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child because Yes No No	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	ed" income, tran- first consulted v	other assets, "unearn "yes" unless you have	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities on they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on
sclosed. Have you Yes No No	-Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you rom this report details of such a trust benefiting you, your spouse, or dependent child?	ee on Ethics and or dependent chi	roved by the Commit	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and control excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
Yes No X		oublic Offering?	as a part of an Initial	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
ISWER EACH OF THESE QUESTIONS	- AN	ST INFORI	ENT, OR TRU	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
tion in this part must be answered and the schedule attached for each "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	№	portable Yes	V. 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 V.
arrangement with Yes No No	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	8 □	sding Yes	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
or before the date Yes No No		S □	earned" any es Yes	III. 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 III.
d receive any in the reporting Yes No O	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	No X	charity in the Yes	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
regating more Yes No X	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No No	alaries or period? 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.
	E QUESTIONS	OF THESE	ANSWER EACH	PRELIMINARY INFORMATION — AN
30 days late.	Termination Date:		Amendment	Type Annual (May 15, 2013)
A \$200 penalty shall be assessed	л Employing Office:	Officer or Employee	Utah	Filer Status Member of the U.S. State: House of Representatives District:
(S. S. M. D.E. (Office Use Only)				
2513111 15 PH 12: 56 M	Daytime Telephone:	Daytime 1	No 80	Name: James David Mathoson
で有点人行気打し				
HAND	Form A For use by Members, officers, and employees	MENT	LOSURE STAT	CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

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Page 2 of 10

SCHEDULE I—EARNED INCOME

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.

To the second se							University of Utah	Ontario County Board of Education	Examples: Civil War Roundtable (Oct. 2nd)	State of Maryland		Source	
							Spouse Salary	Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Eco	Туре	
							NA	NA	\$1,000	\$9,000	200	Amount	

(2) AXA Moderate Plus Alloat	20	Equitable Life Ingurance Mutual Funds	Coin Collection	Baron Partners Mutual	Alpine Dynamic Dividend	1st Bank of Paducah,	Examples:	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 a personal checking or saving 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 location in Block A.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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 "unbarned" income during the year.	Asset and/or income Source	BLOCK A
×	*		*	*	×	×	+-+	×	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 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*	> B C C C C C C C C C C C C C C C C C C		 This column is for assets held solely by your spouse or dependent child. 	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	year. If you use a valuation method other than fair market value, please specify the method used.	lue of Asset	вгоск в
*	×		*	*	*	×	+ +	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	come)	reporting period.	vested, must be disclosed as income. Check "None" if the asset generated no income during the	IRAs), you may check the "Tax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-	retirement accounts that do not allow you to choose specific investments <i>or</i> that generate tax-deferred income (such as 401(k) plans or	_	
×	×		×	×	×	×		×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		dependent child.	* This column is for income generated by assets held solely by your spouse or	and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or neperated	Deferred in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate hox below. Dividends, interest		BLOCK D
P	P				P			S (partial)	(S) (partial) See below for exam- ple. P, S, E	portion of an asset is sold, please indicate as	If only a	•	\$1,000 in reporting	asset had purchases (P), sales (S), or exchanges (F) exceeding	Indicate if the	BLOCK E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Sames Matheson Page 4 of 10

Asset and/or Income Source			2	3	5							_						1																	
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name James Matheson Page Soilo

None Source Year-End Year	Continuation Sheet (if needed)
None	BLOCK A Asset and/or Income Sour
None	
None	S.P.
None	DC,
None	
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Account X	Wasatch Microlco F
Account	Zions Bank Checking
	Account

SCHEDULE IV— TRANSACTIONS

Name Tames Katheson Page 6 of 10

		-Freedom Find 2035 X			- Exportand Multinational X			-Asset Manager 50%	Fidelity Funds	- AXA Moderate Plus All ocation X	-AXA Moderate Allocation X	Equitable Life Insurance Funds		Alpine Oynamic Ofvidend Find X	Example: Mega Corpor	SP DC .IT Asset Asset SP DC .IT	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.		in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental	1
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SCHEDULE IV— TRANSACTIONS

Name James Matheson

Page / of I

(Partial Sale)	TIAA-CREF Lifeych 2015		Qualcomm Stock X		Northeast Truestors Trust X		Port Solio	X SINC 311 B 1110-			- Spartan US Equity X			Fidelity Funds (continued)	Example: Mega Corpor	SP. DC. JT Asset	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	income. If only a portion of an asset is sold, please so indicate (<i>i.e.</i> , "par-lab sale"). See example below.	Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental	
	X														×		SALE	ANGE		Type of Transaction
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SCHEDULE IV— TRANSACTIONS

Name James Hatheron

Page & of 10

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted	Type of Transaction	ction)	Date			D	Amount	nt of	f Tra	Transaction	tion	-		
in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income if only a portion of an asset is sold, please so inclinate (i.e. "bar-	E	iE	if Capita eded \$20	(MO/DAY/YR)	>	₩	ი	0	m	TI	ຄ	I	-	ے	7
income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of	RCHASE	CHANGI	eck Box i n Exceed	Quarterly, Monthly, or Bi-weekly, if)	-))1-)0	0	000		001- 0,000			
Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. * This column is for assets solely held by your spouse or dependent child.	PURC	EXCH	Check Gain I	Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001 \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,00	\$1,000,00 \$5,000,00	\$5,000,00 \$25,000,0	\$25,000,0 \$50,000,0	Over \$50,000,0	Over \$1,000 (Spouse/DC
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Wasatch Micro Cap				Monthly	\times										

SCHEDULE V— LIABILITIES

Name James Matheson Page 1 of

close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child. are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the 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 year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you

						SP, DC, JT	
	Mortg.g	Wells Fargo Home		US Bank	Example: First Bank of Wilmington, DE	Creditor	
	In 21			Augzoro	May 1998	Liability Incurred Mo/Year	Date
Washington, DC	Im 2011 Marigage on Houson!	o 1	Residence, Lettablish	Augzora Mortgage on Persons!	Mortgage on 123 Main St., Dover, DE	Type of Liability	
						\$10,001- \$15,000	
						\$15,001- \$50,000	
						\$50,001- \$100,000	
	X				×	\$100,001- \$250,000	An
				X		\$250,001- \$500,000 m	Amount of Liability
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						\$5,000,000 \$5,000,001-	bility
			_		_	\$25,000,000 ± \$25,000,001-	
			ļ <u>.</u>		┡	\$50,000,000 — Over	
						\$50,000,000 C Spouse/DC Liability Over \$1,000,000°	

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Example: N			
Source	Example: Mr. Joseph H. Smith, Anytown, Anystate			
Description	Silver Platter (determination on personal friendship received from Committee on Ethics)			
Value	\$375			

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

Examples: US - Asia Foundation MECA Roycroft Corporation Chicago Chamber of Commerce Source April 2-10 202 Aug. 6-11 Date(s) Mar. 2 DC-Beijing- YIAH. Shanghai - Beijing-4.5 4P +135 City of Departure—Destination—
City of Return DC—Los Angeles—Cleveland DC—Chicago—DC Lodging? (Y/N) z Food? (Y/N) z Member Included? (Y/N) Was a Family ~ Z Number of days <u>not</u> at sponsor's expense None 2 Days None