			-			
₹ <u>₹</u>	t child Yes	ilities of a spouse or dependent child Committee on Ethics.	"unearned" income, transactions, or liabilities of unless you have first consulted with the Committed	arned" income, s you have firs		EXEMPTION —Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"
8 ✓	Yes 🔲	cepted trusts" need not be nt child?	pproved by the Committee on Ethics and certain other "excepted to of such a trust benefiting you, your spouse, or a dependent child?	ittee on Ethics	d by the Comm	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "ex disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent
Ś	SWER EACH OF THESE QUESTIONS	R EACH OF TH	AN.	T INFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	Yes" response.	attached for each "Yes" response.	appropriate schedule at	and the	e answered	Each question in this part must be
₹	om Yes	pensation of more than \$5,000 fr to prior years? ttach Schedule VI.	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 S	Yes	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.
_S	™ Yes	agreement or arrangeme	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	₹ 1	¥ ₉₈ ✓	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 yee, complete and attach Schedule II.
No STATE OF THE PARTY OF THE PA	ars? Yes	positions on or before the year or in the prior two year before IV.	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.	8	¥ ₈ ✓	 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	ER EACH OF	PRELIMINARY INFORMATION - ANSWER
,					01100	
assessed who files	A \$200 penaity shall be assessed against any individual who files more than 30 days late.	Check if A \$2 Amendment again	116/12	Date of Election:	03	e for the Representatives er or
ES	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	N.S. HO	Telepho	Daytime	1	Name: & Struz Amoth : 6407 coa &
ER	LEGISLATIVE RESOURCE CENTER	region				
Page 1 of	FEB 24 2012	A B and new employees	FORM B For use by candidates and nev		ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, Zen - December 31, 7

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

amobbush A. TAYLOR # Page Z.

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.

Source (include date of receipt for nonorana)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
7	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	N _A
PHREADER PHOTOGE RESOURCES	SALAN	*92222	622.18
MEMORETY- HOTERIAN	Stowed Street	11/4	7
APPROXIMENT PRINCIPLY (RESERVEDES)	JACONE SHUMIN	7/7	71/4
The Issuary Theerard Resources	V	\$ 50,000	799,586
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Minoran abox	ANDERY FACT TOO		Examples:	SP Mega Corp. Stock	ness, the nature of its activities, and its geographic location in Block A. 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 personal checking or savings 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 busi-	provide a complete address.	Asset and/or Income Source lidentify (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 reportable asset or sources of income which generated more than \$200 in "unearmed" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self-clirected (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, and when the name of the institution believes.
	* *	×	Indefinite	×	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 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000		А В С D Е F G H I J K L	Value of Asset Value of Asset 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
× >	X Swis S	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm	Income)		Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
	×		×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$1,001 - \$1,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$11,000,001 - \$1,000,000		Current Year Preceding Year	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

SCHEDULE III — LIABILITIES

Name Page £

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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7	THEREFORE V	Shart Marion	Racecork Bosse	154 Tri BATHE Colors Colors	Example: First Bank of Wilmington, DE	Creditor
DAY 10	Sur 'o'i	MAY DE	JR :=	Just 11	May 1998	Date Liability Incurred mo/year
Mrs 10 Bustosseras Contral	Sur of Bussiness Loans	MAY de Buseness lavio	Britaness lotal	CHARLES JENT II BUTENESS LEAN	Mortgage on 123 Main Street, Dover, DE	Type of Liability
	_		·			\$10,001— \$15,000
		×				\$15,001— \$50,000
X	<u>×</u>					\$50,001— \$100,000 O \$100,001—
			X	×	×	\$250,001— Amou
						\$500,000 m = 9
	<u></u> -					\$1,000,000
	<u> </u>					\$5,000,000 * * \$5,000,001— T \$25,000,000
						\$25,000,001—_ \$50,000,000
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SCHEDULE IV — POSITIONS

Report all positions, compensated or <u>uncompensated</u>, 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.

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);

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Name Page 5

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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.

Course (Alema and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
MN	