<b>8</b> ⊠	Yes	ependent child	<b>EXEMPTION</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.	<b>EXEMPTION</b> —Have you excluded from this report any other assets, because they meet all three tests for exemption? Do not answer "yes"
8	Yes	ot be	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?	TRUSTS—Details regarding "Qualified Blind Trusts disclosed. Have you excluded from this report deta
<u> </u>	QUESTION	OF THESE	IDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	response.	each "Yes"	t must be answered and the appropriate schedule attached for each "Yes" response.	Each question in this part must be answered
<b>8</b> ⊠	Yes 🔲	\$5,000 from	y report.  Yes No 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? If yes, complete and attach Schedule III.
₹  X	Yes	rangement	unearned" V. Did you have any reportable agreement or arrangement d any with an outside entity?  No If yes, complete and attach Schedule V.	<ol> <li>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?</li> <li>If yes, complete and attach Schedule II.</li> </ol>
<u>8</u>	ğ X	pefore the date	alaries or Yes No No No III V. 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.	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?  If yes, complete and attach Schedule I.
			ANSWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION - A
			black ink.	in all sections, please type or print clearly in blue or black ink.
assessed who files	A <i>\$200 penalty</i> shall be a against any individual we more than 30 days late.	A \$200 pe against ar more than	State: TEOY 1 Date of TAMAY 1 District: 1014 Election: 131/2012 Amendment Employing Office:	Filer    Candidate for the Status   Candidate for the House of Representatives   Candidate for the Status   Candidate for the Sta
AM 10: 24 HE CLERK IVES	2012 JAN 31 AM 10: 24  OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	M u	Daytime Telephone:	Name: Stephen K. Simpson
Page 1 of 6	JAN 17 2012 Page 1 of 6	JAN	REPRESENTATIVES FORM B  Occeptor 31, 2011 For use by candidates and new employees	UNITED STATES HOUSE OF REPRESE FINALICIAL DISCLOSURE STATEMENT Period covered: January 1, 2010 - 0eces

# SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Stephen Simpson

Page 2 or 6

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.

Exclude: Military pay (such as National Guard of neserve pay), receitar emembring programs, and		Derients received under the obcial oeconity Act.	Security Act.
Course (include data of receipt for hoperatio)	Type	Amount	unt
Source (include date of fecelpt of fortotalia)	. ypa	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
- 1	Director's Fee	\$400	<b>\$</b> 3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	Ŋ
Military RETIPEMENT		NOT REPORTABLE	NOT REPORTABLE
Bibls County Rublic Schools	Spouse Salary	ZA	NA

