UNITED STATES HOUSE OF REPRESENTATIVES FORM B Period covered: January 1, 2019 Mar 22, 2012 For use by candidates and new employees	POSTMARK ILLEGIBLE	FEBIDIES.
Name: ANT⊮ONY ADAMS Daytime Telephone	LEGISLATIVE RESOURCE CENTER 1 /2012 APR -2 PM 1: 14	PM 1: 14
	U.S. HOUSE OF THE CLERK	RE CLERK
Filer Candidate for the State: CA Date of Date of State: CA Election: JUNC \$ 72912 Amendment	A \$20	be assessed
Employing Office:	more than 30 days late.	al who files
in all sections, please type or print clearly in blue or black ink.		
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
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? Yes No IV. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	s on or before the date the prior two years? Yes	S C
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 X With an outside entity? With an outside entity? If yes, complete and attach Schedule V.	portable agreement or arrangement Yes	No.
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No X lif yes, complete and attach Schedule III.	re than \$5,000 from Yes	No.
Each question in this part must be answered and the appropriate schedule attache	ule attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EA	SWER EACH OF THESE QUESTIONS	ONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethios 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?	need not be	N ₀ ⊠
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or obecause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	lities of a spouse or dependent child Yes	No X

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

ANTHONY

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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.

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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	eceived under the Social c	Security Act.
Police data at anniet for honoraria	Type	Amount	unt
Source (include date of receipt for nonoraria)	·ype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Ī	Director's Fee	\$400	\$3,200
CX8/riphes: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
State of California, Dept. of Cornections + Petrabilledien, A	Salary	Z,	229'82.R
Stat of California, Deat, of Consistent & Robal, Indian, a	tomather	NA	\$ 12,904
Worker + Pelans, U.P. Riverside, A	CHANNISTER	\$20,286	1 20,741
ATRS, LLC, AZ	Consulting Fee	\$1,500	2
Paw Prints Agility Day Trains Copoup + private doors Myste Water, CA	COMMISSION	\$5,337	\$1,200
			,

SCHEDULE III — LIABILITIES

Name ANTHONY Adams

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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-

			 	 _	,
					SP, DC, JT
				Example: First Bank of Wilmington, DE	Creditor
				May 1998	Date Liability Incurred mo/year
				Mortgage on 123 Main Street, Dover, DE	Type of Liability
					\$10,001— \$15,000
	:				\$15,001— \$50,000 o o o
				×	\$100,000
					\$250,000 m \$250,000 m \$500,000 m \$1,000,000 m \$1,000,001 G \$5,000,000 G
	·				\$500,001— \$1,000,000
		,			\$5,000,001
					\$5,000,001— エ \$25,000,000 エ
					\$50,000,000 Over
1					\$50,000,000

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-

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);

and positions solely of an individually nature.	aidie.
Position	Name of Organization
Altorney	Wagney + Pelayes, UP Riverside, GA
Countant	Self Hespern, A
Commissioner, Socond of Porrole Hearing	Commissioner, Econdof Porote Herring (A Dept. of Correctors + Republilitation)
State Assemblyman	Clab of Collegnia

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Name

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.

8/k/2011	Authory Adams + Wagner + Pelayes, UD	Continued Confession/payments not get recoved by project werk

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.

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