

# UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

**FORM A** Page 1 of 15  
For use by Members, officers, and employees

**HAND  
DELIVERED**

Michael Burgess

(Full Name)

(Daytime Telephone)

2013 MAY 15 PM 1:17

(Office Use Only)

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: TX District: 26	<input type="checkbox"/> Officer Or Employee	Employing Office:
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule II.		If yes, complete and attach Schedule VII.	
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule IV.		If yes, complete and attach Schedule IX.	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
If yes, complete and attach Schedule V.			

## IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<b>IPO--</b>	Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Trusts--</b>	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Exemptions--</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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**SCHEDULE I - EARNED INCOME**

Name Michael Burgess

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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) totaling \$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.

Source	Type	Amount
Wells Fargo IRA	IRA/Pension Income	\$1,698
Spouse's Wells Fargo IRA	IRA/Pension Income	\$6,105

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Michael Burgess

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BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
<p>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 source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.</p> <p>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.</p> <p>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 federal retirement program, including the Thrift Savings Plan.</p> <p>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.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>		<p>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.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p> <p>* This column is for assets held solely by your spouse or dependent child.</p>	<p>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.</p>	<p>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.</p> <p>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p> <p>* This column is for income generated by assets held solely by your spouse or dependent child.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
Lake Point Medical Realty GP, LLC		\$1 - \$1,000	Other: partnership income	\$1 - \$200	
Lake Point Medical Realty LTD		\$100,001 - \$250,000	Other: partnership income	\$2,501 - \$5,000	P
Dale Operating Gas Lease		None		NONE	
Titan Operating Gas Lease		None		NONE	
JT 30 Acres 2000 Blackjack, Aubrey, TX		\$250,001 - \$500,000		NONE	P
5 Acres Talkeetna, AK, Note Receivable		\$1,001 - \$15,000	INTEREST/ Capital Gains	\$2,501 - \$5,000	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	4637 Ivanhoe Dr., Ft. Worth, TX	\$50,001 - \$100,000		NONE	
	2.5 Acres Harbor South, AR	\$15,001 - \$50,000		NONE	
	Note Receivable 1: Wise Co Prop, Lewisville, TX	\$1,001 - \$15,000	None	NONE	
	Compass Bank	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Wright Patterson Congressional Credit Union	\$1,001 - \$15,000		NONE	
	First Security Bank Account	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	Melife	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Bank Deposit Sweep Combined	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Alcatel Lucent Ads	\$1 - \$1,000		NONE	
	CISCO Systems Inc	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	General Electric	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	Ishare DJ US TLCM SCT IDX	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Limited Brands	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	Microsoft	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	Pfizer	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	United Parcel Service	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Verizon Communications	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
	Genworth Variable Annuity Plus	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Alcatel Lucent Ads (self directed IRA)	\$1 - \$1,000	TAX-DEFERRED	NONE	
SP	America Movil SA DE CV (self directed IRA)	\$15,001 - \$50,000	TAX-DEFERRED	NONE	EP
SP	Berkshire Hathaway CL B (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
SP	Pfizer Inc (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
SP	Stryker Corp (self directed IRA)	\$15,001 - \$50,000	TAX-DEFERRED	NONE	
SP	Telefonos de Mexico (self directed IRA)	None	TAX-DEFERRED	NONE	ES
SP	Fidelity Adv. Series - Equity Growth Fund (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
SP	MFS Series Trust II - Growth FD (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
	AT&T (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
	Abbott Labs (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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America Movil SA DE CV (self directed IRA)	\$15,001 - \$50,000	TAX-DEFERRED	NONE	EP
Berkshire Hathaway CL B (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
CIGNA Corp (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
Walt Disney Co. (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
Ford Motor Co. (self directed IRA)	\$1 - \$1,000	TAX-DEFERRED	NONE	
General Electric (self directed IRA)	\$1 - \$1,000	TAX-DEFERRED	NONE	
HOSPIRA Inc. (self directed IRA)	\$1 - \$1,000	TAX-DEFERRED	NONE	
Intel Corp. (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
IBM Corp. (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
Ishares Treas Inflation Prot Secs (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
Express Scripts Holding Co (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	EP
Medco Health Solutions (self directed IRA)	None	TAX-DEFERRED	NONE	E
MERCK and Co. (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
Microsoft Corp. (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	Nokia (self directed IRA)	\$1 - \$1,000	TAX-DEFERRED	NONE	
	Penn West Pete Ltd New (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
	Southwest Airlines (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
	Stryker Corp (self directed IRA)	\$15,001 - \$50,000	TAX-DEFERRED	NONE	
	Telefonos de Mexico (self directed IRA)	None	TAX-DEFERRED	NONE	ES
	Texas Instruments (self directed IRA)	\$1 - \$1,000	TAX-DEFERRED	NONE	
	Time Warner (self directed IRA)	\$1 - \$1,000	TAX-DEFERRED	NONE	
	Fidelity Adv. Series - Equity Growth Fund (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
	MFS Series Trust II - Growth FD (self directed IRA)	\$1,001 - \$15,000	TAX-DEFERRED	NONE	
JT	Fidelity Cash Reserves (money market)	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
JT	Fidelity International Discovery	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	S (partial)
JT	Fidelity Capital Appreciation	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
JT	Fidelity Contrafund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
JT	Fidelity Export and Multinational	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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JT	Fidelity Value	None		NONE	S
SP	Hartford Annuity	None		NONE	S
SP	Toyota Motors Corp.	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	TD Ameritrade Insured Deposit (money market)	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	P
	AMR	\$1 - \$1,000		NONE	
	Eaton Vance Ohio Muni	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	Global E-Point INC	\$1 - \$1,000		NONE	
	Ishares MSCI Austria	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	Ishares MSCI Singapore	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	Limited Brands	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	OPKO Health Inc	\$1 - \$1,000		NONE	
	Penn West Pete Ltd New	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Powershares Zacks Micro Cap Index	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	Powershares Biotechnology & Genome Port	\$1 - \$1,000		NONE	



