| | 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. | 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? | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS | Each question in this part must be answered and the appropriate schedule attached for e | III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No Will Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule III. | It. 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 No Did you have any reportable agreement or arrangement with an outside entity? With an outside entity? If yes, complete and attach Schedule V. | 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 No II. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV. | In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS | Filer Candidate for the House of Representatives District: 12 th Election: 42(1)3,7012 Amendment Status New officer or Employing Office: | Name: MARK ANDERSON MANS/USPaytime Telephone. | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIA DISCLOSURE STATEMENT Feb. 12, 2012 For use by candidates and new employees |
|---|--|--|---|---|--|---|--|---|---|--|--|
| | endent child Yes | be Yes | THESE QUESTION | dule attached for each "Yes" response. | ,000 from Yes 📉 | ngement Yes | ore the date we years? Yes | | A \$200 penaity shall be assessed against any individual who files more than 30 days late. | 2012 FEB 27 AN IO: OU OFFICE OF THE CLERK (Office Use Only) | FEB 17 2012 |
| · | N _N | N _S | <u>w</u> | · | No | No X | No | | assessed who files | CENTER I: 04 RK RX DATIVES | Page 1 of |

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Page 2 of 7

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| exceeding \$1,000. See examples below. | ye | ea | I |
| •- | more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list | List the source, type, and amount of earned income from any source (other than the filer's current emp | l |
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| | list only the source for other spouse earned income | nployment by the U.S. Government) totalling \$200 or | |
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| | received under the Social Security Act | |
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| Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and | | benefits received under the Social Security Act. | Security Act. |
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| | | Amount | unt |
| General (include date of receipt for Horiotaria) | i y po | Current Year to Filing | Preceding Year |
| XYZ Corporation, Houston, TX | Salary | \$6,300 | \$28,450 |
| _ | Director's Fee | \$400 | \$3,200 |
| XYZ Trade Association, Chicago, IL (Rec'd December 2) | Honorarium | 0 | \$1,000 |
| Harris County, Texas Public Schools | Spouse Salary | NA | NA |
| OXEA COEP, Buy City, TX | Salaru | 12,000 | 147, 700 |
| C-B ISD, West Columbia TX | Span & Salary | 470 | 2700 |
| Bay City ISO, Bay City, 7X | Spouse Sahry | 90 | 4300 |
| FMC, Chicago, II | Pension | 500 | 3000 |
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| 1701. | | 9.5 | 6 4. C | Etrade Account Roth | Etiode Accounty Tex | | DC, Examples: Simon & Schuster | SP, SP Mega Corp. Stock | 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. | 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 | provide a complete address. For an ownership interest in a privately-held business | account and its value at the end of the reporting period. For rental or other real property held for investment, | 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, provide only the name of the institution holding the | Provide complete names of stocks and mutual funds (do not use licker symbols). | 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. | Identify (a) each asset held for investment or production | BLOCK A Asset and/or Income Source |
|----------------|---------------|-------|--------|---------------------|---------------------|---|--------------------------------|-------------------------|--|---|---|---|---|--|--|---|-------------------------------------|
| CAIC Stock X X | onation Fil X | × 1/2 | Chipox | X (CM KL) DON | S CAWN X | × | Indefinite | × | None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$500,000 \$500,001 - \$500,000 \$500,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$50,000 \$0,0001 - \$50,000 | 000 | | A B C C T G T C T C T C T C T C T C T C T C | reporting year and is included only because it generated income, the value should be "None." | If an asset was sold during the | of reporting year. If you use a valuation method other than fair market value, please specify the | Indicate value of asset at close | BLOCK B |
| X | Х | * | * | * | * | × | Royalties | X | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TE Other Type of Income (Specify: e.g., Partnership) | | ome) | | reinvested, must be disclosed as Income. Check "None" if the asset generated no income during the reporting period. | plans or IRAs), you may check the "None" column. Dividends , inter- | retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) | Check all columns that apply For | BLOCK C |
| X X X | X | X | × × | × | ×. | × | | × | None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$2,501 - \$5,000 \$50,001 - \$15,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$1,001 - \$15,000 \$1,001 - \$5,000 \$1,001 - \$50,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 | 0 | | Current Year Preceding Year | closed as income. Check "None" if no income was earned or generated. | | 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. | | BLOCK D Amount of Income |

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

/ KOSIKS

Continuation Sheet (if needed)

25 袑 Ξ 8 ŞP, サジャンスク Ameris Amerus HMERICASC TIMESPOLIS Asset and/or income Source SILVER I GOOT 20,5h 0709 Anerus Roth seli 9man Americs Roth Compa, NE MIMCO HOT Cmaha, NE Lite BLOCK A Omaha, NE " T 3 2 5 Omaka, NE ナロコナ 722 None 8 \$1 - \$1,000 メ × C × \$1,001 - \$15,000 × D \$15,001 - \$50,000 × Value of Asset × m \times \$50,001 - \$100,000 BLOCK B TI \$100,001 - \$250,000 G \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 د \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 _ Over \$50,000,000 NONE メ X × × DIVIDENDS RENT Type of Income × × INTEREST × BLOCK C \times **CAPITAL GAINS EXCEPTED/BLIND TRUST** Other Type of Income (Specify: e.g., Partnership Income or Farm Income) メ × > \times \times None ٢ \$1 - \$200 × メ \$201 - \$1,000 メ III IV V VI VIIVIII **Current Year** \$1,001 - \$2,500 \$2,501 - \$5,000 癶 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 - \$1,000,000 ≍ × \$1,000,001 - \$5,000,000 BLOCK D × Over \$5,000,000 × > \succ × None × $\overline{\varkappa}$ \$1 - \$200 \$201 - \$1,000 Preceding Year \$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 \$1,000,001 - \$5,000,000 Over \$5,000,000

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark A Mansills

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| | | | | | Jackson Life Chicago, IL | Wells Farus Bank, and Cash Stead, Mal | Wells Farge Bank M | | | BLOCK A Asset and/or Income Source |
| | | | | | * | * | * | 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 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 | ABCDEFGHIJKL | BLOCK B Value of Asset |
| | | | | | * | | X | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Incomor Farm Income) | ne | BLOCK C Type of Income |
| | | | | | 7 | | * | None | Current Year | BLOCK D Amount of Income |
| | | | | | × | | * | None | Preceding Year | X D f Income |

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SCHEDULE III - LIABILITIES

Name Mark A. Marsins

Page 6 of 7

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. 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 furnitively. 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 sib-

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|-------------------|----------------------------------|--|-------------|----------------------|-----------------------|---|----------|
| Creditor | | Example: First Bank of Wilmington, DE | Chase | Capital One | Sallie Mac | | |
| Date Liability | mo/year | May 1998 | Fub. 2012 | Oct 2011 | June 2007 | | |
| Type of Liability | | Mortgage on 123 Main Street, Dover, DE | Credit Card | Oct 2011 (18dit Card | Tum 2007 Student Lean | | |
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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

| and positions solety of an inclineary fraction. | aure. |
|---|----------------------|
| Position | Name of Organization |
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| partner | Marot. |
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| NA | |
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SCHEDULE V — AGREEMENTS

Name Mark A Mansins

Page ______ of _____

efit plan maintained by a former employer. 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 ben-

| Date | Parties To | |
|------|------------|--|
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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.

| Source (Name and Address) | Brief Description of Duties |
|---|-----------------------------|
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting services |
| See Shedule I | |
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