FINANCIAL DISCLOSURE STATEMENT

Period covered: January 1, 2012 -

Name:

Kouzer Keever

In all sections, please type or print clearly in blue or black ink

Status Filer

New officer or

employee

Employing Office: \_\_

more than 30 days late

House of Representatives

Candidate for the

State: \_\_

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	SNOITSEU	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT,
	esponse.	appropriate schedule attached for each "Yes" response	and the a	e answered	Each question in this part must be answered and the appropriate sched
S S	Yes	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.	No No	Yes 🔲	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule III.
N N	Yes N	Did you have any reportable agreement or arrangement with an outside entity?     If yes, complete and attach Schedule V.	N <sub>S</sub>	Yes 🔽	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? If yes, complete and attach Schedule II.
□ S	Yes N	IV. 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.	No ON	Yes 🔯	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? If yes, complete and attach Schedule I.

**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.

Yes

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**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?

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Patricia K. でである KEEVER KREWICK PESOURCE OF Page 2

of Carlos

List the source, type, and amount of earned income from any source (other than the filer's current employment by the 12 Supoper ment) to the source for other spouse earned income 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.	anomic or any nonomina, not on	OFFICE CITY INC CONTOUR OF CHICAGO CANDO	Adoc carried income
<b>Exclude:</b> Williary pay (such as Ivalional Guard of Reserve pay), lederal refirement programs, and	rement programs, and benefits re	eceived annuelonier oddies.	becamiy/sci.
Source (include date of receipt for honoraria)	Type	Amount	unt
(International Control of Control	. 976.	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
State of MC . MC General Assembly	Salard	6, 975. 48	13,950,96
State of We - Ne General Assembly	Expense allemance	10 75¢ ¢	6,708.00
State of NC -	Retwerment	9,263.64	19, 168. 92
Sporse relied	Sor Start	NA	NA
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	Hart-God Leader	Hartford Director		following pages	IRA - Schwab & Co	1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	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 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.	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	account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.	BLOCK A  Asset and/or income Source Identify (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 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		A B	BLOCK B  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."
						T	₹	$\dashv$	\$1,001 - \$15,000		C	cat epc epc hoo hoo ortiin
						t	ef	寸	\$15,001 – \$50,000		0	e v prtir on on t va t va d us d us g, th
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			$\geq$			×			\$100,001 - \$250,000		П	JE OF AS JE OF ASS JE OF A
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					$\geq$	Ĺ			\$500,001 - \$1,000,000		I	BLOCK B  Value of Asset value of asset at ting year. If you u n method other th value, please spe used.  set was sold durir g year and is inclus ause it generated the value should
					ļ	L			\$1,000,001 - \$5,000,000			BLOCK B  Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fai market value, please specify th method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
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					<del>                                     </del>	┢			CAPITAL GAINS			Type of in  Type of in  Type of in  Check all columns the retirement accounts allow you to che investments or that deferred income (supplans or IRAs), you will have column. Divest, and capital grelinvested, must income. Check asset generated no the reporting period.
						T			EXCEPTED/BLIND TRUST			of the period of
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Far	rm Income	9)	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.
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<b> </b>		-			-	<del>ľ</del>	×		\$2,501 - \$5,000 \$5,001 - \$15,000	<u> </u>	Current Year	Amount of Income Amount of Income For retirement accounts that do n to choose specific investments or ate tax-deferred income (such as or IRAs), you may check the "No or IRAs), you may check the end or all other assets, indicate the income by checking the approperated. Dividends, interest, and gains, even if reinvested, mu closed as income. Check "N income was earned or generated.
$\vdash$			<del> </del>			<del> </del>		-	\$15,001 – \$15,000 \$15,001 – \$50,000		∄ ff	tire
		-		<del>  -</del>	<del> </del>	H			\$50,001 – \$100,000	VII VII	<del> </del> ea	Amount of Incor  Amount of Incor  ement accounts that do se specific investments (such a), you may check the "I other assets, indicate the by checking the ap Dividends, interest, even if reinvested, in as income. Check was earned or generate
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H		<u> </u>	<del>                                     </del>	<del>                                     </del>	<u> </u>			$\dashv$	\$15,001 <b>-</b> \$50,000	All	ΥĘ	w you plans plans furn. Jener- plans furn. Jener or you of you or you of
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Page L of L

Continuation Sheet (if needed)

Asset and/or Income Source   Asset   Amount of Income   Amount of In
### A Process of Corp   State   State
\$1 - \$1,000
DIVIDENDS   RENT   INTEREST   CAPITAL GAINS   EXCEPTED/BLIND TRUST
\$1 - \$200 = \$201 - \$1,000 \( \frac{1}{2} \) \$1,001 - \$2,500 \( \frac{1}{2} \) \$2,501 - \$5,000 \( \frac{1}{2} \) \$5,001 - \$15,000 \( \frac{1}{2} \) \$15,001 - \$50,000 \( \frac{1}{2} \)

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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Contin	SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	D "UNEARNED" INCOM		Name Patricia R Keever Page 4	6 of 7
	ВLОСК А	BLOCK B	вгоск с	BLOCK D	
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	
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8		\$15,000 - \$50,000 - \$100,000 - \$250,000 - \$500,000 - \$1,000,00 01 - \$5,000,00 01 - \$25,000 001 - \$25,000	DS T GAINS ED/BLIND T ee of Income	2,500 5,000 15,000 \$50,000 \$100,000 - \$1,000,000 00,000 000 2,500 5,000 15,000 \$50,000	- \$1,000,000 1 - \$5,000,00
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## SCHEDULE III — LIABILITIES

Name Patricia R. Keever

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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 sibowed 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 ling 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.

			,			
						JT SP,
					Example: First Bank of Wilmington, DE	Creditor
					May 1998	Date Liability Incurred mo/year
					Mortgage on 123 Main Street, Dover, DE	Type of Liability
						\$10,001— \$15,000
						\$15,001— \$50,000
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						\$25,000,001— \$50,000,000
Į						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 of all notionally flature.	auic.
 Position	Name of Organization
Board Member	Care Purtners Health Services and Towndation
	Pock Place Education, Arts and Science Center