**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

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	Southwest Airlines	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	Spdr Gold TR Gold SHS ETF	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	Northwestern Mut Life Ins Co	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
SP	Northwest Mutual Life Insurance-90 Life-1997-whole	\$50,001 - \$100,000	TAX-DEFERRED	NONE	
	Northwest Mutual Life Insurance-65 Life-1991-whole	\$50,001 - \$100,000	TAX-DEFERRED	NONE	
	Northwest Mutual Life Insurance-65 Life-1991b-whole	\$15,001 - \$50,000	TAX-DEFERRED	NONE	
	Northwest Mutual Life Insurance-65 Life-1989-whole	\$15,001 - \$50,000	TAX-DEFERRED	NONE	
	Northwest Mutual Life Insurance-65 Life-1988-whole	\$15,001 - \$50,000	TAX-DEFERRED	NONE	
	Northwest Mutual Life Insurance-65 Life-1987-whole	\$50,001 - \$100,000	TAX-DEFERRED	NONE	

# SCHEDULE IV - TRANSACTIONS

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

\* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Lake Point Medical Realty LTD (addtl capital contributed to partnership)	P	N/A	6-4-12	\$1,001 - \$15,000
JT	30 Acres 2000 Blackjack, Aubrey, TX	P	N/A	12-28-12	\$250,001 - \$500,000
SP	America Movil SA DE CV (self directed IRA) (Telefonos de Mexico shares acquired by America Movil SA DE SV through stock purchase)	E	N/A	3-26-12	\$1,001 - \$15,000
SP	Telefonos de Mexico (self directed IRA) (Telefonos de Mexico shares acquired by America Movil SA DE SV through stock exchange)	E	N/A	3-26-12	\$1,001 - \$15,000
	America Movil SA DE CV (self directed IRA) (Telefonos de Mexico shares acquired by America Movil SA DE SV through stock exchange)	E	N/A	3-26-12	\$1,001 - \$15,000
	Express Scripts Holding Co (self directed IRA) (Medco Health Solutions shares acquired by Express Scripts Holding Co through exchange of stock)	E	N/A	4-2-12	\$1,001 - \$15,000
	Medco Health Solutions (self directed IRA) (Medco Health Solutions Shares acquired by Express Scripts Holding Co through exchange of stock)	E	N/A	4-2-12	\$1,001 - \$15,000

# SCHEDULE IV - TRANSACTIONS

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

\* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Telefonos de Mexico (self directed IRA) (Telefonos de Mexico shares acquired by America Movil SA DE SV through stock purchase)	E	N/A	3-26-12	\$1,001 - \$15,000
JT	Fidelity International Discovery	S	No	12-3-12	\$1,001 - \$15,000
JT	Fidelity Value	S	No	12-3-12	\$1,001 - \$15,000
SP	Hartford Annuity (annuity cashed out, liquidated in 2012)	S	No	12-31-12	\$15,001 - \$50,000
	TD Ameritrade Insured Deposit (money market)	P	N/A	1-1-12	\$1 - 1,000
	Verizon Communications	P	N/A	8-8-11	\$1,001 - \$15,000

# SCHEDULE V - LIABILITIES

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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 owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless it is rented out or you are a Member); 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 sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. \*This column is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Bank of America	Feb 2000	Mortgage on 4637 Ivanhoe, Ft Worth, Texas	\$15,001 - \$50,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Michael Burgess

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Commonwealth Fund, Alliance for Health Reform	Jan. 20-22	DC-Miami-Dallas	Y	Y	N	0 days

**SCHEDULE VIII - POSITIONS**

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Trustee (retired member)	Medical Center of Lewisville, Texas

**SCHEDULE IX - AGREEMENTS**

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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.

Date	Parties To	Terms of Agreement
10/2010 - present	Self/World Net Daily	Publishing Contract