No No	ndent child Yes	transactions, or liabilities of a spouse or dependent child t consulted with the Committee on Ethics.	arned" income, ss you have firs	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liable because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	bec:
No No	e Yes	and certain other "excepted trusts" need not be pouse, or a dependent child?	nittee on Ethics iting you, your s	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?	TRU
S	THESE QUESTION	MATION — ANSWER EACH OF	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	X
	ch "Yes" response.	opropriate schedule attached for each "Yes" response.	d and the ap	Each question in this part must be answered and the appropriate scheme	
No No	000 from Yes	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.	[№]	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes, complete and attach Schedule III.	III. I able If ye
N _o	ement Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	<u>s</u>	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? Yes If yes, complete and attach Schedule II.	II. [inco repo
No V	re the date og years? Yes	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.	S _S	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? Yes Yes	iees
		E QUESTIONS	OF THESI	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	PRI
assessed who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Check if Amendment	_ Date of Election:	Candidate for the House of Representatives District:35 Status New officer or Employing Office:	(n
# # #	(Office Use Only)				
7	2012 SEP 24 PH 1: 07	Daytime Telephone:	Daytime [']	Name: Simon AJUARADO	Na
Page 1 of \checkmark	SEP 1 4 2012	FORM B For use by candidates and new employees	70	FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2011 - AUG. 30 2012-	Pe E S

SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

Name
Simon
ALUARADO

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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)	Type	Amount	unt
VV7 Composition Unusion TV	Salary	Current Year to Filing	Preceding Year
_	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Standard Home Health	Salary	48,258,49	80,060.07

Fidelity Select Gold	FBR Fows Find	MARKET FUNDS CLASSIV		Now lending Series Fund Classic	lending Seriestand Class IX	SSQ A St P 500 (NDEX SECURITY INTO A STATE OF THE STATE O	Examples:	SP	Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> 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 II requirements, please refer to the instruction booklet.	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.	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 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, nowide only the name of the institution holding the
W	*	/	*	×	*	>	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 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000		ABCDEFGHIJKL	BLOCK B 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."
X	*	*	*	*	S.	>	Koyaines	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Recognition of Partner	Farm Income	a)	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 "Fax-Deferred" 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 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$1,000 \$1,001 - \$5,000 \$50,001 - \$1,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		Current Year Preceding Year	Amount of Income For assets for which you checked "Tax-Deferred" in Block C, 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 Simon Alumpabo

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This page may be copied if more space is required.