No	Yes	nt child because	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	" income, tran	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spout they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTION they meet
No X	′ou Yes ☐	tisclosed. Have yo	d certain other "excepted trusts" need not be disclosed. Have you	e on Ethics an dependent ch	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepte excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	TRUSTS— excluded fr
No X	Yes			ublic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	IPO —Did y
SNC	QUESTIC	OF THESE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	ION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF
nd the sponse.	nswered an	must be ar	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10.000) during the reporting period? Yes X If yes, complete and attach Schedule V.	V. Did you, liability (mo If yes, com
No 🗌	Yes X	r arrangement wi	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No X	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IV. Did you or exchang \$1,000 dur
No X	Yes	or before the dat	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	No U	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? Yes X If yes, complete and attach Schedule III.	III. Did you, income of reportable a try yes, com
No X	Yes	ild receive any in the reporting xe)?	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	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.	II. Did any individ fieu of paying you reporting period? If yes, complete
No X	Yes	ld receive any gregating more	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 D	I. Did you or your spouse have "earned" income (e.g., salaries or lees) of \$200 or more from any source in the reporting period? Yes X	I. Did you c fees) of \$2 If yes, com
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH	PRELIM
e assessed s more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penu against anyo 30 days late	r Employing Office: e Termination Date:	Officer or Employee	Member of the U.S. State: SC House of Representatives District. QU Amendment	Filer Status Report Type
M	Office Use Only)	0.5. H00SE () 1.12 ((C	Daytime Telephone:	Daytime 1	TREY GOWBY	Name:
Š	2013 MAY -7 PH 5: 06	2013 MAY -				
	ELIVE SOM	NAMO DELIVENCE	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	UNITED
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Name	
TREY	İ
GOWAY	

Page 2 of 5

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.

Source Keene State	Type Approved Teaching Fee	Amount S6,000
Examples: State of Maryland Civil War Roundtable (Oct. 2nd) Onlario County Board of Education	Legislative Pension Spouse Speech Spouse Salary	\$9,000 \$1,000 NA
Spartenburg County School District 6	Spouse Salary	7,285
Spartenburg County School District 7	Spouse Solary	9, 57-4
Retriement System for Judges & Solicitors	Solicitors Pension	7, 173

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EDULE III—ASSETS AND "UNEARNED" INCOME	"UNEARNED" INCOME	Name 12:	Name TREY GOWDY Pa	Page 3 of 5
BLOCK A	вгоск в	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
(a) each asset held for investment or production	(a) each asset held for investment or production. Indicate value of asset at close of reporting Check all columns that apply. For For	Check all columns that apply. For	For assets for which you checked 'Tax-	Indicate if the

