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?  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 leasts for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Each question in this part must be answered and the appropriate schedule attached  EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No Wes, complete and attach Schedule III.	II. Did you, your apouse, or a dependent child receive "unermed" hoome 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.	Yes No V. Did you hold any reportable positions of filing in the current calendar year or in it yes, complete and attach Schedule i	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	Status  Candidate for the State: FE CAGE FT Date of House of Representatives District: Bection: 11/6/12 Amendmen  New officer or Employing Office:	HARD W AC	UNITED STATES HOUSE OF REPRESENTATIVES FORM B Period covered: January 1, 2010 - 26126114622, 21, 2011 For use by candidates and new employees
need not be Yes	of for each "Yes" response.  CH OF THESE QUESTIONS	e than \$5,000 from Yes	nt or arrangement Yes	on or before the date the prior two years?		A \$200 peneity shall be assessed against any individual who files more than 30 days late.	U.S. KOT (Office Use Only)	 <b>≿</b>
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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Numa RICHARD W. ALLEN

Page 2 or 8

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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received	rement programs, and benefits re	ceived under the Social Security Act.	Security Act.
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Source (include date of receipt for honoraria)	lype	Current Year to Filing	Preceding Year
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Hamis County, Texas Public Schools	Spouse Salary	*	*
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D) Alla Accompany	CANISA SALARY	2/19	2/2
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	36	MCUSTO SA (MOOTE SUNCOLUMO)	COMMERCIAL KONTAL	RESIDENTIAL RENTAL PAOMITTY - CALMERT N	tat Bank of Paducah, KY accounts	Simon & Schuster	SP Mega Corp. Stock	account and as value at me onto or we report by period. For rental or other real property held for investment, provide a complete address.  For an ownership interest in a privatisty-held business that is not publicly tracked, satio the name of the business that is not publicly tracked, satio the name of the business, the nature of its achieties, and its geographic location in Block A.  Excellent: Your personal residence, including second homes and vacadion homes (unless these was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and sary financial interest is, or income derived from, a facteral retirement program, including the Tirkit Savings Parm.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent office in period with your spouse (SP), in the optional column on the far left.  For a detailed discussion of Scheckite III requirements, please refer to the instruction booklet.	Asset and/or income Source lidentity (a) each asset held for investment or production of income with a fair matriot value exceeding \$1,000 at the end of the reporting period, and (b) any other teportable asset or sources of income which generated more than \$200 in "unearmed" income which generated more than \$200 in "unearmed" income during the year. Provide complete names of etodic and mutual funds (do not use totax symbols). For all titues and other retirement plans (such as 401(t)) plans) that are self-directed (i.e., plans is which you have the power, even if not exercised, to select the spe- offic investmental, provide the value for each asset held in the account that exceeds the reporting thresholds for national accounts which are not self-directed, For national accounts which are not self-directed, For national accounts which are not self-directed, For national accounts which are not self-directed. For national accounts which are not self-directed, For national accounts which are not self-directed, For national accounts which are not self-directed. For national accounts which are not self-directed, For national accounts which are not self-directed.
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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

" RICHARD W. ALLEN

Page of 8

Continuation Sheet (If needed)

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#### SCHEDULE III - LIABILITIES

Name RICHARD W. ALLEN

Page 6 or 8

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 during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, 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 sibting 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.

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	CA DEPT of COMM INITY		GEDRAGIA BANK +	GEORGIA BANK T	Example:   First Bank of Wilmington, DE	Creditor	
	Seat 191	-	worzas	574W 1998	May 1998	Date Liability Incurred molyeer	
ALLENTA, SA	Windsweep II of their our portion	AUGUSTA, SA	WOV JOB REMINE, 101 SEROND ST. LL	THU 1996 REATHL CASH (EAL NO	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
	1		1	1		\$10,001— \$15,000	
						\$15,001— \$50,000	
<u> </u>				X		\$50,001 O	
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-				_	┞	\$5,000,000 -	₹
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-	-		+	<del> </del>	1	\$50,000,000 Over	
	<u>L.</u>		<u> </u>		Ì.	\$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 an honorary nature.	nature.
Position	Name of Organization
DIRECTOR	ASSOCIATED GENERAL CONTRACTORS of AMERICA
DIRECTAL	DOWNTOWN DEVELOPMENT AUTHORITY, ALGUITA, GA
DIRECTOR JCHAMP	FORE! AUCUSTA FOUNDATION INC
DIRECTAL	FIRST TEE OF AUGUSTA GA
officer	AUGUSTA HARRISMAS FULLOR CENTER FOR HOUSING, INC.
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Use additional sheets if more space is required.

#### SCHEDULE III — LIABILITIES

Name RICHARD WALLOW

Page 7 of 8

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, perent, or sibling 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. 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

Date		_			<del></del> ,		
Date   Liability   Type of Liability   Type	ងខ្លួន				:		
Liability   Type of Liab		Example:					
Mortgage on 122   Main Street   Dayer, Dim   \$10,001—   \$15,000   C   \$100,000   C   \$100,000   C   \$100,000   C   \$100,000   C   \$100,000   C   \$250,000   m   \$250,000   m   \$1,000,000   C   \$1,000,000   C   \$1,000,000   C   \$1,000,000   C   \$25,000,000   C   \$	Creditor	First Benk of Wilmington, DE		. (			
\$10,001— \$15,000 \$  \$15,000	Date Liability Incurred mo/year	May 1996					
\$15,001— \$250,000 CD  \$50,000 CD  \$100,000 CD  \$100,000 CD  \$250,000 CD  \$250,000 CD  \$250,000 CD  \$250,000 CD  \$31,000,000 CD  \$31,000,000 CD  \$35,000,000 CD  \$25,000,000 CD  \$25,000,000 CD  \$25,000,000 CD  \$250,000,000 CD	Type of Liability	Mortgage on 123 Main Street, Dover, DE					
\$50,000 C \$50,001— C \$100,000 C \$100,001— C \$250,000 m \$250,000 m \$500,000 m \$1,000,000 m \$1,000,000 C \$5,000,001— C \$5,000,001— C \$25,000,001— C \$25,000,001— C \$25,000,001— C \$25,000,000 C \$25,000,000 C	\$10,001— \$15,000						
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#### SCHEDULE IV - POSITIONS

cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, film, 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 solety of an honorary nature.	nature.
Position	Name of Organization
(man ana)	TOCQUENCE SOCIETY, WITHOU WAY OF CENTRAL SAVONNAM RIVER
Diegora	AUGUSTA TOMORROW

Use additional sheets if more space is required.

### SCHEDULE V - AGREEMENTS

RICHARO W. ALLEN

Page of 8

service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee weiting or benefit plan maintained by a former employer.	identify the data parties to and second terms of say engagement or arrangement with respect to: fight we employ ment a leave of shearch district the period of powerment
effit plan maintained by a former employer.	menimers, and services of the

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				80111	Date	em pan mam
			RW ALLEN, LLC (employen)	1/1/08 RIGHTED W. ALLEN (EMPLOYEZ-)	Parties To	ent plant manner by a rottier entproyer.
		BEXISTS FOR EACH CHENOTE YEAR	PENEUM DEFINES COMPENIOTED PAR	EMPLY MOST RELESSMENT WITH ALCHET	Terms of Agreement	

# 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.

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