	·					
8 ⊠	dent child of Official Yes	e, transactions, or liabilities of a spouse or dependent child irst consulted with the Committee on Standards of Official	earned" incom	er assets, "un swer "yes" unk	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabi because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Conduct.	EXEMP because Conduct
₹	pted trusts". Instructions, Yes	ndards of Official Conduct and certain other "excepted trusts" ting you, your spouse, or a dependent child? (See Instructions,	mittee on Stan a trust benefit	d by the Com letails of such	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Cond need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, page 8.)	TRUSTS need not page 8.)
<u>σ</u>	THESE QUESTION	MATION — ANSWER EACH OF THESE QUESTIONS	ST INFOR	OR TRU	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXC
	ch "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	d and the a	e answere	Each question in this part must b	
№	00 from 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	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.	III. Dic able lia if yes,
No.	ement Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	N _O	Yes X	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.	II. Did incom report If yes ,
₹	e the date g years? Yes	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 U	Yes X	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? yee, complete and attach Schedule I. 	I. Did fees) o
		ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	PRELIMINARY INFORMATION — ANSW	PRE
assessed les more	A \$200 penalty shall be assessed against anybody who files more than 30 days late.	May 30th 2012 Amendment	Date of Election:	2.3 Office:	tate: istrict: _ mploying	Filer Status
IVES	OFFICE OF THE CLERK			0		
TER A	LEGISLATIVE RESOURCE CENTER 2012 DEC 17 PM 1: 35	Laytime Telephone:	2 Daytime	Jane 1)	e: Circo D. Rody	Name:
GIBLE	POSTMARK ILLEGIBLE	FORM B For use by candidates and new employees		ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1,2011.	Perio Perio

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Name Rodyiguez Ciro D. Page 2 of 7

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.

		·					FREE	ER S	SAW A		EXamples:					INCHES
		•					FRIBIAL RETIGENENT (U.S.)	Employes Ret. of Tx	infom's ISD. Tokeher Ketwa merul TRS	Harris County, Texas Public Schools	XYZ Trade Association, Chicago, IL. (Rec'd December 2)	First Bank & Trust, Houston, Texas	XYZ Corporation, Houston, Texas	Source (include date of receipt for nondrana)	Carrea limited data of resolut for honograpis	3 F - 3 (
				•			Sylary Returnent	SALARY /Reticement	Spous & Splany	Spouse Salary	Honorarium	Director's Fee	Salary	- ype	Type	
							2525.91/ma	1,958/mo	* N/A	NA	0	\$400	\$6,300	Current Year to Filing	Amo	
							·	\$1,958/mo.	~/*	NA .	\$1,000	\$ 3,200	\$28,450	Preceding Year	Amount	

FIRST MAKE	T 3	UNION S. K	A -CREF	S 30 Ist STARE	SAW ANTONIO		DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs. 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 (JT), in the optional column on the far left.	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 asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full 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
A, TX	CONO.	1× 78221	Retirement	C, 2, 2,	7x 78221	ducah, KY accounts	ister	tock		me Source for investment or fair market value d of the reporting set or sources of ore than \$200 in the year. For rental complete address, and mutual funds For all IRAs and as 401(k) plans) lans in which you xercised, to select
*	*	×	×	*	×		Indefinite	×	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 \$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 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."
			×				7.3 2.4 2.4	×	\$5,000,001 - \$25,000,000	close ie a an fair ify the g the ded
		×		×	×	X	Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
X	×	×	×	×	*	×	×	X	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 <	For retirement allow you to che may write "Nassets, <i>includ</i> gory of incombox below. Div reinvested, sl Check "None" generated.
X		×	×	*	×	X	×	×	\$1 - \$200 = \$201 - \$1,000 \(\otimes\)	BLOCK D nount of Income plans or accounts that do not loose specific investments, you loose specific investments all other income. For all other ing all IRAs, indicate the cateby checking the appropriate idends and interest, even if hould be listed as income. If no income was earned or

Continuation Sheet (if needed)

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SCHEDULE II—ASSETS AND "UNEARNED" INCOME AMERICAN Asset and/or Income Source 547.24 **BLOCK A** None W \$1 - \$1,000 \$1,001 - \$15,000 O 6 \$15,001 - \$50,000 Value of Asset × \$50,001 - \$100,000 BLOCK B \$100,001 - \$250,000 G \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 . C \$5,000,001 + \$25,000,000 \$25,000,001 - \$50,000,000 ㅈ Over \$50,000,000 NONE DIVIDENDS: RENT Type of Income INTEREST CAPITAL GAINS BLOCK C **EXCEPTED/BLIND TRUST** Other Type of Income (Specify) $\overline{\lambda}$ × None \$1 - \$200 \$201 - \$1,000 XI III V V V VI VIII V rodrigue **Current Year** \$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 7 \$50,001 - \$100,000 \$100,001 - \$1,000,000 ġ, \$1,000,001 - \$5,000,000 Over \$5,000,000

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SCHEDULE III — LIABILITIES

Name Rodriguez Cino D. Page 5 of

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. amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles. 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 household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you

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			NAFA	244	NNS	Example:			
			NATION STAR	m stanz	TRUS	First Bank			
				N.	7 tho	of Wilmingt	Cre		
	:		moretgase	NATIONSTAN MORTRACE	SUN TRUST MONTGAGE	Example: First Bank of Wilmington, Delaware	Creditor		
			R.	J.	G.				
			9539, U.S Hay	95-4 5, k,	230	Mortg			
	-		37 5. L,	9 V.S	157 : H	Mortgage on 123 Main Street, Dover,	Туре		
		,	70.5	182	0.C.	Main Stree	Type of Liability		
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,						7	\$10,001— \$15,000	₿	
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					X		\$250,001— \$500,000	Ħ	Amount of Liability
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		. <u> </u>				1	\$25,000,001— \$50,000,000	ے	
							Over \$50,000,000	~	

SCHEDULE IV — POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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 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 nonlocary nature.	aui G.
,	Position	Name of Organization
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SCHEDULE V -- AGREEMENTS

Name Rodrigaer Crav D. Page 6 of 7

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 or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

on pair manne	en pian maniba by a lymbo simpleyor.	
Date	Parties To	Terms of Agreement
	11 / 1	
	10 / 11	

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.**

 	 	 	 _	_	
		NIT	Example: Doe Jones & Smith, Hometown, Homestate	Source (Name and Address)	
			Accounting services	Brief Description of Duties	