibling 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.

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•					JT DOS.	
-			Don't of Education	Example: First Bank of Wilmington, DE	Creditor	
			2010	May 1998	Date Liability Incurred mo/year	
			Student Loan	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
			×		\$10,001— \$15,000	
					\$15,001— \$50,000 <b>D</b>	
					\$100,000 \$100,001	
				×	\$250,000 \$250,001—	moun
				-	\$500,000 "" \$500,001— T \$1,000,000 T	Amount of Liability
	. ·		ì		\$1,000,001— ດ \$5,000,000	ability
					\$5,000,001— <b>エ</b>	
					\$25,000,001— \$50,000,000	
					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 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 or an nonorary riations.	iawio.
Position	Name of Organization
President	Warrior Transition Project Inc. Co non-partitionanization