UNITED STATES HOUSE OF REPRESENTATIVES FINANC AL DISCLOSURE STATEMENT Period covered: January 1, 2011 - January 15, 2012	FORM B For use by candidates and new employees	FEB 0 2 2012 of LEGISLATIVE RESOURCE CENTER
Name: Herman Henry Ross II Day	Daytime Telephone:	2012 FEB 13 PM 1: 20
		Office Use Only)
Candidate for the State:	Date of Check if Election: March 13, 3013 Amendment	asse
Employing Office:		more than 30 days late.
In all sections, please type or print clearly in blue or black ink.		
PRELIMINARY INFORMATION — ANSWER EACH OF T	OF THESE QUESTIONS	
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	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.	two years? Yes No
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	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Ingement Yes No No
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 than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule VI.	s,000 from Yes No
Each question in this part must be answered and the	appropriate schedule	attached for each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	- AN	SWER EACH OF THESE QUESTIONS
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?	n Ethics and certain other "excepted trusts" need not u, your spouse, or a dependent child?	t be Yes No X
<b>EXEMPTION</b> Have you excluded from this report any other assets, "unearned" income, transactions, or liable because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	endent child Yes No No
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INF TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee or disclosed. Have you excluded from this report any other assets, "unearned" is because they meet all three tests for exemption? Do not answer "yes" unless you he	e schece schece schece and a sc	THESE QUESTIONS  Yes   dent child  Yes   These   Yes   These   Yes   These    These

SCHEDULE II — ASSETS AND "UNEARNED" INCOME	UNEARNED INCOM		
BLOCK A	вгоск в	вгоск с	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
	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.	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 (BA).	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.
Provide complete names or stocks and mutual funds (do not use ticker symbols).	If an asset was sold during the	plans or IRAs), you may check the "None" column. Dividends, inter-	holow Dividends interest and canital

Grady Rd., Webster Co., MS	Cummins	ial Rental	Regions Financial Corp. Stock	The Travelers On Inc. Stock	Ford Meter Co. Stock	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	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.	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.	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.  Figure: Your personal residence including second	For rental or other real property held for investment, provide a complete address.	account and its value at the end of the reporting period.	For all IFAs 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, provides only the pages of the institution before the provides only the pages.	Provide complete names of stocks and mutual funds (do not use ticker symbols).
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Herman Henry Ross II Page A of 3

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Name Herman Henry Ross I Page 3 of 3

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		Checking Aects Projons Bank	Redivernent Plan Public Ret.	Coin Collection	Sun/Knite Cellection	350 Acres unimproved timber 4 Farmland, Schlendy, Webstelb	693 Acres unimproval timber + Farmland, websteric, MS			BLOCK A  Asset and/or Income Source
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			× ×	×	× -	×	X	None	Current Year Preceding Year	BLOCK D  Amount of Income

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## SCHEDULE III — LIABILITIES

Name Herman Henry Rossill Page Lot

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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U.S. Oppi of Education	Bank of Vilmichael, Vilmichael, MS Dec. 2011 2728 W. Roane Ave, Euperin	Regions Bank, Eupera, M.S	Regions Mortgage, Hattice burg, M.S Apac 2006 81 Ress Lane, Europe ty	Regions Mortgage, Halliesburg, MS Feb 1998 Ay/26 Ross Lane, Euperin, M	Region & Dank Eupera, Mo	Example: First Bank of Wilmington, DE	Creditor
Hab. Juh	Dec 2011	Mar 2010	Appr. 2006	Feb 1998	Apr. 2002 Phoff 8/2011	May 1998	Date Liability Incurred mo/year
Aug. 2011 Student Luan for Medical School	2723 W. Roane Ave, Eupsin, MCS	Mar 2010 SH Ross Lane, Eupera, MS	Mortage on Rental Property 31 Ross Lane Eupers, MS	Alphitiage on Reutal Property all/26 Ross Lane, Eupern, MS	Prof. 8/mil 2723 W. Rountal Peop - potroff Prof. 8/mil 2723 W. Roane Ave, Eupoe, MS	Mortgage on 123 Main Street, Dover, DE	Type of Liability
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## 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.	lature.
Position	Name of Organization
	N/A
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