			,
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012-	FORM B For use by candidates and new employees	HAND DELIVERED	TRED
Name: DAUID CLARK Daytime Telephone	[elephone	2012 FEB -9 PM 1:47 OFFICE OF THE CLERK	CE CENTES 1 1: 47 LERK
Candidate for the State: Wta.A.	AL., 2010 Check if	U.S. HOUSE OF BEING CLERK	ENTATIVES
State: 4.7 A.A. antatives District: 2. Employing Office:	Date of Way 2012 Check if Amendment	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	assessed who files
In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	QUESTIONS		
Yes No	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.	efore the date Yes X	8 □
#I. 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, complete and attach Schedule II.** **If yes, complete and attach Schedule II.**	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	angement Yes X	₹
#I. Did you, your spouse; or a dependent child have any reportable liability (more than \$10,000) during the reporting period? ** yee, complete and attach Schedule III.** ** Yee, complete and attach Schedule III.**	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	5,000 from Yes	₹
Each question in this part must be answered and the appropriate schedu	propriate schedule attached for e	ule attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANS	ATION — ANSWER EACH O	WER EACH OF THESE QUESTIONS	"
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?	and certain other "excepted trusts" need no couse, or a dependent child?	it be Yes	No X
EXEMPTION —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.	transactions, or liabilities of a spouse or dep consulted with the Committee on Ethics.	pendent child Yes	₹

.

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Some DAVID CLARK

Page 2 of 6

exceeding \$1,000. See examples below.	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	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	
--	---	--	--

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

						Inc		Zions First National Bank	Harris County, Texas Public Schools	Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)		XYZ Corporation, Houston, TX	Source (include date of receipt of foliotatia)	
				•		Spouse Salary	Salavi	Salary	Spouse Salary	Honorarium	Director's Fee	Salary	. ypa	7
						11,427	0	13,554	NA	0	\$400	\$ 6,300	Current Year to Filing	Amx
					•	99.037	6,238	125,470	NA	\$1,000	\$3,200	\$28,450	Preceding Year	Amount

Sp Universal Life Zions Bank Providentia Cash Determi Retira	127	dwart.	IT Zions Bank accounts	JT Zions Bank Stock	JT 1st Bank of Paducah, KY accounts	Examples:	SP, SP Mega Corp. Stock	provide 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 personal checking or savings accounts; and any financial interest in, or income derived from, a federal 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 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.	account and its value at the end of the reporting period. For rental or other real property held for investment.	Asset and/or Income Source 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). 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, in the income of the institution holding the
X X	X	×	×	×	ounts ×	Indefinite	×	None St. St.	riod. A B C D E F G H I	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 only because it generated income, the value should be "None."
* *	×	*	*	*	×		×	\$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income	х г	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 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.
* *	×	*	*	×	×	Royalties	×	None	Current Year	
X X	X	×	×	>	×	×	×	\$1,000,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 × None - \$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500	Preceding Year	BLOCK D Amount of Income Amount of Income For retirement accounts that do not allow you to choose specific investments of 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

SP,

ቯ

g

TROWNING Stock Index T. Rowe Price Sur Cap Gran T. Rowe Kry Lawre Value T. Row Pria Balance Fun Zons Brick 401K 1. Koun Pricism Cap Value to Rowe trickery Fidelity 2020 Asset and/or Income Source Filely 2030 Fidelity Lawre Cap Rome Porcy Internation Zions Back Common Stad **BLOCK A** Annuity CIVOWI ➣ None 1 - 1,000w C ~ \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset × m \$50,001 - \$100,000 **BLOCK B** 'n × × \$100,001 - \$250,000 ~ G \times \$250,001 - \$500,000 エ \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ر ス \$25,000,001 - \$50,000,000 Over \$50,000,000 < ~ \sim ~ × ~ NONE DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS **EXCEPTED/BLIND TRUST** Other Type of Income (Specify: e.g., Partnership Income or Farm Income) × \times \sim \sim \prec \sim None \sim \succ \$1 - \$200 ≡ \$201 - \$1,000 **Current Year** \$1,001 - \$2,500 \$2,501 - \$5,000 VI VII VIII \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 -- \$1,000,000 $\bar{\mathbf{x}}$ \$1,000,001 - \$5,000,000 BLOCK D Over \$5,000,000 None X 7-\$1 - \$200 \$201 - \$1,000 Preceding Year \$1,001 - \$2,500 \$2,501 - \$5,000 N VIIVIII \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 × \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000

8

5

This page may be copied if more space is required

SCHEDULE III - LIABILITIES

Name DAUID CLARIC

Page 5 of 6

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	
			Example: First Bank of Wilmington, DE	Creditor	
			May 1998	Date Liability Incurred mo/year	
			Mortgage on 123 Main Street, Dover, DE	Type of Liability	
				\$10,001— \$15,000	1
				\$15,001— \$50,000 w	
				\$50,001— \$100,000	
		· · · · · · · · · · · · · · · · · · ·	 ×	\$100,001— \$250,000 □ \$250,001—	Amou
				\$500,000 m	nt of
			 _	\$1,000,000 T \$1,000,001— Ω	Amount of Liability
		:	 	\$5,000,001—	
,			 _	\$25,000,000	
				\$25,000,001—_ \$50,000,000	ı

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-

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 honorary nature

and positions solely of an notionally flatule.	aue.
Position	Name of Organization
Director	Utah World Trade Center
Director	Utah Sports Commission
Director	Valley Mental Health

SCHEDULE V — AGREEMENTS

Name	
(-)	
AU 1	
Ö	
Cr	
AR	
1	

Page Oot 6

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 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.

ent plan manic	elli pian mamaneu by a former employen.	
Date	Parties To	Terms of Agreement
vested		
2004	Myselt and State of Utah	Legislatue pension will provide a wentuly
		semetit of an undeterment amount atage 65
		and health care at age 62.

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.**

_	_	_	_	,	 _		
	Example:						
Source (Name and Address)	Doe Jones & Smith, Hometown, Homestate	-					
		,					
	Accounting services						
Brief Description of Duties				;			
on of Duties							
						:	