					į			ſ
No	Yes 🔲	pendent child	ilities of a spouse or dependent child Committee on Ethics.		arned" income ss you have fi	er assets, "une wer "yes" unles	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	S W
No O	Yes 🔲	ot be	xcepted trusts" need not be	s and certain other "ex	nittee on Ethic ting you, your	d by the Comn a trust benefi	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?	<u>o</u> . ⊣
<u>w</u>	QUESTION)F THESE	SWER EACH OF THESE QUESTIONS	- AN	TINFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	
	esponse.	each "Yes" r	lule attached for	appropriate sched	and the a	e answered	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	
No I	Yes	\$5,000 from	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.	VI. Did you receive compensation of more a single source in the two prior years? If yes, complete and attach Schedule VI	No 🖸	Yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	∓₽≡
N _S	Yes	rangement	portable agreement or arrangement	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V.	8	Yes	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 yes, complete and attach Schedue II.	= 255=
No U	Yes 🔼	pefore the date	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 If yes, complete and at	No Z	Yes 🔲	 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. 	∓ a −
			: :	SE QUESTIONS	OF THESE	EACH	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER	<u> </u>
		more than :				Office:	employee Employing Office:	
assessed who files	A <i>\$200 penalty</i> shall be assessed against any individual who files	A \$200 pen	Check if Amendment	Nov 6, 2012	Date of Election:	TEXAS 20		
MINES	U.S. HOUSE DE REPRESENTATIVES	u.s. Höusi						
: 22	DESISTATIVE RESOURCE CENTURY 2012 JUN 13 PM 1: 22	V SIBSTV		Daytime Telephone:	Daytime		Name: MichAEL IDROGO	7
Page 1 of	JUN 0 5 2012		M B and new employees	FORN For use by candidates (VIIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2019 - MAY 51, 2013	ם חכ

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SCHEDULE I— EARNED INCOME (INCLUDING HONORARIA)

Name	
MICHAEL	
102060	
Page _	

| of |

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.

—		7	'n		Т	1			i			_			T T
			Examples:	- Admirphoon		TEXAS	SAR AL	!							
	Source (include date of receipt for nonoraria)	XYZ Corporation, Houston, TX	First Bank & Trust, Houston, TX	XYZ Trade Association, Chicago, IL (Rec'd December 2)	Harris County, Texas Public Schools	TEXAS ELECTRIC PRIC UNES, INC.	SAM ANTONIO RIVHP WATERWAY								
	Туре	Salary	Director's Fee	Honorarium	Spouse Salary	CHAIRMAN'S FEE	CONSULTANT								
Amount	Current Year to Filing	\$6,300	\$400	0	NA	\$ 0	\$:	
Ynt ,	Preceding Year	\$2	\$3,200	÷		*	*0								

CS, KELCH SWING ACHT CHANA	JT 1st Bank of Paducah, KY accounts	Examples:	SP Mega Corp. Stock	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 (<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.	provide a complete address. For an ownership interest in a privately-held business	provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment.	BLOCK A 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.
×	×	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 - \$5,000,000 \$25,000,001 - \$5,000,000 Over \$50,000,000		ABCDEFGHIJKL	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."
× ×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)		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 "Tax-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.
× 5	×	×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000		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 III, — LIABILITIES

Name MICHAEL IDEOGO

Page 1 of 1

owed 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 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 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
			USAR	Example: First Bank of Wilmington, DE	Creditor
			AUG 1987	May 1998	Date Liability Incurred mo/year
			CREDIT CAPO	Mortgage on 123 Main Street, Dover, DE	Type of Liability
			ď		\$10,001— \$15,000
					\$15,001— \$50,000
-					\$50,001— \$100,000
-				×	\$100,001— \$250,000 D \$250,001—
-	 				\$500,000 m
-					\$1,000,000 T B S S 1,000,001— C S S S S S S S S S S S S S S S S S S
\mid					\$5,000,000 x \$5,000,001— x \$25,000,000 x
\mid				H	\$25,000,000 \$25,000,001— \$50,000,000
					Over \$50,000,000

SCHEDULE IV — POSITIONS

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

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 all notionally flature.	alule:
Position	Name of Organization
past secretain and travure	CHRISTOPHER COLUMBUS ITALIAN SOCIETY, SAN ANTONIO, TX
NAMA COMMONDER ACTERAN OF	U.S. NAYY
CHRIRAPA	TEXAS PLECTFIC PAIL LINES, IAC.
PROPIETOR/EDITOR	SAN ANTONIO OPINION NEWSPAPER
prophesof (editof	whine paper & online television websites

Use additional sheets if more space is required.

SCHEDULE V — AGREEMENTS

Name MICHAEL IDROGO

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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
1997	myself & texas elegac pail lines, inc.	POTENTIAL ENTUREDA COME
1997	MYTHE \$ 40 ANDERS OPTIONS OF A PERMINA	potental future income
1997	MYSEF & SMEWITE, OU WHE PADIO	POTENTIAL FUTURE INCOME
2005	MYSELF & SAN ANTONO FINDE WATERWAY	FORENTIAL FULLIGE INCOME

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.

Course (Name and Address)	Blot Description of Paties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
N/A PRIDE TWO YEARS	
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