₹	Yes	child because	isactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	" income, tran	sets, "unearne less you have f	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilitie they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee
중 소	™	iciosed. Have you	d certain other "excepted trusts" need not be dis	on Ethics an dependent ch	the Committe	TRUSTS—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 dependent child?
S	UESTIONS	EACH OF THESE QUESTIONS	- ANSWER	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and 'Yes" respo	must be ansy ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	₹ <u>X</u>		V. 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 V.
No X	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?If yes, complete and attach Schedule IX.	×		IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
No X	¥ 6	or before the date	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.	<u>\$</u>	Yes X	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? If yes, complete and attach Schedule III.
₹ <u>X</u>	Yes	d receive any n the reporting e)?	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.	× ×	Ye s	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.
×	Yes	receive any regating 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.	₹	Yes	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? If yes, complete and attach Schedule I.
			E QUESTIONS	OF THESE	EACH	PRELIMINARY INFORMATION — ANSWER
assessed more than	\$200 penalty shall be a sinst anyone who files n days late.	A \$200 penaity shall be assessed against anyone who files more than 30 days late.	or Employing Office: ee Termination Date: X Termination 12-31-12	Officer or Employee	Amendment	Filer Status House of Representatives District: Report Type X Member of the U.S. State: House of Representatives District: 17 N - 2, 10/3 Status District: Member of the U.S. State: House of Representatives District: 17 N - 2, 10/3
7	(Office Use Only)	(Offi				
NES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE OF	Daytime Telephone: 5-6/6/	Daytime		Name: JOE BACA
ö	2012 NOV 30 PH 3: 20	2012 NOV 3				
ge 1 of /	DELIVERED Page 1 of LEGISLATIVE RESOURCE CENTER	LEGISLATIVE	Form A For use by Members, officers, and employees	MENT	ATIVES JRE STATE	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR FINANCIAL DISCLOSURE STATEMENT
•	20	HA				

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.

Examples:	Keene State Keene State State of Maryland Civil War Roundtable (Oct. 2nd)	Type Approved Teaching Fee Legislative Pension Spouse Speech	Amount \$6,000 \$9,000 \$1,000
8	District	Spouse Salvey	N/A
			TO THE TAX PARTY OF THE
		•	

	American Nath Ins.	CA. Pous Remember	CA. PERS Rensement	GTE VERION - Stock	1st Bank of Paduce	DC, Examples: Simon & Schueter	SP. Mega Corp. Stock	vide 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 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 (SP) or dependent ohid (DC), or is jointly held with your spouse (UT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	value at the end of the reporting period. For rental or other real property held for investment, pro-	ment accounts which are not self-directed, provide only the name of the institution holding the account and its	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 expected the prochable. For eather,	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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.	Identify (a) each asset held for investment or production	Asset and/or Income Source	BLOCK A
	*	*	×	X	×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000	> CO OO mm		year and is incluc generated income, "None."	If an asset was sold	reporting year. If you use a ve method other than fair market please specify the method used.	Indicate value of	Value o	отв
								\$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 Over \$50,000,000	Ω - - - -		year and is included only because it generated income, the value should be "None."	If an asset was sold during the reporting	reporting year. If you use a valuation method other than fair market value, please specify the method used.	of asset at close of	Value of Asset	BLOCK B
	×	×	×	×	×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS			disclosed as income. If the asset generated ruling the reporting period.	Dividends, intere	you to choose speci that generate tax- (such as 401(k) pla	Check all columns	Type of I	ВГОСН
						Hoyaitles		EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			disclosed as income. Check "None" if the asset generated no income during the reporting period.	may check the "tax-pererred" column. Dividends, interest, and capital	you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you	ons that apply. For	f Income	OCK C
	×	×	×	×		***************************************		None \$1 \$200 \$201 \$1,000	=		earned or	reinveste	"None" col cate the ca the appro	For assets		
							×	\$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000	< < ≤		earned or generated.	interest, and capital reinvested, must be	umn. For all ategory of in priate box	n Block C.	mount o	BLOCK D
						×		\$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000	VII VIII IX			interest, and capital gains, even in reinvested, must be disclosed as income Check "None" if no income was	"None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends,	For assets for which you checked "Tax- Deferred" in Block C, you may check the	Amount of Income	X D
		_	+-	-	1	Ļ	+-	\$1,000,001 - \$5,000,000 Over \$5,000,000	<u>×</u>			- 10 S	mds,	î ax		

SCHEDULE VIII—POSITIONS

Name JOE BACA

Page 4 of 4

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
BOARD IF Directors	CHOI-(Com, Augusia Courses Contitte)

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

Date	Parties To	Terms of Agreement