₹	Seg.	ependent child	lities of a spouse or dependent child Committee on Ethics.	, transactions, or liabili st consulted with the C	arned" income, ss you have firs	er assets, "une wer "yes" unle:	this report any oth imption? Do not ans	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—Hecause they mee
₹	es D	ot be	cepted trusts" need n	s and certain other "ex spouse, or a depender	nittee on Ethics ting you, your s	d by the Comn a trust benefi	lind Trusts" approve sport details of sucl	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?	RUSTS-Details isclosed. Have yo
ร์	QUESTION	OF THESE	SWER EACH (AATION — ANS	TINFORN	OR TRUS	EPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	KCLUSION
	esponse.	each "Yes" r	lule attached for each "Yes" response	opropriate sched	and the ap	e answered	nis part must b	Each question in this part must be answered and the appropriate sched	Į,
<u>*</u>	Yes	\$5,000 from	npensation of more than νο prior years? ttach Schedule VI.	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.	S D	Yes X	d have any report- sporting 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.	. Did you, your spo ble liability (more th yes, complete and
₹	es	rangement	contable agreement or arrangement ttach Schedule V.	V. Did you have any rep with an outside entity? If yes, complete and at	8	Yes 🔀	receive "unearned" riod or hold any se 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.	Did you, your spo come of more than portable asset work yes, complete and
<u>s</u>	eg Z	before the date or two years?	vortable positions on or the price tach 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.	S S	Yes	ne (e.g., salaries or reporting period?	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.	Did you or your sp es) of \$200 or more yes, complete and
				E QUESTIONS	OF THESE	R EACH	N — ANSWI	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	RELIMINAR
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who files	. – .	A \$200 penalty shall be against any individual more than 30 days late	Check if Amendment	8 14 12	Date of Election:	The .	State: WIT	كإك	Status
io C	2013 JAN 16 PM 1:50	2013 JAN 071 102 0 0.S. HOUSE OF 1		Daytime Telephone:	Daytime '			Kelda Roys	Name: K
Page 1 of C	JAN 0 8 2013 Page 1 of S	LEGISLATIVE	I B and new employees	FORM For use by candidates a	Fo	TIVES	REPRESENTA TATEMENT - Dec 201	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 20/2 Dec. 20/2	INANCIAL C

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Keldy Roys

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7.41	to the Electronia annual annual		10 000 UT
List the source, type, and amount of earned income from any source (outer trial) the source in provincial by the c.o. Government, bearing according to the control of any honoraria; list only the source for other spouse earned income	mount of any honoraria; list only	the source for other spor	use 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.	ement programs, and benefits re	ceived under the Social S	ecurity Act.
Control of the contro	Time	Amount	ınt
Source (include date of receipt for Horioralia)	1)	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
-	Director's Fee	\$400	\$3,200
XXZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
State of Wisconsin (Assembly)	Salary	47, 933	49,943
State of Wisconnin (Assembly	Per dien	4,7%	4,796
	stonse's salant	132,3%	125,358
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Kelda Roys

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	1	2	Ų		Examples		provide a complete address. 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 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 II 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 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, because the reporting the shooting the provide only the name of the institution holding the account and its value at the end of the reporting period.
:	Hentage Credit	Portfalis 2	Me.		ples:		or of complete market public nature Block or of the same and or of the same and one an	BLOCK A Asset and/or Income Source tify (a) each asset held for investment or product owne with a fair market value exceeding \$1.00 end of the reporting period, and (b) any of table asset or sources of income which gener than \$200 in "unearned" income during the y tide complete names of stocks and mutual f tot use ticker symbols). Ill IRAs and other retirement plans (such as 44 s) that are self-directed (i.e., plans in which the power, even if not exercised, to select the investments), novide the value for each asset the power are the end of the recording or de only the name of the institution holding tent and its value at the end of the recording or tent and its value at the end of the recording to
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	5	2	الانبعط	1st Bank of Paducah,	Simon & Schuster	lega	all pn Idress arest i ded; its ac its ac ording n per financ n per financ n per financ n the n t	BLOCK A Or Inco or Inco theid for inv narket value ring period unces of inc neamed inc mes of stoc thols). If not exercis if not exercis vide the value and the end of the income.
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					nite	×	\$50,001 - \$100,000 m	Value of Asset value of asset at ting year. If you un method other the value, please speused. Set was sold during year and is included ause if generated the value should be compared to the value of the v
(37)				×	13.0		\$100,001 - \$250,000 \$250,001 - \$500,000	ue of Ass year. If y year. If y year if y ethod oth e, please d. was sold ar ar and is ar and is e it gene value sh
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				×	2		DIVIDENDS RENT	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 "lax-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.
3 7 7 3 4	- X		z kil caviño		žŠ.	i. Lir	INTEREST	Typ all c ent ou to or or FR r R r R r eferm or one or one or one
						40.00 (0	CAPITAL GAINS	G per
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D 2818	1, 13, 16, 14, 17, 1	14,570	8 3	×	×	×	\$1,001 - \$2,500	Amount of Income For assets for which you che Deferred" in Block C, you may "None" column. For all other asset the category of income by ch appropriate box below. Dividend and capital gains, even if reinve be disclosed as income. Check income was earned or generated.
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42,5004			dk sa	×	×		\$2,501 – \$5,000 < 6	heck ind integration
							\$15,001 - \$50,000 <u>\$</u> & & & & & & & & & & & & & & & & & & &	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.
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	e e dans	1.12.3	i de dista	şá	ggi	ii ii	\$100,001 - \$1,000,000 \(\sigma\) \(\frac{1}{2}\)	
			4	4 (S. 46)		201.5	Over \$5,000,000 ≚	

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) 3 8 Ę, SP. Ed Vest Asset and/or income Source BLOCK A None \$1 - \$1,000 œ. C \$1,001 - \$15,000 D \$15,001 - \$50,000 Value of Asset m \$50,001 - \$100,000 BLOCK B \$100,001 - \$250,000 70 Q \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200. \$201 - \$1,000 **Current Year** \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 -- \$50,000 ≤ III \$50,001 - \$100,000 Amount of Income \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 BLOCK D × Over \$5,000,000 None \$1 - \$200 \$201 - \$1,000 **Preceding Year** \$1,001 - \$2,500 \$2,501 - \$5,000 \$6,001 H \$15,000 \$15,001 -- \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 $\overline{\mathsf{x}}$ \$1,000,001 -- \$5,000,000 Over \$5,000,000

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SCHEDULE III — LIABILITIES

Name Kilda Roys

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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 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. 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

다. 다. 다. 다.	Creditor	Date Liability Incurred mo/year	Type of Liability	\$16,001— \$15,000 \$	\$50,000 \$50,001 \$100,000	\$100,001— Pamount of	\$1,000,000	\$5,000,001— _	\$25,000,000 -
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	220000000000000000000000000000000000000	31 - COS 21	X		iki s	
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44	Post-Office Credit Union	A2008	92008 Cer Gams on I Privaces	X		cir dess	roman en re		
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d S	Sallie Mag	9/1999	Student Wary					(1) (2) (3)	

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, partner, proprietor, representative, employee, or consultant of any corporation, company, 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 solely of an nonorary nature.	nature.
Position	Name of Organization
Vot. Bd Member	Wis ation Action
Voz. Bd Nember	Madison Reportory Meafer
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