#### RECEIVED

#### JOYCE BEATTY CONGRESSWOMAN-ELECT OHIO (03)

2012 DEC 20 PM 12: 30

December 14, 2012

Attention:

Jo Bonner, Chairman Linda T. Sanchez, Ranking Member

Dear Committee on Ethics:

This letter is to formally serve as my amendment to the Financial Disclosure Statement in your office as a new member. I have enclosed a new (amended) Financial Disclosure Statement form correcting the language used in error regarding the following:

II-6: IRA-Fifth Third 50K should have been listed as Cash Account

II-3: "Privately held note": should have been listed as mortgage paid by Eric Carmichael

Please accept this letter and the enclosed amended copy as my response to correcting the above listed items.

If you have any questions please contact me at

Blacklick, Ohio 43004

or by mail at

Joyce Beary

Since

Congresswoman-Elect

<b>₹</b> \	Yes I	spendent child	<b>EXEMPTION</b> —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 because the
<sub>8</sub> ⊠	Yes	ot be	<b>TRUSTS</b> —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?	TRUSTS-L
S	QUESTION	)F THESE	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	EXCLUS
	response.	each "Yes"	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	
No	Yes X	\$5,000 from	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes   No   Y . Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule III.	III. Did you, y able liability (r If yes, compl
Š	Yes 🔀	rangement	<ul> <li>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?</li> <li>Yes Yes No III yes, complete and attach Schedule V.</li> <li>If yes, complete and attach Schedule V.</li> </ul>	II. Did you, yo income of mo reportable as if yes, compi
No	Yes	x two years?	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 III Wes, complete and attach Schedule I.	i. Did you or fees) of \$200 if yes, compi
			PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	PRELIMI
			in all sections, please type or print clearly in blue or black ink.	in all section
assessed who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 pe against ar more than	Candidate for the State: Uhio Date of March 6,2002 Amendment  New officer or Employing Office: Employing Office: Check if Election: March 6,2002 Amendment 8	Filer Status
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E CENTER	LEGISLATIVE RESOURCE CENTER  2013 JAN - 2 PM 5: 10	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	oyle Beaty  Daytime Telephone:	Name:
age 1 of	DEC _1 6 2012 Page 1 of _	DEC ,	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2011 - January 3, 2012 For use by candidates and new employees	FINANCI Period co

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name bylle Beat

Page O of 1

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.

Exclude: Military pay (such as National Guard of Heserve pay), lederal retirement programs, and		הפוופווני ופרפואפת חיותפו נוופ סטכומי ספרמוויא רמיי	odculity Act.
	Time	Amount	unt
Source (include date of receipt for nonorana)	ype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Ţ	Director's Fee	<b>\$</b> 400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Recid December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
The Ohio State Unwersity	Salvey	326,578.94	321,600.95
Jours Reather + Associates Im (PBA)	Salary	12,000	1,000
OHo Beath Law Offices	Spouse Sulvry	27	Z
STATE Of Chio Public Retirement	Spouse Salory	乙子	ZA
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JP Morgan Chase(Saving	Income FDZ	Ohio Great Union	Asset of Joyce Beetly of Ansocial (JP. Morgan Charae)	Fifth Third (Sowing)	US Soving Bonds	JT 1st Bank of Paducah, KY accounts	Examples:	SP Mega Corp. Stock	For rental or other real property held for investment, provide a complete address.  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.  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 II requirements, please refer to the instruction booklet.	BLOCK A  Asset and/or income Source  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 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 (do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) 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. 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.
×	*	×	X	· ×	×	×	Indefinite	×	\$250,001 - \$500,000	BLOCK B  Value of Asset  reporting year. If you use a freporting year. If you use a fuluation method other than fair narket value, please specify the nethod used.  an asset was sold during the eporting year and is included only because it generated roome, the value should be None."
X	×	*	<b>X</b>	*	>	×	Royaltles	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm 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 "Tax-Deferred" 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.
X	X	×.	× ×	*	× × ×		×	×	None	Amount of Inco For assets for which you Deferred" in Block C, you r "None" column. For all other r the category of income by appropriate box below. Divid and capital gains, even if re- be disclosed as income. Che income was earned or genera

## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

SCHEDULE II — ASSETS AN Continuation Sheet (if needed)  BLOCK A  Asset and/or income Source  DC  DC	ASSETS AND "UNEARNED" INCOME  **SO,000	NOS	ST BLOCK C  BLOCK C  BLOCK C  De of income  B.G. Parmership income
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### SCHEDULE III — LIABILITIES

Name Joyce Scatty

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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 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 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. 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

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			Vone	Example: First Bank of Wilmington, DE	Creditor	
			N/A-	May 1998	Date Liability Incurred mo/year	)
			M	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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*		<u> </u>			\$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, partner, proprietor, representative, employee, or consultant of any corporation, company, 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);

Position	Name of Organization
Board of Trustee	National American Heart Hosociation
Board of Trustee	COST
Board of Irusul	CAMPUS PARINCES HOSPITEL
Executive Doard Hend	Executive Doan Rendr Fire Frocus Inc
Board Member	Formerly NOSE now Engagement Scholarship Consortum

Use additional sheets if more space is required.

### **SCHEDULE V — AGREEMENTS**

Name Joyla Beathy

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	at age (b) amount been calculated	Hadsoll Muself & OPERS State of Ohio Retirement worthly benefet	Bonus Halleys will provide undetermed as	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.

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