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15.	3/201 (d) 804 added	WATSON CONDO Attenta Revial	Quantum National Bank	State Bank & Trast Auts	Bank of America Acts		Examples:	Sp	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.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits lotaling \$5,000 or less in personal checking or savings secounts; 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.	provide a complete address.	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.
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6	9	2	Z	ar (	3	1st Bank of Paducah, KY accounts	Simon & Schuster	Mega Corp. Stock	est in ed, st active active active active symmetry symmetry ting retire	988.	proj	BLOCK A  or Inco theid for inv market value rring period urces of inc vearned" inc vearned" inc vearned the blirected (i.e. il not exercia vide the value into weeke he into weeke int
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1				><	+	╀	5	$\dashv$	\$1 - \$1,000 \$1,001 - \$15,000		C	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."
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			>			$\mathbb{R}$	Ľ.		\$100,001 - \$250,000		Ŧ	LOC b of bear, hod ble ple ple ple ple ple ple ple ple ple p
	<u> </u>	×		ļ	<del> </del>	▙	-		\$250,001 - \$500,000		<u>ଜ</u>	BLOCK B  Value of Asset value of asset at ting year. If you u n method other th value, please spe used. set was sold durir g year and is inclusionable cause if generated the value should
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<b> </b>		~	×	×	×	×	-		RENT			Typ Check all o retirement : allow you investments of IRA "None" colu est, and colu est, and colu est, and colu est, est gener as income asset gener the reportin
-			1	1		┞	⊢		CAPITAL GAINS			Type of In  Type of In  Check all columns tretirement accounts allow you to che investments or that deferred income (su plans or IRAs), you rest, and capital greinvested, must income. Check as income. Check asset generated no the reporting period.
		<del>                                     </del>		<del> </del>	<del> </del>	╁╴	-		EXCEPTED/BLIND TRUST			BLOCK C  a of Inco  blumns the accounts to choo  or that g  come (suc  ss), you me  must be  Check "I  ated no in  g period.
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Incom	ne)		Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deterred 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.
	-					Γ			None -	1		
			X						\$1 – \$200 =	_		
		<b>-</b>	<u> </u>	×	×	_			\$201 - \$1,000		C	
				-	1	L	-	×	\$1,001 - \$2,500 < \$2,501 - \$5,000 <	_	Current Year	For retire to choose ate tax-condition (IRAs) or IRAs. For all condition income below.  gains, closed income
<b> </b>		74	<del> </del>	+-	† -	<del>ا</del>	×	$\vdash$	\$2,501 - \$5,000 < \$5,001 - \$15,000 \le \tag{5}		ren i	BLOCK D  Amount of Income  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. 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.
			<del>                                     </del>	†	1	$\vdash$	-		\$15,001 - \$50,000 \(\leq\$	1	ŧΥ	ireme ose si odefei s), yo other ever ever a s
									\$15,001 - \$50,000 \leq \begin{array}{c} \leq \text{50,001} - \text{\$100,000} \leq \end{array}		eal	Amount of Incon Amount of Incon Amount of Incon Amount of Incon rement accounts that do se specific investments deferred income (such a s), you may check the "f other assets, indicate the by checking the ap Dividends, interest, even if reinvested, r as income. Check was earned or generate
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## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Conti	Continuation Sheet (if needed)			Name Stephen K. SIMPSON Page to
	BLOCK A	вгоск в	BLOCK C	BLOCK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
SP.		ABCDEFGHIJKL		Current Year Preceding Year
Ţ,		000 000		
DC		- \$15,000 11 - \$50,000 11 - \$100,000 101 - \$250,000 101 - \$500,000 101 - \$1,000,000 101 - \$5,000,000 1,001 - \$5,000,000 1,001 - \$50,000 1,0001 - \$50,000 1,0001 - \$50,000	ENDS	\$1,000 - \$2,500 - \$5,000 - \$15,000 - \$50,000 - \$100,000 01 - \$1,000,000 001 - \$5,000,000 0,000,000
		\$15,00 \$50,00 \$100,0 \$250,0 \$500,0 \$1,000 \$5,000 \$25,000 Over \$	NONE DIVIDE RENT INTERI CAPITA EXCEF Other T (Specify	\$2,501 - \$5,001 - \$15,001 \$50,001 \$100,00 \$1,000,0 Over \$5, None \$1 - \$20 - \$1,001 - \$2,501 - \$5,001 \$50,001 \$100,00
45	403(b) Continued			
	· Mid Cap Value	74	×	*
	· SMALL CAP SABOLAL Volue	*	*	X
	Charles Schwab IRA			
	· first Hard Text Fund	*	×	×
	· First Hand Value Fund	×	*	X
	· JANKS GTWBAL	>>	×	× ×
_	Charles Schwab IRA			
	· Bank of America (BAC)	Х	<b>X</b>	X
	· Cota spoup (c)	X		<b>X</b>
	· SYNOVUS (SNV)	*	*	X
\$	Charles Schwab IRA	*	×	× ×
	· MMF (has Schub	*	7	× × × × × × × × × × × × × × × × × × ×
二	Charles Schwab MMF	7		

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### SCHEDULE III - LIABILITIES

Name Stephen K. SIMPSON

Page 5 of 6

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 sibowed 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 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.

!					SP.
Navy Fectoral CR	STATE BANK and TEUST	Quentus National Bank	BONK OF America	Example: First Bank of Wilmington, DE	Creditor
				May 1998	Date Liability Incurred mo/year
Business - PL	PULSINESS LOAN - PL	Business Loan - PL	50% Onliner, souls Couldonear Gartect	Mortgage on 123 Main Street, Dover, DE	Type of Liability
メ					\$10,001— \$15,000
					\$15,001— \$50,000
	 	<u></u>			\$50,001— \$100,000 <b>O</b>
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				-	\$5,000,001— <b>±</b>
 					\$25,000,001—_ \$50,000,000
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### SCHEDULE IV - POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-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 offi-

and positions solely of an honorary nature 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 soidly of air tronblary flattered	nation.
Position	Name of Organization
LT GOV	GA DISTRUCT KUNDANIS INTERNATIONAL
Director	CRIMESTOPPENS OF CENTRAL GEORGIA
Director	GEORGIA DEPARTMENT OF JUVENILE JUSTICE
Director	GEORGIA MUSIC HALL OF FAME
TRustee	GEORGIA Hilitary College Foundation

Use additional sheets if more space is required.

Schedule III / IX (continued)

SCHEDULE III — LIABILITIES

Name

Stephen K. SIMPSON

Page 6 of 6

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. 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 sibowed 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

T					
					JT SR
				Example: First Bank of Wilmington, DE	Creditor
				May 1998	Date Liability Incurred mo/year
				Mortgage on 123 Main Street, Dover, DE	Type of Liability
	·				\$10,001— \$15,000
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				L	\$50,000,000

#### SCHEDULE IV — POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-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 offi-

and positions solely of an honorary nature. 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 individity flatero.	
Position	Name of Organization
MEMBER	Overbe LLC
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