ILEGISLATIVE RESOURCE DENGER OF STATE CLERK U.S. HOUSE OF REPRESENTATIVES  CFEORE IS THE CLERK U.S. HOUSE OF REPRESENTATIVES  CFEORE IS THE CLERK U.S. HOUSE OF REPRESENTATIVES  CFEORE IS THE CLERK U.S. HOUSE OF REPRESENTATIVES  APR 2 3 2012  (Office use Only)  Check if A \$200 pennatry shall be assess against any individual who fit reportable positions on or before the date it calendar year or in the prior two years?  Ves W No attach Schedule V.  Teportable agreement or arrangement Yes W No attach Schedule V.  Wes No edule attached for each "Yes" response.  Redule attached for each "Yes" response.  Redule attached for each "Yes" response.  Redule attached for each "Yes" response.  No edule attached for each "Yes" response.  No indent child?  No indent child?
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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Page \_\_\_\_ of \_\_

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 honoraria)	Type	Amount	2
	- ythe	Current Year to Films	
XYZ Corporation, Houston, TX	Salary	\$6.300	<b>300 AED</b>
Examples: First bank & Irust, Houston, IX	Director's Fee	\$400	\$3.200
12 Haur Assuciation, Chicago, IL (Heco December 2)	Honorarium	0	\$1,000
Trains County, Texas Fund Scripping	Spouse Salary	*	\$
University of Texas - Pan American		650,00	3,907,00
South Texas College		13,650.00	7, 800.00
	-		

Asset and/or income Source	BLOCK B	вгоск с	BLOCK D
identify for park appet their investment of another in	Agine of Waser	Type of Income	Amount of Income
thermy (a) sean asset need by threstment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other	of reporting year. If you use a	unts that a	For retirement accounts that do not allow you
more than \$200 in "unsarred" income during the year.	market value, please specify the	investments of that generate tax-	ate tax-deferred income (such as 401(k) plans
Provide complete names of stocks and mutual funds (do not use ticker symbols).	if an agest was said to the	plens or IRAs), you may check the	For all other assets, indicate the category of
For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you	reporting year and is included	est, and capital gains, even if	below. Dividends, interest, and capital
have the power, even if not exercised, to select the spe- cific investments), provide the value for each asset held in the account that exceeds the recording thresholds	income, the value should be	as income. Check "None" if the asset generated no income during	gains, even if reinvested, must be dis- closed as income. Check "None" if no
For retirement accounts which are not self-directed, provide only the name of the institution halding the	100 di	the reporting period.	income was earned or generated.
account and its value at the end of the reporting period.	A B C D E F G H I J K L		
For rental or other real property held for investment, provide a complete address.			Current Year Preceding Year
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 conoractic		income	IX CE XI CE IA IA A A III II I I IX X X HIA IIA IA A A III II I
ocation in Block A.		Farn	
homes and vecation homes (unless there was entail income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings.	000	JST	
accounts; and any financial interest in, or income derived from, a lederal retirement program, including the Thrift Savings Plan.	000 ,000 0,000 0,000 0,000,00 5,000,0	ND TRI	000
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	- \$100 1 - \$25 1 - \$50	ST GAINS ED/BLI	1,000 \$2,500 \$5,000 \$15,000 -\$100,0 -\$1,00 1 - \$5,000 \$2,500 \$50,000 \$50,000 \$15,000 \$15,000 \$15,000 \$15,000
ine optional column on the lar left.	\$1 001 0001 00,00 0,00 00,00 00,00	T PE ITAI EPT	\$20 - \$ 01 - 01 - 01 - 001 - 001 - 001 - 001 - 1 - 1 - 1 - 1 - 1 - 1 - 001 - 1 - 001 - 1 - 001
For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	\$1,00 \$15,0 \$50,0 \$100 \$250 \$500 \$1,00 \$25,0 \$25,0 \$25,0	Other	\$2,50 \$5,00 \$15,0 \$50,0 \$198, \$1,00 Ower I None \$1 - \$ \$201 - \$1,995 \$2,501 \$5,601
SP Mega Corp. Stock		×	×
DC Examples Simon & Schuster	Indefinite	Royalties	×
JT 1st Bank of Paducah, KY accounts	×	×	×
Frost National Bank	×		
Bank of American	><	XXX	
Jane Cross Enterprises		5-Corp	
Inc Ma nagement		Income	
Real Estate-	· · · · · · · · · · · · · · · · · · ·		
Fdinburg Texas			

SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Jane Cross Page

None
\$1-\$1,000
\$1,001 - \$15,000 C C
\$15,001 - \$50,000
\$50,001 - \$100,000 m \$100,001 - \$280,000 m \$250,001 - \$1,000,000 m \$250,001 - \$1,000,000 m \$1,000,001 - \$5,000,000 m \$1,000,001 - \$5,000,000 m \$25,000,001 - \$25,000,000 m \$25,000,001 m \$25,000,000 m \$25,000 m \$25,001 - \$1,000 m \$25,000 m
\$5,000,001 - \$25,000,000       \$25,000,001 - \$50,000,000       Over \$50,000,000       Over \$50,000,000       NONE
\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000       \$25,000,001 - \$50,000,000       Over \$50,000       Over \$50,000       Over \$50,000       Over \$50,000       Over \$50,000
\$5,000,001 - \$25,000,000       \$25,000,001 - \$50,000,000       Over \$50,000       Over \$50,000       Over \$50,000       Over \$50,000       Over \$50,000
\$25,000,001 - \$50,000,000 \times \\ \text{Over \$80,000,000} \times \\ \text{NONE} \\ \text{DIVIDENDS} \\ \text{RENT} \\ \text{INTEREST} \\ \text{CAPITAL GAINS} \\ \text{EXCEPTED/BLIND TRUST} \\ \text{Other Type of Income} \\ \text{(Specity: e.g., Partnership Income} \\ \text{or Farm Income} \\ \text{None} \\ \text{31 - \$200} \\ \text{8201 - \$1,000} \\ \text{\$82,501 - \$8,000} \\ \text{\$82,501 - \$80,000} \\ \text{\$815,001 - \$80,000} \\ \text{\$915,000} \\ \$915,0
Over \$50,000,000
NONE   DIVIDENDS   RENT   NITEREST   CAPITAL GAINS   EXCEPTED/BLIND TRUST
DIVIDENDS   RENT   INTEREST   CAPITAL GAINS   EXCEPTED/BLIND TRUST
RENT   INTEREST   CAPITAL GAINS   EXCEPTED/BLIND TRUST
INTEREST   CAPITAL GAINS   EXCEPTED/BLIND TRUST
None
None
None
\$1 - \$200 = \$201 - \$1,000 \( \frac{1}{2} \) \$1,001 - \$2,500 \( \frac{1}{2} \) \$2,501 - \$5,000 \( \frac{1}{2} \) \$5,001 - \$15,000 \( \frac{1}{2} \) \$15,001 - \$60,000 \( \frac{1}{2} \) \$315,001 - \$60,000 \( \frac{1}{2} \)
\$201 - \$1,000 \(\equiv \) \$1,001 - \$2,500 \(\equiv \) \$2,501 - \$5,000 \(\equiv \) \$5,001 - \$15,000 \(\equiv \) \$15,001 - \$60,000 \(\equiv \)
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\$1,000,001 - \$5,000 \(\frac{1}{2}\) \$50,001 - \$100,000 \(\frac{1}{2}\) \$50,001 - \$100,000 \(\frac{1}{2}\) \$1,000,001 - \$5,000,000 \(\frac{1}{2}\) \$1,000,001 - \$5,000,000 \(\frac{1}{2}\) \$1,000,000 \(\frac{1}2\) \$1,000,000
\$50,001 - \$100,000 \$ \$100,001 - \$1,000,000 \$ \$1,000,001 - \$5,000,000 \$  Civer \$5,000,000 \$  None -
\$1,000,001 - \$1,000,000 \times \tag{2} \$1,000,001 - \$5,000,000 \times \tag{2} \$0 \times \tag{3} \$1,000,000 \times \tag{4}
\$1,000,001 - \$5,000,000 × Over
Cver \$5,090,090   2   0   0   0   0   0   0   0   0
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\$1,099,091 - \$6,690,000 × Over \$5,000,000 ≚

This bade may be considered more annual to the continued

## SCHEDULE III - LIABILITIES

Name Jane Cross Page of

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 sibowed 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

	SP, DC, JT					
	Creditor	Example: First Bank of Wilmington, DE	Frost Bank			
Date	Liability Incurred mo/year	May 1998	Jan /2010			
	Type of Liability	Mortgage on 123 Main Street, Dover, DE	Jan /2010 Mostgage on home			
	\$10,001— \$15,000	24.4	નુંશ કેલ્ડ્રે			
<u>י</u> לי	\$15,001— \$50,000					
	\$100,000 C	48,000				
	\$100,001— \$250,000	×				
15	\$600,001 FR	5	A.			
	# 1,000,000 TR		X			
	\$1,500,501 Q \$5,600,500					
	\$5,000,001~ <b>±</b>		recipo de	( P. )		
		Sec. 1				13
L	Over \$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 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 offiprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

and positions solety 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 poortions odiory of an individual y manager	
Position	Name of Organization
President	Jane Cross Enterprise Inc.
Partner	Paloma Del Valle II LTD
Mangaer	Paloma Del Valle 170

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Name Jane Cross Page of

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence dering 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 ben-

			Date	
			Parties To	

## 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 1.

			Example: Doe Jones & Smith, Hometown, Hometica	Source (Name and Address)
			Accuming services	