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FINANCIAL DISCLOSURE STATEMENT  Pe. ad covered: January 1, 2012 - May 11, 2012  For use	<b>FORM B</b> For use by candidates and new employees	MAY LEGISLAT	MAY 1 1 2012 of 3
Name: Tulsi Gabbard Daytime Telephone:	phone:	<b>&gt;</b>	2012 MAY 18 PM 12: 03
		U.S. HÖUSE ÖF RZ (Office Use Only)	U.S. HOUSE OF REPRESERVATIVES (Office Use Only)
Filer X Candidate for the State: Hawaii Date of House of Representatives District: 2 Election: Nov.	Check if Amendment	A \$200 penalty shall be assessed	hall be assessed
Status New officer or Employing Office:		more than 30 days late.	s late.
In all sections, please type or print clearly in blue or black ink.			
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	UESTIONS		
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.	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.	efore the date r two years? Yes	N <sub>0</sub> □
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.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	angement Yes	No X
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes X  No III yes, complete and attach Schedule III.	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.	55,000 from <b>Yes</b>	□ No X
Each question in this part must be answered and the appropriate schedule		attached for each "Yes" response	ise.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	- ANSWER	EACH OF THESE QUE	QUESTIONS
<b>TRUSTS</b> —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?	certain other "excepted trusts" need noted note and ependent child?	ot be Yes	□ No X
<b>EXEMPTION</b> —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.	actions, or liabilities of a spouse or desuited with the Committee on Ethics.	pendent child Yes	□ No X

## SCHEDULE I— EARNED INCOME (INCLUDING HONORARIA)

Tulsi Gabbard

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more during the pleceding caterioat year. For a spouse, list the source and arrount or any normalia, list only the source for carron spouse carrons are acceptable.
The source, type, and amount of carried motion and course and amount of any honoraria; list only the source partner income
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

exceeding \$1,000. See examples below. <b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	eceived under the Social S	Security Act.
College (include data of receipt for homograph)	Typo	Amount	unt
Source (include date of receipt for nonoraria)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
1	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
City and County of Honolulu, Hawaii	Salary	\$ 17,607	# 49,824
Kany Productions Honolulu, Namaii (proprietor)	Income	\$ 5,030	N/A
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USAA Recious metals + minerals	USAA Money Morket	MSCI Brazil	S&P Latin America	Ca Cto , OK 72507	AUTO TOTOL AVERUE	.1		, Examples:	SP SP Mega Corp. Stock	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 (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 rental or other real property held for investment, provide a complete address	provide only the name of the institution holding the account and its value at the end of the reporting period.	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 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 head in the account that exceeds the reporting thresholds.  For retirement accounts which are not self-directed,
	*	<b>X</b>	<b>X</b>	×		× _	×	Indefinite	X	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 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000		ABCDEFGHIJKL	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	<b>X</b>	×	×	*		*	×	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 <u>or</u> 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	×		××		X	×	None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       <	_	Current Year Preceding Year	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 II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) 0 Ξ SP, U. S. Clobal Gold + Rec. Metals Third Avenue Real Estate Value Dow Jones U.S. Index Fund USAA Emerging Markets Shares St Platin Am. Inexto Emersing Market Fund Asset and/or Income Source Shares MSCI Brazil Index Microsoft Corporation ATOT BLOCK A None 00 ス 1 - 1,000 $\overline{\times}$  $\overline{\mathsf{x}}$ C \$1,001 - \$15,000 D \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 BLOCK B \$100,001 - \$250,000 G \$250,001 -- \$500,000 I \$500,001 - \$1,000,000 \_ \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Г Over \$50,000,000 NONE DIVIDENDS RENT Type of Income INTEREST CAPITAL GAINS BLOCK C **EXCEPTED/BLIND TRUST** Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200 III IV V VI VIIVIII IX \$201 - \$1,000 **Current Year** ulsi Gabbard \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 BLOCK D Over \$5,000,000 None \$1 - \$200 \$201 - \$1,000 Preceding Year \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 Page \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 of S \$1,000,001 - \$5,000,000 Over \$5,000,000

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## SCHEDULE III — LIABILITIES

Name Tulsi Gabbard Page 5 ot 5

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 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. 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-

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Mester Card	USAA ted. Soungs Bank, Son Antonio, TX Dec. 2007	USAA Federal Savings Bank Loke Zund, April 2010	Capital One Palatine, 12	Example: First Bank of Wilmington, DE	Creditor	
may 20d	Dec. 2007		July 2007	May 1998	Liability Incurred mo/year	
	Home Equity Loan	Mortgage on Lawton OK	morta oge on	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
×	•				\$10,001— \$15,000	
		×			\$15,001— \$60,000 <b>D</b>	
	×		_		\$100,000	
	+			×	\$250,000 \$250,001—	Amount of
					\$500,000 TI	of E
				1	\$1,000,001— \$5,000,000	Liability
					\$5,000,001— <b>±</b>	
		1		T	\$25,000,001	1
				L	\$50,000,000	┛

## **SCHEDULE IV — POSITIONS**

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 officer, 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.

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 all floriorary flature.	GIUIG.
Position	Name of Organization
Vice President	Healthu Hawaii Coalitica
- Appropria	