<u>₹</u>	Yes 🔲	ependent child	ilities of a spouse or de Committee on Ethics.	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	arned" income is you have fir	er assets, "une wer "yes" unles	<b>EXEMPTION</b> —Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"
<b>₹</b>	Yes	not be	kcepted trusts" need n	s and certain other "ex spouse, or a depende	ittee on Ethicing you, your	d by the Comm	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 a dependent child?
<b>σ</b>	QUESTIONS	OF THESE	SWER EACH (	MATION — AN	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS
	response.	each "Yes"	tule attached for	ppropriate sched	and the a	e answered	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.
× X	Yes	\$5,000 from	Did you receive compensation of more than \$5,000 from ingle source in the two prior years?	VI. Did you receive com a single source in the tw If yes, complete and at	8	<b>S</b>	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yee, complete and attach Schedule III.
<b>₹</b>	Yes	rrangement	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	No U	Yes X	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 yee, complete and attach Schedule II.
Š	× s	before the date or 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 yes, complete and attach Schedule IV.	IV. Did you hold any rep of filing in the current ca <b>if yes, complete and at</b>	No	Yes X	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.
				EACH OF THESE QUESTIONS	OF THES		PRELIMINARY INFORMATION — ANSWER
	more than 30 days late.	more than				Office:	employee Employing Office:
assessed who files	A \$200 penaity shall be assessed against any individual who files	A \$200 pe against a	Check if Amendment	13 APR 12	Date of 3	03	the State: Y resentatives District:
IVES	U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE					
<b>E</b>	2012 JAN 12 PH 1: 14	2012 JA		Daytime Telephone:	Daytime	4	Name: Larry M. Smith
TER	LEGISLATIVE RESOURCE CENTER	LEGISLATI				ŀ	
*ge 1 of -C	JAN 03 2012 Page 1 of	MA L	IM B s and new employees	<b>FORM B</b> For use by candidates and new employees	2012		UNITED-STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2011 - January 3

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Larry M. Smith

Page 2 of 4

ist 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
it only the source for other spouse

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	XYZ Corporation, Houston, TX  First Bank & Trust, Houston, TX	T-	Congressman Andy Houris (MD-01)	Johns Hookins University			•		•			
Type	Salary Director's Fee	Honorarium Spouse Salary	Salary	Spouse Salary	, /						-	
FIII	\$6,300 \$400	0 NA	O	NA				į		,	 •	
Amount  Preceding Year  \$28,450	\$28,450 \$3,200	\$1,000 NA	₹16,966.67	NA		:					5 5 5 5	

	SP 403(B) 1RA-Lincoln Financial	SP 403(8) IRA-1ST Fidelity		DC, Examples: Simon & Schuster	r 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 III requirements, please refer to the instruction booklet.	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.	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.	account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.	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 find 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	Identity (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).	BLOCK A  Asset and/or Income Source
	X	×	×	Indefinite	\$100,001 - \$2 \$250,001 - \$3 \$500,001 - \$1 \$1,000,001 - \$5,000,001 - \$25,000,001 - Over \$50,000	0,000 00,000 250,000 500,000 1,000,000 \$5,000,000 \$25,000,000		8 C D E F G H L X C	1	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	BLOCK B Value of Asset
	X	X	X	Royalties	DIVIDENDS RENT INTEREST CAPITAL GAI EXCEPTED/B	LIND TRUST	Farm Income	)	est, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	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. <b>Dividends, inter-</b>	BLOCK C  Type of Income
	X	X	X	>	\$2,501 - \$5,0 \$5,001 - \$15, \$15,001 - \$50 \$50,001 - \$10 \$100,001 - \$1 \$1,000,001 - Over \$5,000,0 None \$1 - \$200	000 000 0000 0,000 0,000 0,000 0,000,00		Current Year Preceding Year	below. Dividends, in gains, even if reinv closed as income. income was earned or	For retirement accounts that do not allow you to choose specific investments <u>or</u> 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	BLOCK D  Amount of Income

## SCHEDULE III — LIABILITIES

Name boy M. SALY

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 Page 4 of 4

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-

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 sib-

	SP Cho	Ch	つギ	Example: Fir	SP, DC, JT	
	Chase Bank	Chase Bank	Citibank	Example: First Bank of Wilmington, DE	Creditor	
	NA A	ファ ア	NA	May 1998	Date Liability Incurred mo/year	
	Credit Cord	Credit Card	Credit Card	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
	X	X			\$10,001— \$15,000	
-	<u> </u>		X		\$15,001— \$50,000 <b>w</b>	l
				Ш	\$50,001— \$100,000	
				×	\$100,001— \$250,000 D Amou	
-	-			Н	\$500,000 m	
	+-	_		H	\$250,000 D mount of Liability \$500,000 T \$1,000,001 G \$1,000,001 G	
		 		H	\$5,000,000 <b>* \</b> \$5,000,001— <b>±</b> \$25,000,000 <b>±</b>	
	-	-		H	\$25,000,001— \$50,000,000	
	<del> </del> -			H	Over \$50,000,000	

## SCHEDULE IV — POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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 offi-

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);

and positions solely of an nonbiary nature.	atulo.
Position	Name of Organization
Stoff Aide	Congressman Andy Harris (MD-01) JAN-SEP, 2011