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ATIVES  JRE STATEMENT  For use by Members, officers, and employees  AND  JRESTATEMENT  For use by Members, officers, and employees  AND  JRESTATEMENT  For use by Members, officers, and employees  AND  JRESTATEMENT  Portable price  Ling  Temploying Office:  A \$200 penalty shall be assessed advantable position Date:  A \$200 penalty shall be assessed against anyone who files more than Amendment  Temploying Office:  Temploying Office:  A \$200 penalty shall be assessed against anyone who files more than Amendment  To days late.  A \$200 penalty shall be assessed against anyone who files more than Amendment of the reportable generally.  In Yes \( \) No \( \) In the sportable generally in the sportable generally.  The sport who in the reportable positions on or before the date  Yes \( \) No \( \) If Yes, complete and attach \$250 from one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one one source)?  Yes \( \) No \( \) If Yes, complete and attach \$250 from one	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on E	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST I	id have any reportable Yes	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes N. \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.	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.	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  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 N  N	PRELIMINARY INFORMATION — ANSWER EACH OF	Type Annual (May 15, 2013) Amendment	Status Member of the U.S. State: 76 x 43  House of Representatives District: 23		Name: Marc Allison Veasey Da		UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT
Form A  Truse by Members, officers, and employees    Complete	come, trans	n Ethics and pendent chi	c Offering?	INFORI		S	No No	<b>₹</b>	No	:THESI		Officer or Employer		aytime T		P.
ATTIVE RESPONCE CENTER AT 15 AM 11:30  EVERTISATION FOR INTERMEDIAL STATES ONLY Shall be gainst anyone who files to days late.  Ceive any pating more Yes aceive any he reporting Yes aceive any he reporting Yes Area and for each "Yes" responsed. Have you Yes and the second of the se	sactions, or liabilities of a spouse or dependent owith the Committee on Ethics.	ertain other "excepted		- ANSWER EACH		IX. Did you have any reportable agreement or a an outside entity?  If yes, complete and attach Schedule IX.	VIII. Did you hold any reportable positions on o of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	VII. Did you, your spouse, or a dependent child reportable travel or reimbursements for travel in period (worth more than \$350 from one source) if yes, complete and attach Schedule VII.	VI. Did you, your spouse, or a dependent child reportable gift in the reporting period (i.e., aggr than \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI.		I			2n 2	1 7	
Yes Yes Only)  Yes Yes Yes Only)  Yes	child because	closed. Have y		F THESE	must be a ad for eac	rrangement w	r before the d	receive any the reporting )?	receive any egating more		30 days la	A \$200 pe	. <u>-</u>		LATIVE REST	Ž Š
be assess lies more to No	Yes		Yes		nswered h "Yes" וני				Yes		te.	enalty shall	(Office Use Or	MH: 30	CINED BOUR	
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### SCHEDULE I—EARNED INCOME

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 exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Туре	Amount
Keene State State of Maryland	Approved Teaching Fee Legislative Pension	\$6,000 \$9,000
(Oct. 2nd)  d of Education	Spouse Speech Spouse Salary	\$1,000 NA
The Woodman L Company	Real Estel Commission	, 3736.93
- House of Representatives	Legislotine Schal	15,588,00
GRUD (	topt-time Selaps	17, 708.39
GROUD	Spouse Selopy	n/4
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# SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green enve-List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization lope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2012	\$2,000
		Aug. 13, 2012	\$500
N/A			
			l

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed) DC ę, Asset and/or Income Source irtes Mineral Divisor, tout Youth TX Remium MARICA 212 ➣ None 8 \$1 - \$1,000 C \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset m \$50,001 - \$100,000 Year-End BLOCK B П \$100,001 - \$250,000 Ω \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$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 INTEREST Type **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None = \$1 - \$200 Amount of Income = \$201 - \$1,000 7 \$1,001 - \$2,500 < \$2,501 - \$5,000 BLOCK D ≤ \$5,001 - \$15,000 Resta \$15,001 ~ \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 × Spouse/DC Income over \$1,000,000\* Transaction BLOCK E σ, Q m

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## SCHEDULE IV— TRANSACTIONS

										Comos Benkloman Stell Indial	SP Example: Mega Corporation Common Stock (partial sale)	SP, DC, JT Asset	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.		in a capital loss. Provide a brief description of any exchange transaction.  Exclude transactions between you, your spouse or dependent children, or the	of Tr
										X	×		SALE			Type ansact
													EXCHAI	NGE		tion
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					į					5.4.12	10-12-12	i	Monthly, or Bi-weekly, if applicable	or Quarterly,	(MO/DAY/YR)	Date
										X			\$1,001- \$15,000		>	· · ·
		<u></u>		 							×		\$15,001- \$50,000		Φ	
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								•					Over \$1,000,000 (Spouse/DC Ass		<b>x</b>	

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#### SCHEDULE V— LIABILITIES

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close of the preceding calendar year exceeded \$10,000. \*This column is for liabilities held solely by your spouse or dependent child. 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 residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you during the year. Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal 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

T				l			Ş	Amount of Liability	<u>Ş</u>	i bilit				
3		Liability		>	В.	n	₽	m	T	ဂ				Χ.
7,0,F	Creditor	Incurred Mo/Year	Type of Liability	\$10,001- \$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 \$50,000,000	Over \$50,000,000 Spouse/DC Liability	Over \$1,000,000*
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				×				_			
7	Compass Ank	Machan	Modecce in Coll3 Chilla				$\times$							
SP	Bank of Texas	9/205/				×								<u></u>
SP	Citibenk	12/2012	Credit Card		$\times$					<u> </u>				
SP	Compass Sank	3/2012	Paul Line of Craplit		X									
			0								<u> </u>			

#### SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

m T			
xample:	A/N		
Source  Example: Mr. Joseph H. Smith, Anytown, Anystate	4		
<b>Description</b> Silver Platter (determination on personal friendship received from Committee on Ethics)			
<b>Value</b> \$375			

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# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	~	Υ	Y	2 Days
N/A						
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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor 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-

Position	Name of Organization
Commercial Real Estate	Hodmont Company
Consulting	7
	7

#### 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 (bn, 2005)
Myself & State of Toxas
Terms of Agreement  Pension annuity for service in Stk lagistopene