₹	Yes	ependent child	lities of a spouse or de Committee on Ethics.	"unearned" income, transactions, or liabilities of a spouse or unless you have first consulted with the Committee on Ethics	arned" income ss you have fir	er assets, "une wer "yes" unle	you excluded from this report any other assets, three tests for exemption? Do not answer "yes"	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 tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTION—Have because they meet all	δw
No X	Yes	not be	"excepted trusts" need not be dent child?	ertain other or a depen	nittee on Ethic	d by the Comr	lind Trusts" approve eport details of suc	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a deper	RUSTS-Details	요ㅋ
S	NOITSBUC	OF THESE (NSWER EACH OF THESE QUESTIONS	- A	TINFORI	OR TRUS	EPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	(CLUSION	lo
	esponse.	each "Yes" r	edule attached for each "Yes" response	and the appropriate schec		e answered	nis part must b	Each question in this part must be answered	m	
<u>8</u>	Yes 🔀	\$5,000 from	compensation of more than \$5,000 from the two prior years? Indicate the state of t	VI. Did you receive compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI.	<u>\$</u>	Yes X	d have any report- sporting period?	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.	. Did you, your spunde liability (more the yes, complete and	≖¤≡
×	Yes	rrangement	reportable agreement or arrangement	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V	<u>\$</u>	× ×	receive "unearned" riod or hold any see end of the period?	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.	Did you, your spo come of more than portable asset wor yes, complete an	= 35 = =
N _o	Yes X	before the date or two years?	reportable positions on or before the date calendar year or in the prior two years? I attach Schedule IV.	IV. Did you hold any report filing in the current call figes, complete and a	No U	Yes X	ne (e.g., salaries or reporting period?	 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. 	Did you or your spes) of \$200 or mor yes, complete and	= 6 −
				EACH OF THESE QUESTIONS	OF THES	R EACH	n blue or black ink. ON — ANSWER	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSW	all sections, pleas	무 =
	1	more than 30 days late				Office:	Employing Office:	New officer or employee	Status	
assessed who files	10	A <i>\$200 penalty</i> shall be against any individual	Check if Amendment	5/29/12	Date of Election:	36	State: T	Candidate for the House of Representatives	Filer	-
9: 55	2012 MAY -7 AM 9: 55 2012 MAY -7 AM 9: 55 OFFICE OF REPRESENTATIVES U.S. HOUSE OF REPRESENTATIVES	2012 t		Telephone:	Daytime		GRIFFIN	Douglas	Name: Κγ	7
Page 1 of 6	Page 1 of APR 2 8 2012	APR	RM B es and new employees	FORM B For use by candidates and new employees		ATIVES 31, 2012	REPRESENTA FATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2010 - MARCH 31, 20	UNITY ED STATE	ס הכ

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name KY DOUGLAS GRIFFIN

Page 2 of 6

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.

						ALWAYS REMEMBERED FLOWERS GIFTS, JASPER, TX	STRINGER ! GRIFFIN FUNERAL HOME, JASPER TY	FIRST NATIONAL BANK, JASPER, TX	STRINGER & GRIFFIN FUNERAL HOME, TASPER, TX	Harris County, Texas Public Schools		Fyamples: First Bank & Trust, Houston, TX	XYZ Corporation, Houston, TX	(mondo das or rocope or normana)	Source (include date of receipt for honoraria)
						SPOUSE DRAW	SPOUSE SALARY	DIRECTOR'S FEE	SALARY	Spouse Salary	Honorarium	Director's Fee	Salary	.)	Type
	·					Z P	Z	7,200	\$ 123,366	NA	0	\$400	\$6,300	Current Year to Filing	Amount
						24	Z	3,600	\$111,028	NA	\$1,000	\$3,200	\$28,450	Preceding Year	unt

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π	†	<u>t:</u>	g.	_		DC, Examples:	-	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.	Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> 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.	For rental or other real property held for investment, provide a complete address.	For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	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.	(do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k))	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	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	As	
F6 S	EDWARD	ALWAYS REMEMBERED	PECAN	STRINGER & GRIFFIN		noh		o ch sour mal malle taile	t Say	n ownership interest in a privately-held business not publicly traded, state the name of the busithe nature of its activities, and its geographic on in Block A.	a co		pov stm	Se I	S 5 €	of <u>≰</u> .e	Asset and/or income Source	
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name KY DOUGLAS GRIFFIN

Continuation Sheet (if needed) STRINGER STRINGER & GRIFFIN EAST TX OPPENHEIMER FUNDS コナナ ARIEL PROFIT SHARING ARIEL PROFIT Asset and/or Income Source ACRES LAND -JASA HARTFORD INVESTMENTS IRA INVESTMENTS **BLOCK A** BANKSHAKES SETTE IS None 8 1 - 1,000 $\overline{\times}$ × \$1,001 - \$15,000 C \$15,001 - \$50,000 O Value of Asset $\overline{ imes}$ ш \$50,001 - \$100,000 BLOCK B T \$100,001 - \$250,000 \mathbf{x} G \$250,001 - \$500,000 エ \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE × DIVIDENDS RENT Type of Income INTEREST BLOCK C **CAPITAL GAINS** EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm income) × × None = \$1 - \$200 | XI | III | IV | V | VI | III | III \$201 - \$1,000 **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 $\boldsymbol{\times}$ \times None = \$1 - \$200\$201 - \$1,000 X XI III V IV IV IV XI III **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 \$1,000,001 - \$5,000,000 Over \$5,000,000

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SCHEDULE III - LIABILITIES

Name KY DOUGLAS GRIFFIN

Page 5 of 6

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. 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 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-

	-			77	77		SP, DC, JT
				JASPER TX	JASPER TX	Example: First Bank of Wilmington, DE	Creditor
				Qt 2010	Aus. 2010	May 1998	Date Liability Incurred mo/year
				PERSONAL LOAN	PERSONAL LOAN	Mortgage on 123 Main Street, Dover, DE	Type of Liability
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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-

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

_	 	 		
		BOARD MEMBER	Position	
		LAKES AREA HOSPICE	Name of Organization	

SCHEDULE V — AGREEMENTS

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Page 6 of 6

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.

_			
	Date	Parties To	Terms of Agreement
-			
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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, Homestate	Accounting services
LIFETIME SERVICES, AUSTIN, TX	INSURANCE COMMISSION