	Yes [	ependent child	ilities of a spouse or dependent child Committee on Ethics.	"unearned" income, transactions, or liabilitiunless you have first consulted with the Co	arned" income,	r assets, "une wer "yes" unle	m this report any othe xemption? Do not ans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	EXEMPTION because they	
₹ ⊠	Yes	ot be	epted trusts" need no	and certain other "excepted t	proved by the Committee on Ethics and certain such a trust benefiting you, your spouse, or a	by the Comn a trust benefi	Blind Trusts" approve	<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 a dependent child?	<b>TRUSTS</b> —D	
S	QUESTION	OF THESE	ISWER EACH OF THESE QUESTIONS	- A	T INFORM	OR TRUS	DEPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSI	1
	esponse.	each "Yes" r	dule attached for each "Yes" response.	appropriate schedu	and the	answered	in this part must be	Each question in		
No	Yes 🔲	\$5,000 from	mpensation of more than two prior years?	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.	No U	Yes X	nikd have any report- reporting period?	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.	III. Did you, yo able liability (m	
<b>8</b> ⊠	Yes	rangement	portable agreement or an attach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	No	Yes X	ild receive "unearned" period or hold any the end of the period?	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 Schedule II.	II. Did you, you income of more reportable assuring the properties of the properties	
No X	Yes 🔲	before the date or two years?	eportable positions on or becalendar year or in the prical attach Schedule IV.	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.	N <sub>o</sub>	Yes 💢	ome (e.g., salaries or e reporting period?	I. Did you or your spouse have "earned" income (e.g., salaries fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	I. Did you or y fees) of \$200 c If yes, comple	
				ANSWER EACH OF THESE QUESTIONS	OF THESI	R EACH	l e	In all sections, please type or print clearly in blue or black ink  PRELIMINARY INFORMATION — ANSW	In all sections PRELIMIN	_
who files	against any individual was more than 30 days late.	against any more than 3	Amendment	LINGTON	Election:	)ffice:			Filer Status	
		0	Check if	11/pulsone	Date of	M	State:	Y Candidate for the	!	
	E CLLKK RESENTATIVES	HOUSE OF REPRESENTATIVES	11	Daytime Telephone:	Daytime		rer	Ron Mey	Name:	
$\mathbf{Q}_{e1}$ or $\mathbf{\mathcal{L}}$	DELIVERED. 1 4 RESOURCE CENTER 15 AM III: 47	ISLATIVE		FORM B  1.5 For use by candidates and new employees	7	TIVES	F REPRESENTA	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, みのた かんター よし	UNITED : FINANCI Period cov	
	I L L S									

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## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Kon Meyer

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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) 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 helow

exceeding \$1,000. See examples below. <b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and		benefits received under the Social Security Act	Security Act.
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
bung America's Foundation, Herndon VA	Salary	- 0-	#32,423
American Majority Action, Purcelly 110, VA	59/9KV	£2,226.00	#6,020.00
American Majority, Purcellville, W	Salaky	\$963.00	00218h#
·	/		

Bank, Miltard, VA	-HorizonFirstCommunity		Examples:	SP, SP Mega Corp. Stock		Exclude: Your personal residence, including second	nterest in a privately-held business traded, state the name of the busitaded, state the name of the busities and its geographic	(do not use ticker symbols).  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.  For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	or investment or production value exceeding \$1,000 at value exceeding \$1,000 at veriod, and (b) any other of income which generated of income during the year.	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 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000*		A B C D E F G H L K L M	ing year and is included only because it generated income, the value should be "None."  *This column is for assets solely held by your spouse or dependent child.	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 report-	BLOCK B Value of Asset
al strubutton X	•	X	Royabise	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	ome)		interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	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	BLOCK C  Type of Income
×		X	×		None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$1,000,000 \$1,000,001 - \$1,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$1,000,000 \$1,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Spouse/DC Income over \$1,000,000 Spouse/DC Income over \$1,000,000*		Current Year Preceding Year		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. <b>Dividends, interest</b> , and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK D  Amount of Income

## SCHEDULE III — LIABILITIES

Name RON Meyer

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income), loans secured by automobiles, household furniling 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 sib-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

				SP, DC, JT
	Mini Financial Services 12/2011	Principla Corp	Example: First Bank of Wilmington, DE	Creditor
	13/2011	6/2011	May 1998	Date Liability Incurred mo/year
	Car Loan	Student Loan	Mortgage on 123 Main Street, Dover, DE	Type of Liability
	×			\$10,001— \$15,000
		×	╙	\$15,001— \$50,000 <b>w</b>
				\$50,001— \$100,000 O
:			⊢	\$100,001— \$250,000 □ \$250,001— □
				\$500,000 M S
			$\vdash$	\$5,000,000
			<u> </u>	\$25,000,000 <b>- 3</b> \$25,000,001 <b>3</b> \$50,000,000
			<u> </u>	Over \$50,000,000
				Spouse/DC Liablity over ス \$1,000,000

## **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 indicitary nature.	aule.
Position	Name of Organization