

FEB 21 2012

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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT
FORM B
For use by candidates and new employees
Filed on or after January 1, _____

Name: Sam Johnson Mills Daytime Telephone: _____

Office Use Only
Candidate for the _____
House of Representatives District _____
State _____
Employing Office _____
Check if _____
A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

1. Do you or your spouse have "unearned" income (e.g., salaries or honoraria) in excess of \$5,000 from any source in the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Do you or your spouse have a reportable "unearned" income from any source in excess of \$5,000 in the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. Did you or your spouse receive a reportable honorarium or fee for service in excess of \$5,000 in the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Name Johnathan Hicks Page 3 of 4

For additional assets and unearned income, use next page.

SCHEDULE III - LIABILITIES

Name Erin Kohnen H23 Page 4 of 4

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 reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred (MM/YY)	Type of Liability	Amount Owed (at close of year)
	Example: First Bank of Wilmington, DE	MM/YY	Mortgage on 123 Main Street, Dover, DE	
	Volkswagen	10/09	2008 Angeles	✓
	Wells Fargo	12/11	Ford Focus, Tulsa	✓
	Scille Mac	9/05	Volkes-Barn, BA	✓
	HSPS	5/05	Los Angeles	✓

SCHEDULE IV - POSITIONS

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 officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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.

Position	Name of Organization
Board of Trustees	Texas Wesleyan
Board of Directors	Hugley Hospital

Use additional sheets if more space is required.