7							•
No	Yes 🔲	pendent child	ilities of a spouse or de Committee on Ethics.	e, transactions, or liabiling transactions, or liabiling transcript the C	arned" incomess you have fi	<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—Haw because they meet a
Se	Yes 🔲	ot be	excepted trusts" need not be ent child?	s and certain other "ex spouse, or a depender	ittee on Ethic ing you, your	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS Details redisclosed. Have you
S	QUESTION	EACH OF THESE QUESTIONS	ISWER EACH O	I A	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION O
	esponse.	each "Yes" r	fule attached for	ιppropriate sched	and the a	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	Eac
S	Yes 🔀	\$5,000 from	ompensation of more than \$5,000 from the prior years?	VI. Did you receive com a single source in the tw if yea, complete and at	N <sub>O</sub>	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes X	III. Did you, your spous able liability (more than If yes, complete and at
No.	Yes 🔲	rangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	V. Did you have any rep with an outside entity? If yes, complete and at	<b>№</b>	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 yes, complete and attach Schedule II.	II. Did you, your spouse income of more than \$2 reportable asset worth r
No X	Yes 🔲	xefore the date xr two years?	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 yee, complete and attach Schedule IV.	<ul> <li>IV. Did you hold any rep of filing in the current ca if yes, complete and at</li> </ul>	N <sub>o</sub>	I. Did you or your spouse have "earmed" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes Complete and attach Schedule I.	Did you or your spour fees) of \$200 or more fr if yes, complete and at
	48 			E QUESTIONS	OF THES	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTION	PRELIMINARY
						In all sections, please type or print clearly in blue or black lok	in all sections please
assessed who files	. – .	A \$200 penalty shall be against any individual more than 30 days late	Check if Amendment	NOV 2012	Date of Election:	Candidate for the State: 17A House of Representatives District: 10  New officer or Employing Office:	Filer Status
I SES	F NEPRESENTATI (Office Use Only)	U.S. HOUSE OF					
9	2012 AUG 29 PM 1: 19	2012 AUG		Daytime Telephone:	Daytime	STAN FLEMMING	Name: 574
Page 1 of 6		AUG 2 0 2012	IM B s and new employees	<b>FORM B</b> For use by candidates and new employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - Curlant	UNITED STATES HOUS FINANCIAL DISCLOSU Period covered: January 1,

## SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

NAK FLEMMING

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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.

Source (include date of receipt for honoraria)  XYZ Corporation, Houston, TX  First Bank & Trust, Houston, TX  XYZ Trade Association, Chicago, IL (Rec'd December 2)  Harris County, Texas Public Schools  PERCE CALINA	Type Salary Director's Fee Honorarium Spouse Salary  SALARY	Amount Current Year to Filing \$6,300 \$400 0 NA	unt Preceding Year \$28,450 \$3,200 \$1,000 NA
PIERCE COUNTY NORTHWEST PHYSICIANS NETWOOK, TACOMA, WA	SALARY	103, 853.33	NA 60,021.39
SOUMBPATH HEALTH FEDERAL WAY WA	DIRECTOR'S FOR	2,376.00	4,200.00
MORTHUEST PHYSICIAMS NETWOCK, TACOMA, WA	Director's FEE	6,852.09	NA
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2011 WHITE	2607 CHAMI	UNIU. PL, WA	BELFAR, W	Amee	1st Bank of Paducah, KY accounts	Examples:	SP Mega Corp. Stock	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 totalincome during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income acrounts; and any financial interest in, or income acrounts; and any financial interest in, or income accounts; and any financial interest in, or income accounts; and any financial interest in, or income accounts; and any 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 rental or other real property held for investment provide a complete address.	account and its value at the end of the reporting period	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 reportable asset or sources of income which generated 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, crovide only the name of the institution holding the
					ounts X	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 - \$25,000,000 \$25,000,001 - \$50,000,000	rent,	ABCDEFGHIJK	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 spendous.  If an asset was sold during the reporting year and is included spendous.  Wone, the value should be "None."
* *	×	メ	*	*	×	Royaities	×	Over \$50,000,000  NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm Income	е)		BLOCK C  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.
× ×	X	*	×	× ×		X	×	None       -         \$1 - \$200       =         \$201 - \$1,000       =         \$1,001 - \$2,500       ≥         \$2,501 - \$5,000       ≤         \$5,001 - \$15,000       ≤         \$15,001 - \$50,000       ≤         \$50,001 - \$100,000       ≤         \$100,001 - \$1,000,000       ×         Over \$5,000,000       ×         None       -         \$1 - \$200       =         \$201 - \$1,000       ≥         \$2,501 - \$2,500       ≥         \$5,001 - \$15,000       ≤         \$5,001 - \$15,000       ≤         \$50,001 - \$100,000       ≤         \$100,001 - \$1,000,000       ≤		Current Year Preceding Yea	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 II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STAN FLEMMING

Page 4 of 6

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#### SCHEDULE III — LIABILITIES

Name STAN FLEARMING

Page Sof 6

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 sib-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.

SP,	<b>4</b>					
Creditor		Example: First Bank of Wilmington, DE	SPANKY, LLC BEVERLY HILLS, CA MAR 2012 PERSONAL LOAN			
Date Liability	Incurred mo/year	May 1998	MAR 2012			
Type of Liability		Mortgage on 123 Main Street, Dover, DE	PERSONAL LOAN			
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#### SCHEDULE IV - POSITIONS

prise, 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 officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); ເກd positions solely of an honorary nature

and positions solely of an honorary flattire.	nature.
Position	Name of Organization
DIRECTOR	Sound Path HEALTH

### SCHEDULE V — AGREEMENTS

Name Staps Flendmuster

Page 6 of 6

	-	
Date	Parties To	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.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
PIERCE COUNTY 930 TACOMA PURS, TACOMA, WA	County Councilmember.
NPN 708 BEOADWAY #400 TACOMA WA	Appear of Director for Subsidiary Company
Sound Brish HEALTH WEYERHAUSERMAN Fed. WAY	Dages 17 Disease
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