							
	J DC SP.	ness ton incor incor ing (acco from Savii If you income child option option option option option for a pleas	prop	plant acco	Prov	of in the repo	
	Examples	that is not publicly traded, state the name of the business. Ifter 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 totalinceme 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 tederal 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 (\$P) 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:	vide a complete address or a description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business	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.)	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 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.	Þ
		t public	mplet and a	alex Sylder	er s	with of the asset	BLOCK A Asset and/or Income Source
	SP	personal per	ne add	the ceed	ymbo	e rep	<u>a</u>
	Simil 1st E	is act sonal in a port of	dress and	values the	imes vis.)	r ma portir sourc	. 6 √ ⊠
	a Co Sank	d, strivities invities mes mes may per per al into M pro may roour stid will find may roour stid will be of Stiton it.	state	e lor	<u> 양</u>	The distriction	BLOCK A
trement	Mega Corp. Stock Simon & Schuster 1st Bank of Paduca	s, and sidence (united control of the control of th	a de	eac eac orting	ocks	r inva	ုင္မွိ
1	tock ster duca	dissible made in the management of the managemen	scrtot scrtot	blans has hes	and	estma exce and ome ome	ne :
	.π. / Σγ.	geog geog here cking cking r incc sudin hat a p) or ouse	V-he	(Suc	mutu	edin d (b) which	30S
2,	AG	of the aphilips of the aphilips on as depe (JT), thire appired the	م ال	has neld	al fun	g \$1, any lihe	rce
System	Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY Accounts	bus c loca c loca secon rent s tota savir lerive s Thri sset a snider ander	Sines	5 40	ids (c	000 oth erate	••
						6 4 W 2	
	-	110110	<u></u>	 This column is for assets 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."	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.	•
	Indefinite		-	This column is for assets held solely by your pouse or dependent child.	assume, the	ate i H yc	
	1	01,001 010,000	5	det	included the value	et c	•
	×		m) is t	alue	e of se a alue	. Va
	×		Π	for a	<u>왕 3</u> 6년	as val	lue BE
×		\$250,001 - \$500,000	ລ	isse chii	only because it should be "None."	set uati ease	BLOCK B Value of Asset
		\$500,001 - \$1,000,000	I.	Ω. π	eca Per a	at c	As:
		\$1,000,001 - \$5,000,000		e d	Non	dose neth ecif	set
		35,000.001 - 325,000,000		sole	e, ≕ e	± 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
		\$25,000,001 - \$50,000,000		₹ J	orting year generated	e m	
		Over \$50,000,000		y	g ye erak	e ro	,
			<u> </u>				
	×	NONE		vested, must be difincome. Check "None" generated no income reporting period	IRAs), you may check the "Tax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deterred income (such as 401(k) plans or	
		DIVIDENDS RENT		me.	ind (me (
	×	INTEREST			api opi	that co	ype
	×	CAPITAL GAINS	[{	ਤੂੰ , ਦਾ	nay Ramay	lumn ccou thoo gen	o 300
		EXCEPTED/BLIND TRUST		e d	you may chec ed" column. Divic ed capital gains.	ints ints	BLOCK C
		TAX-DEFERRED			e e 모	thai a pecific that a	ome
	Roy	Other Type of Income		bsec the a	in district	plan do plan	O .
	Royalties	(Specify: e.g., Partnership Income or Farm Income)		sclosed as if the asset during the	k the "Tax- lends, inter- even if rein-	at apply. For that do not becific invest- tax-deferred (k) plans or	
	. s	None -	- g	ະຄ. • ສ			
		\$1 - \$200	= Pen	This assets	ip e	or a leferr	
		\$201 - \$1,000	dependent chilo.	S col	apit	For assets Deferred" in "None" colui the categor	
	×	\$1,001 – \$2,500		me was	al ga	of of the control of	P
		\$2,501 – \$5,000		n is for solely	ins,	For we	ဋ
×	×		<u> </u>	for it	evel	near C	BLOCK D
				income g	ne.	you you	풀이
					appropriate but below below any defined and capital gains, even if reinvested, must be disclosed as income. Check "None" if	For assets for which you checked "Tax- Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the	BLOCK D
	×	\$100,001 - \$1,000,000 5 \$1,000,001 - \$5,000,000 5	<u> </u>	ener spo	este	ecke y ch els, heck	ne l
		Over \$5,000,000		ated. enerated spouse	None None	ing indick	
		Spouse/DC Income over \$1.000,000*		or py	esi, e ii		
	S			year.	5 Z F	역 (B) 및 B)	7 B
		an asset is sold. please indicate as follows: (S) (partial) See below for example	If only a portion of	<u> </u>	(E) exceeding \$1,000 in reporting	asset had purchases (P). sales (S), or exchanges	BLOCK E
	(partíal)	set is le as set i	<u>ရ</u>		e in section	anges es Ses (S)	유지
<u> </u>	::					v> ,− □	

SCHEDULE V— LIABILITIES

Name TREY GOWDY Page 4 of 5

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 close of the preceding calendar year exceeded \$10,000. "This column is for liabilities held solely by your spouse or dependent child. 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 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

		,	Ť	_	
		77			SP, DC, JT
		JT 837	BB + T	Example:	
		7	7	First Bank of Wilmington, DE	Creditor
		Apr. 12609	May 2009	May 1998	Date Liablity Incurred Mo/Year
		Avil 2009 Spartenburg SC	May 2009 of Sc schictors + Judges extreme	Mortgage on 123 Main St., Dover, DE	Type of Liability
					\$10,001- \$15,000
				_	\$15,001- \$50,000 W
					\$50,001- \$100,000
			×	×	\$100,001- \$250,000
		×	ļ . <u></u>	ļ	\$250,001- \$500,000 m
					\$250,001- \$500,000 m \$500,001- \$1,000,001- \$5,000,000 o
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	-			lacksquare	\$5,000,001- \$25,000,000 = \$25,000,001-
					\$50,000,000 T
	-	_			S50,000,000 Spouse DC Liability Over \$1,000,000
		1	L	L	Cyar \$1 000,000

SCHEDULE VI— GIFTS

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.

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.

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

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

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Page S of S

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); 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 political parties and campaign organiza-

Position	
Name of Organization	

SCHEDULE IX—AGREEMENTS

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. 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

			Dec 2010	Date	
			Dec 2010 Myself and the State of South Carolina	Parties To	
		, , , , , , , , , , , , , , , , , , , ,	Continued participation in the State Dension program	Terms of Agreement	