If yes, complete and attach Schedule VII. VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. RMATION — ANSWER EACH OF THESE QUESTIONS and certain other "excepted trusts" need not be disclosed. Have you yes No [Inited]	No X No X No Ethics and rependent chromatics	Yes X T, OR TRUS by the Committed A your spouse, or	or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. V. 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 IV. No Sold Wes, complete and attach Schedule IV. Each question in this part must be answered and to appropriate schedule attached for each "Yes" response, complete and attach Schedule V. 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 yes excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
If yes, complete and attach Schedule VII. VIII. Did you hold any reportable positions on of filing in the current calendar year? If yes, complete and attach Schedule VIII. IX. Did you have any reportable agreement or an outside entity? If yes, complete and attach Schedule IX. Each question in this part appropriate schedule attach AMATION — ANSWER EACH (S N N N N N N N N N N N N N N N N N N N	Yes X Yes X T, OR TRUS	or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. V. Did you, your spouse, or a dependent child have any reportaliability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. XCLUSION OF SPOUSE, DEPENDEN1
If yes, complete and attach Schedule VII. VIII. Did you hold any reportable positions on of filing in the current calendar year? If yes, complete and attach Schedule VIII. IX. Did you have any reportable agreement or an outside entity? If yes, complete and attach Schedule IX. Each question in this part appropriate schedule attach		Yes Yes	or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. V. Did you, your spouse, or a dependent child have any reporta liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
If yes, complete and attach Schedule VII. VIII. Did you hold any reportable positions on of filing in the current calendar year? If yes, complete and attach Schedule VIII. IX. Did you have any reportable agreement or an outside entity? If yes, complete and attach Schedule IX.		Yes Yes	or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
If yes, complete and attach Schedule VII. VIII. Did you hold any reportable positions on of filing in the current calendar year? If yes, complete and attach Schedule VIII.	<u>§</u>	Yes	IV. Did you, your spouse, or a dependent child purchase, sell,
If yes, complete and attach Schedule VII.		8,	III. 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 III.
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)?	No ×	ity in Yes	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	×	s or 1? 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? yes, complete and attach Schedule 1.
SE QUESTIONS	OF THES	ER EACH	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
Termination Date:		Amendment	Report Annual (May 15, 2012)
or Employing Office: yee	Officer of Employe	33	Filer X Member of the U.S. State: <u>CA</u> Status House of Representatives District:
Telephone:	Daytime		Name: Karen Bass
		:	- Control (Management of the Control
Form A For use by Members, officers, and employees	MENT	TATIVES SURE STATE	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT
. 92, ≨	Form A For use by Members, officers, and employees Telephone: Temploying Office: Termination Termination Date: Temploying Office:	Form A For use by Members, officers, and employees Daytime Telephone: Officer or Employing Office: Termination Date:	Form A SURE STATEMENT Daytime Telephone: Daytime Telephone: Daytime Telephone: Employing Office: Termination Date:

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-Fidelity Magellan (No reportable individual assets)	University of Southern California Refirement Savinos 401(a)	- CREF Stock (No reportable individual assets	-TIAA Traditional Account (No reportable individual assets)	Teachers Insurance & Annuity Assoc. College Retirement Equities Fund (TJAA CREF)	First Federal Bank Trust Account	1st Bank of Paducah, KY Accounts	Examples:	SP Mega Corp. Stock	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, provide a complete address. 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 totaling \$5,000 or less in a personal checking or saving 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 Savings Plan. If you so choose, you may indicate that an asset or the continual column on the air left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	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 IHAs 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 account that exceeds the reporting thresholds. For retirement account that exceeds the reporting thresholds.
*		×	×		×	×	Indefinite	×	None > \$1 - \$1,000	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."
×		×	×		×	×	Royalties	X X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C 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.
×		×	×		*	×	×	X	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$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 ¥	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.
							,	S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	BLOCK A Asset and/or Income Source			-Fidelity Cash Reserve	University of Southern California Retirement Savings 403h	delity Magellan (No reportable individual	Residential Rental Property located in Sacramento, CA														
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K	BLOCK B Year-End Value of Asset	ш	50,001 - \$100,000	×		×				<u>. </u>						L_					
Ö	BLOCK B Year-End	TI	00,001 - \$250,000	_			L	<u>L</u>						<u> </u>		<u> </u>					
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	BLOCK C Type of Income		APITAL GAINS					<u> </u>	ļ				<u> </u>							L	
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SCHEDULE V— LIABILITIES

Name Karen Bass Page 4 of 6

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 preceding calendar year exceeded \$10,000. **NOTE:** Pending legislation may require Members to report 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 year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a mortgages on personal residences.

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	Green Tre	Land Home	Example:		
	Green Tree Mortgage	Land Home Mortgage	First Bank of Wilmington, DE	Creditor	
	Jan. 2005	Nov. 2009	May 1998	Date Liability Incurred Mo/Year	
	Mortgage on Rental Property (Sacramento, CA)	Mortgage on personal residence (Los Angeles, CA)	Mortgage on 123 Main St., Dover, DE	Type of Liability	
				\$10,001- \$15,000	
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			×	\$100,001- \$250,000	Amo
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				\$500,001- \$1,000,000	Amount of Liability
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SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
University of Southern California	Scholarship (waiver to accept scholarship received from Committee on Ethics)	\$4,322

Name	
Karen Bass	
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

or were paid by you and reimbursed by the sponsor. **Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

spouse or dependent child that is totally independent of his or her relationship to you

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
	Mar. 2	DCChicagoDC	Z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Y	~	~	2 Days
Center for Democracy in the Americas	6/5/11-6/9/11	Los Angeles - Havana, Cuba - DC	۲	Υ	Υ	None
					:	
				:		

SCHEDULE VIII—POSITIONS

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Karen Bass	
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organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held during the current calendar year 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

tions); 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 political parties and campaign organiza-

nons), and positions solely of an inchorary fractice.	orally iracuire.
Position	Name of Organization
Boardmember	New Roads School
Boardmember	Liberty Hill Foundation
Boardmernber	Vista Del Mar

SCHEDULE IX—AGREEMENTS

employee welfare or benefit 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

Date	Parties To	Terms of Agreement