₹	Yes	ependent child	ities of a spouse or dependent child committee on Ethics.	"unearned" income, transactions, or liabili unless you have first consulted with the C	arned" income, is you have first	er assets, "une wer "yes" unles	this report any other properties of the contract the contract and the contract the	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	EXEMPTION—I because they me
₹ X	Yes	ot be	cepted trusts" need not child?	and certain other "ex pouse, or a depender	ittee on Ethics ing you, your s	d by the Comm	nd Trusts" approve port details of such	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—Detail: disclosed. Have y
	SUESTIONS	OF THESE C	ANSWER EACH OF THESE QUESTIONS	1	T INFORM	OR TRUS	EPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION
	sponse.	each "Yes" re	lule attached for each "Yes" response	propriate sched	and the ap	e answered	is part must b	Each question in this part must be answered and the appropriate sched	m
Š	6 8 ×	\$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 n a single source in the two prior years? If yes, complete and attach Schedul		6 8 ⋉	have any report- xorting 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, your spable liability (more the first transfer of transfer of the first transfer of
₹	Yes	rangement	contable agreement or arrangement ttach Schedule V.	V. Did you have any rep with an outside entity? If yes, complete and at	<u>\$</u>	¥ ×	receive "unearned" od or hold any 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, your sp income of more that reportable asset wo If yes, complete ar
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes 🔀	before the date or two years?	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.	V. Did you hold any report filing in the current can fill yea, complete and at	8	Yes 🔀	e (e.g., salaries or sporting period?	 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. 	I. Did you or your s fees) of \$200 or mo If yes, complete ar
				ANSWER EACH OF THESE QUESTIONS	OF THESE	R EACH	e	In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSW	in all sections, pies PRELIMINAI
	0 days late.	more than 30 days late				Office:	Employing Office:	employee	
assessed who files	Φ	A \$200 penaity shall be against any individual	Check if Amendment	6-5-12	Date of Election:	384	State:C District:	Candidate for the House of Representatives	Status
<	(Office Use Only)	ô							
S .	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE OF F		Daytime Telephone: '	Daytime 1		CHEOD	ria negrete mcleod	Name: GWRIA
	2012 MAR 19 AM 11: 14	2012 MAR 1							
	LEGISLATIVE RESOURCE CENTER	LEGISLATIVE R	and new employees	For use by candidates a	 		- 3-12-12	Period covered: January 1, 241	Period covered
Page 1 of S	MAR 12 2012 Pag	MAR -	.	FORM		TIVES	REPRESENT!	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED STA

.

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name GLORIA NEGRETE MCLEOD

Page 2 of 5

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.

Examples: XYZ Corporation, Houston, TX	Salary Director's Fee Honorarium Spouse Salary SENATE SALARY	Current Year to Filing \$6,300 \$400 0 NA GS,800.00	Preceding Year \$28,450 \$3,200 \$1,000 NA Q5,000,00
STATE OF CALIFORNIA - STATE SENATOR	SENATE SALARY	95,800.00	95,00
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	<u></u>	-	LOS ANOTE LES	1 °.	STATE	FEDE A	1	DC, Examples:	SP.	For an ownership interest in that is not publicity traded, is ness, the nature of its actilocation in Block A. Exclude: Your personal reshomes and vacation homes income during the reporting ing \$5,000 or less in persis accounts; and any financial derived from, a federal retire. Thrift Savings Plan. If you so choose, you may income source is that of you met child (DC) or is jointly help the optional column on the fit of the Thrift Savings Plan.	account and its	Asset and/or la dentify (a) each asset held of income with a fair market the end of the reporting a reportable asset or sources more than \$200 in "unearne Provide complete names o (do not use ticker symbols). For all IRAs and other retire plans) that are self-directed have the power, even if not entire in the account that exceed For retirement accounts we provide only the name of
			ELES POLICE PENSION	9	OF CA	FEDERAL CREDIT CLAIGN	12	Simon & Schuster	SP Mega Corp. Stock	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 (uniess 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 III requirements, please refer to the instruction booklet.	account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address.	Asset and/or income Source 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, provide only the name of the institution holding the
			2				accounts		·		ng period. vestment,	rce rrduction \$1,000 at \$1,000 at any other penerated the year. ual funds as 401(k)
<u> </u>	-		ļ		\dashv		┡	-		None	<u> </u>	Ting ref a may so in
\vdash			<u> </u>		+		┡	=		\$1 - \$1,000	<u>в</u>	Indicate of report valuation market method from the method from the method only be income."
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			×		+			Indefinite	×	\$50,001 – \$30,000		Value Indicate value of reporting yealuation met market value, method used. If an asset wareporting year only because income, the vernal value."
			H	 	\dashv	×	×			\$100,001 - \$100,000		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."
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					1			_		DIVIDENDS		Type of In Type of In Check all columns retirement accounts allow you to che investments or that deferred income (s plans or IRAs), you "Nome" column. Div est, and capital g reinvested, must as income. Check asset generated no the reporting period
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		-						Royatties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred 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.
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					4	X	L	<u> </u>		\$201 – \$1,000 =	C	·
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 			-	-	+		ľ	×	\vdash	\$2,501 - \$5,000 <	re	Amount of Income For retirement accounts that do not allow you to choose specific investments <u>or</u> 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.
			-		+			 		\$5,001 − \$15,000 ≤ \$15,001 − \$50,000 ≦ \$50,001 − \$100,000 ≦	1	e c
			-		\dashv		┞	-	\vdash	\$15,001 - \$50,000 \(\leq\) \(\	/e¿	Amount of Incon Amount of Incon rement accounts that do se specific investments deferred income (such a), you may check the "h other assets, indicate th by checking the app Dividends, interest, even if reinvested, n as income. Check was earned or generate
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HEDULE II — ASSETS AN	- ASSETS AND "UNEARNED" INCOME		Name GLORIA NEGRETE MCLESD Page # of
State of the state of			
BLOCK A	BLOCK B	BLOCK C	BLOCK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
	A B C D E F G H I J K L	е	Current Year Preceding Year
	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 Over \$50,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Incomor Farm Income)	None
4975-3042 1905-1805	×	*	X
ENWE	*	*	*

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SCHEDULE III — LIABILITIES

Name GLORIA NEGRETE MCLEOD

Page 5 of 5

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. 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 sib-

<u> </u>		CITI WORTGAGE	Example: First	SP,	
		46	Example: First Bank of Wilmington, DE	Creditor	
		10-2006	May 1998	Date Liability Incurred mo/year	
		LISSEND ALMANDUS, NO AGAGLUO HI ANNONY NOS THIS	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
				\$10,001— \$15,000	
				\$15,001— \$50,000 W	
		×		\$50,001— \$100,000 • \$100,001—	
			×	\$250,000 D MOUNT	
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				\$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. 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 enter-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaígn organization); and positions solely of an honorary nature.

Т	and positions solely of an incliniary nature.	
_	Position	Name of Organization
	CALIFORNIA STATE SENATOR	STATE OF CALIFORNIA